



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

June 24, 1997

Mr. Michael Doyle Fisher
Nuway Cleaners
1219 West Reynolds
Plant City, Florida 33511

Re: Facility No.: 0571144

Dear Mr. Fisher:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 21, 1997.

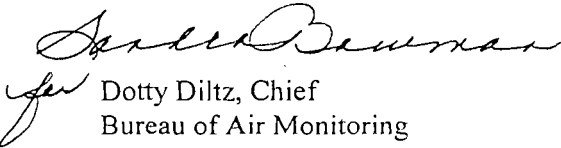
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

#0571144

Nulway Cleaners

- spoke with Mrs. Fisher -
5/19/1997

p.13 6. add title - Owner

p.14 1.(a) only one machine, should
be two dates on line (1) -
correct dates

1.(c) mark out "X" and initial
3. should be new small area
source

p.15 5.(d) not required, mark out
"X" and initial

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

APR 21 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MICKMAR INC.		
2. Site Name (For example, plant name or number):	NUWAY CLEANERS.		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address:	1219 W. REYNOLDS		
City:	PLANT CITY	County:	HILLSBOROUGH Zip Code: 33511
5. Facility Identification Number (DEP Use):	05M1144		

Responsible Official

6. Name and Title of Responsible Official:	MICHAEL DOYLE FISHER		
7. Responsible Official Mailing Address: Organization/Firm:	1219 W. REYNOLDS-		
Street Address:			
City:	PLANT CITY	County:	HILLSBOROUGH Zip Code: 33511
8. Responsible Official Telephone Number:	Telephone: (813) 752-7261 Fax: () N/A		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	SAME		
10. Facility Contact Address: Street Address:			
City:		County:	Zip Code:
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

Facility Information

(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	
<i>Example</i>		#1 03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92	
		<i>BRAND NEW MACHINE</i>								
Dry-to-Dry Unit		#ID- 4817 MODEL #CH-45P			BRAND MARVEL					
(1) w/ ref. condenser		15 Oct 96						17 Oct 96	17 Oct 96	
(2) w/ carbon adsorber										
(3) w/ no controls										
Washer Unit										
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls										
Dryer Unit										
(7) w/ ref. condenser										
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit										
(10) w/ ref. condenser										
(11) w/carbon adsorber										
(12) w/ no controls										

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons *USE APPROX 3 GAL BETWEEN FILTER CHANGE.*

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

*new
small
FG*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

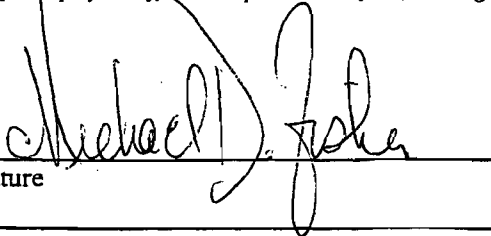
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature



Date



IBD00910

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0571144 DATE: 1/10/97 TIME IN: 8:30 TIME OUT: 9:50
 FACILITY NAME: Adi Way Cleaners
 FACILITY LOCATION: 1219 Reynolds W.
PLANT CITY, FL 33566

PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96
 2. New facility notified DARM 30 days prior to startup
 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)

This is a correct facility classification

If no, please check the appropriate classification:

facility qualified for a general permit as number 2 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 500 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Examining the containers for leakage?	<input type="checkbox"/> Y <input type="checkbox"/> N
3. Closing and securing machine doors except during loading/unloading?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	<input type="checkbox"/> Y <input type="checkbox"/> N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
 Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N *new machine*
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
 Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N
biweekly - small source

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces) Y N

Physical detection (airflow felt through gaskets) Y N

Odor (noticeable perc odor) Y N

Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Y N

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N

d. Kept in a clean and secure area when not in use? Y N

e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Stills	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

Michael D. Fisher
Name of Responsible Official

Bruce M. King
Inspector's Name (Please Print)

Bruce M. King
Inspector's Signature

1/10/97
Date of Inspection

1 year
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Marvel Model CH-45R, SN# 4817

Capacity 45 lbs

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 7:15 TIME OUT: 7:45 AIRS ID#: 0571144
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: NO WAY CLEANERS DATE: 10/24/97
 FACILITY LOCATION: Plant City, FL 33511
1219 W. Reynolds
 RESPONSIBLE OFFICIAL: Michael Fisher PHONE NUMBER: 752-7261



Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).



Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES NO

DATE OF NEXT INSPECTION: 1 yr

(Approximate)

INSPECTION CONDUCTED BY: Bruce M. King

(Please Print)

INSPECTOR'S SIGNATURE: Bruce M. King

PHONE NUMBER: (813) 272-5530

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	<u>0571144</u>	DATE:	<u>10/24/97</u>	TIME IN:	<u>7:15</u>	TIME OUT:	<u>7:45</u>
FACILITY NAME:	<u>Nu Way Cleaners</u>						
FACILITY LOCATION:	<u>1219 W. Reynolds</u> <u>Plant City, FL 33511</u>						
RESPONSIBLE OFFICIAL:	<u>Michael Fisher</u>	PHONE:	<u>752-7261</u>				
CONTACT NAME:	<u>Michael Fisher</u>	PHONE:	<u>" "</u>				

PART I: NOTIFICATION

(check appropriate box)

- | | | |
|---|-----|--------------------------|
| 1. New facility notified DARM 30 days prior to startup | N/A | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | | <input type="checkbox"/> |

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
 Drop store/out of business/petroleum

- A.**
- | | |
|---|---|
| <p>1. Existing small area source <input type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $\bar{x} < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)</p> <p>5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine</p> | <p>2. New small area source <input checked="" type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)</p> |
|---|---|
- If no, please check the appropriate classification:
- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit
- B.** The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 57 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
 - Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

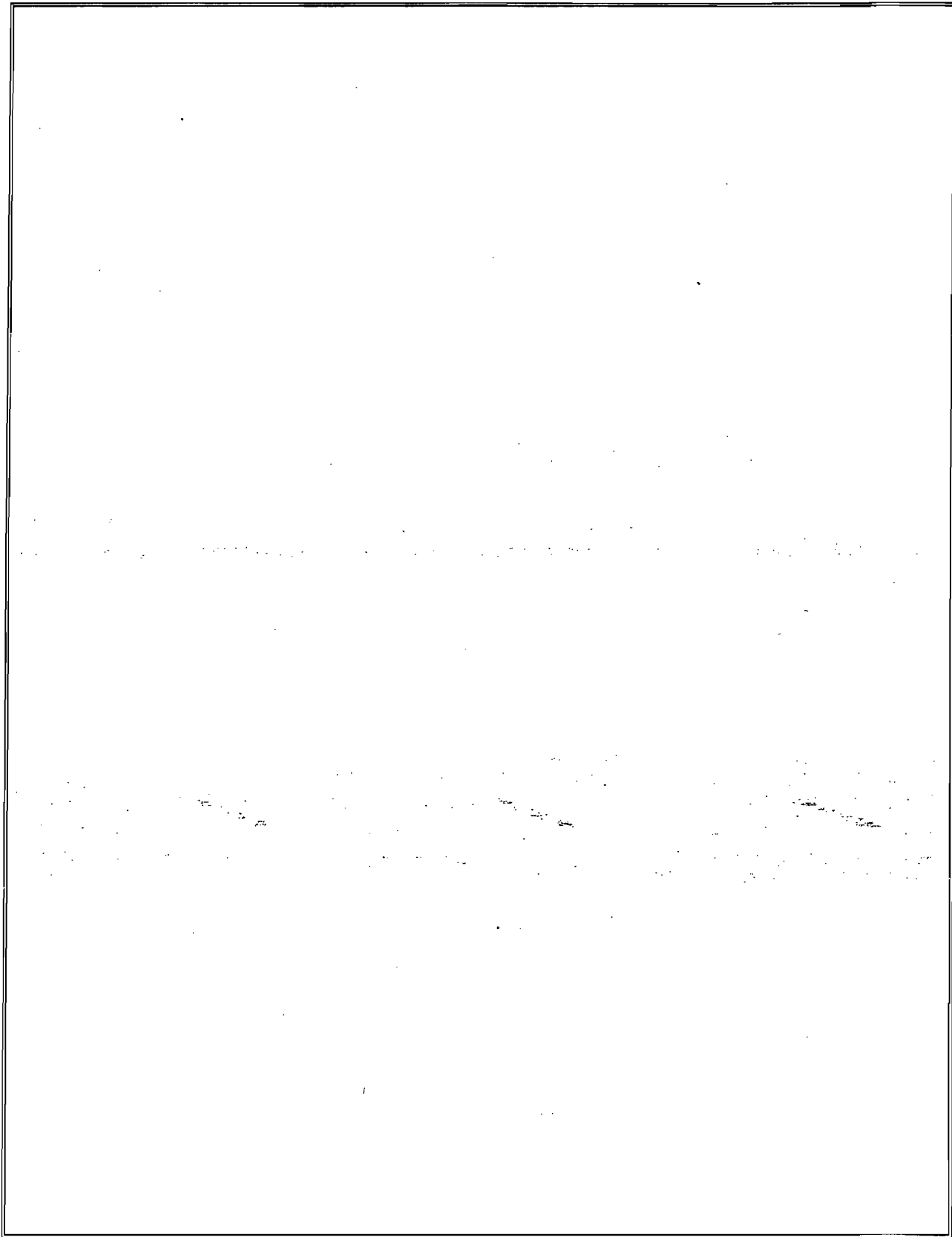
Bruce M. King
Inspector's Name (Please Print)

10/24/97
Date of Inspection

Bruce M. King
Inspector's Signature

1 yr
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:



TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

057/144
~~1500489~~
RTO

RECEIVED

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 8:30 TIME OUT: 9:50 FEBRUARY 1997

TYPE OF FACILITY: Per Dry Cleaner

FACILITY NAME: Nu Way Cleaners Bureau of Air Monitoring & Mobile Sources DATE: 4/10/97

FACILITY LOCATION: 1719 Reynolds W. Plant City, FL 33566

RESPONSIBLE OFFICIAL: Michael B. Fisher PHONE NUMBER: 752-7261

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
There was no documentation of inspections, perm usage, or other necessary forms of recordkeeping. Did not submit a CP application.	Have RO copies of log forms that can be use for recordkeeping FAW rule. Have RO an application and enjoined him to mail back to FDEP within 2 weeks.

COMMENTS:
Annual compliance certification form was give to RO and is to be mailed to FDEP along with their CP application

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 year (Approximate)

INSPECTION CONDUCTED BY: Bruce W King / NEAL B. JAMES (Please Print)

INSPECTOR'S SIGNATURE: Bruce W King / Neal B. James PHONE NUMBER: 813-272-5530

all ✓

Best Available Copy

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources

MAR 09 1998

RECEIVED

MICKMAR INC MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511	AIRS ID 0571144
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Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

Under this general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MICHAEL D. FISHER Michael D. Fisher 12/27/98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Acc

AIRS ID#: 571144

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: NU WAY CLEANERS DATE: 12/14/98
 FACILITY LOCATION: 1219 W. REYNOLDS ST.
PLANT CITY, FL 33511

Annual Reporting Period: Feb 27 19 98 TO Dec 14 19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Michael Doyle Foster [Signature] Dec 14 98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	571144	DATE:	12/14/98	TIME IN:	13:00	TIME OUT:	16:00
FACILITY NAME:	Nu Way Cleaners						
FACILITY LOCATION:	1219 W. Reynolds St. Plant City, FL 33511						
RESPONSIBLE OFFICIAL:	Michael Fisher			PHONE:	(813) 752-7261		
CONTACT NAME:	SAME			PHONE:	same		

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	N/A <input type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	<input type="checkbox"/> No notification form <input type="checkbox"/> Drop store/out of business/petroleum
A.	
1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)
5. This is a correct facility classification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine	
If no, please check the appropriate classification:	
<input type="checkbox"/> facility qualified for a general permit as number _____ above <input type="checkbox"/> facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was <u>60</u> gallons.	

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
2. Examining the containers for leakage? Y N N/A
3. Closing and securing machine doors except during loading/unloading? Y N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

12/14/98

Date of Inspection

Roger Zhu

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Nu Way Cleaners				PAGE 1 OF 1	
FACILITY ADDRESS: 1219 W. Reynolds Street			CITY: Plant City PHONE: (813) 752-7261		
MAILING ADDRESS: Same		CITY: Plant City	FLA	ZIP: 33511	
INSPECTION DATE: Dec 14, 1998	TIME IN: 13:00	TIME OUT: 16:00	INSPECTION TYPE: non-CDS	STATUS: In Compliance	
NEDS NUMBER: 571144					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Michael Fisher					

As results of today's annual inspection, this facility is in compliance with the requirements on equipment control and record keeping as a new small area source.

There was a total 60 gallons of perc purchased in the last 12 months. The machine has been working well except a door gasket was replaced in July, 1998.

INSPECTED BY: Roger Zhu	DATE: Dec 14, 1998
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TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 13:00	TIME OUT: 16:00	AIRS ID#: 571144
TYPE OF FACILITY: PERC DRY CLEANER		
FACILITY NAME: NU WAY CLEANERS		DATE: 12/14/98
FACILITY LOCATION: 1219 W. REYNOLDS ST. PLANT CITY, FL 33511		
RESPONSIBLE OFFICIAL: MICHAEL FISHER		PHONE NUMBER: (813) 752-7261

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="margin: 0;">JAN 13 1999</p> <p style="margin: 0;">Bureau of Air Monitoring & Mobile Sources</p>

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 Year
(Approximate)

INSPECTION CONDUCTED BY: Roger Zhu
(Please Print)

INSPECTOR'S SIGNATURE: *Roger Zhu* PHONE NUMBER: (813) 272-5530

RECEIVED

MAR 09 1998

Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

all

AIRS ID 0571144

MICKMAR INC
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

RECEIVED APR 22 1998 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period: _____ 19____ TO _____ 19____

Under my general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvents, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MICHAEL D. FISHER Michael D. Fisher 12/27/98
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>9:00</u>	TIME OUT: <u>11:00</u>	AIRS ID#: <u>571144</u>
TYPE OF FACILITY: <u>PERC DRY CLEANER</u>		
FACILITY NAME: <u>NU WAY CLEANERS</u>		DATE: <u>1/13/00</u>
FACILITY LOCATION: <u>1219 W. RENOLDS STREET</u> <u>PLANT CITY, FL 33511</u>		
RESPONSIBLE OFFICIAL: <u>MICHAEL FISHER</u>		PHONE NUMBER: <u>(813)752-7261</u>

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 FEB 11 2000
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 YEAR
(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU
(Please Print)

INSPECTOR'S SIGNATURE: Roger Zhu PHONE NUMBER: (813) 272-5530

AIRS ID#: 571144

ACC

Revised 10/10/96

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: NU WAY CLEANERS DATE: 1/13/00
 FACILITY LOCATION: 1219 W. RENOIDS STREET
PLANT CITY, FL 33511

Annual Reporting Period: DEC 15 19 98 TO Jan 13 6 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

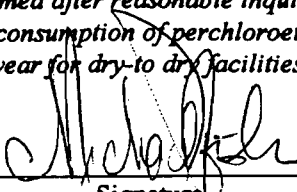
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MICHAEL D-FISHER  1/13/00
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 571144 DATE: 1/13/00 TIME IN: 9:00 TIME OUT: 11:00
 FACILITY NAME: NU WAY CLEANERS
 FACILITY LOCATION: 1219 W. RENOLDS STREET
PLANT CITY, FL 33511
 RESPONSIBLE OFFICIAL: MICHAEL FISHER PHONE: (813)752-7261
 CONTACT NAME: SAME PHONE: SAME

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
 (check appropriate box)

- No notification form
 Drop store/out of business/petroleum

A.

- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed before 12/9/91)</p> | <p>2. New small area source <input checked="" type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

✓ If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
 (check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

1/13/00

Date of Inspection

Roger Zhu

Inspector's Signature

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Nu Way Cleaners			PAGE 1 OF 1		
FACILITY ADDRESS: 1219 W. Reynolds Street			CITY: Plant City PHONE: (813) 752-7261		
MAILING ADDRESS: Same		CITY: Plant City	FLA	ZIP: 33511	
INSPECTION DATE: Jan 13, 2000	TIME IN: 9:00	TIME OUT: 11:00	INSPECTION TYPE: non-CDS		STATUS: In Compliance
NEDS NUMBER: 571144					
SOURCE DESCRIPTION: Perc Dry Cleaner					
CONTACT(S): Michael Fisher					

Today's visit was to conduct the annual inspection.

The perc dry cleaning machine is a new small unit. The perc usage was 75 gallons for the past 12-month.

Mr. Fisher keeps good records. The temperature and leak inspections have been recorded on a weekly basis.

The facility is small, but it looks very busy with large quantities of work loads. No odors or leaks were noticed during my inspection.

There is also a petroleum dry cleaning machine in this facility. Mr. Fish said he use the perc machine for dark color clothes and the petroleum for light color. He estimated the petroleum usage as 150 gallons/month. The petrol machine is about 50 years old with a separate dryer. I couldn't identify the model or serial numbers for both the petrol cleaning unit and the dryer since they are too old.

Mr. Fisher acknowledged that the perc machine with a close-loop is more safer to use than the petroleum. He said he watches the petroleum dryer closely because it could be explosive if its vent system works improperly.

I saw the owner's manual for the perc machine is kept on site in which including startup/shutdown/malfunction measurements.

INSPECTED BY: Roger Zhu	DATE: Jan 13, 2000
-------------------------	--------------------

Aspp

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:00 TIME OUT: 11:30 AIRS ID#: 571144

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: NU WAY CLEANERS DATE: 12/12/00

FACILITY LOCATION: 1219 W. RENOLDS STREET
PLANT CITY, FL 33511

RESPONSIBLE OFFICIAL: MICHAEL FISHER PHONE NUMBER: (813) 752-7261

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

RECEIVED
 JAN 12 2001
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 1 YEAR

(Approximate)

INSPECTION CONDUCTED BY: ROGER ZHU

(Please Print)

INSPECTOR'S SIGNATURE: *Roger Zhu* PHONE NUMBER: (813) 272-5530

AIRS ID#: 571144

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NO WAY CLEANERS DATE: 12/12/00
 FACILITY LOCATION: 1219 W. RENOLDS STREET
PLANT CITY, FL 33511

Annual Reporting Period: Jan 14 2000 TO Dec 12 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: MD FISHER [Signature] 12/12/00
 Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

ASGP

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY (CI)
RE-INSPECTION (FUI)

AIRS ID#: 571144 DATE: 12/12/00 TIME IN: 10:00 TIME OUT: 11:30

FACILITY NAME: NU WAY CLEANERS

FACILITY LOCATION: 1219 W. RENOLDS STREET
PLANT CITY, FL 33511

RESPONSIBLE OFFICIAL: MICHAEL FISHER PHONE: (813) 752-7261

CONTACT NAME: SAME PHONE: SAME

PART I: NOTIFICATION

(check appropriate box)

Facility Compliance Status: IN

1. New facility notified DARM 30 days prior to startup (ARMS Data) MNC
2. Facility failed to notify DARM to use general permit SNC

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

- No notification form
- Drop store/out of business/petroleum

(check appropriate box)

A.

- | | |
|--|--|
| 1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) | 2. New small area source <input checked="" type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) |
| 3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91) |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ROGER ZHU

Inspector's Name (Please Print)

Roger Zhu

Inspector's Signature

12/12/00

Date of Inspection

1 YEAR

Approximate Date of Next Inspection

INSPECTION REPORT FORM
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY

FACILITY: Nu Way Cleaners PAGE 1 OF 1

FACILITY ADDRESS: 1219 W. Reynolds Street CITY: Plant City
PHONE: (813) 752-7261

MAILING ADDRESS: Same CITY: Plant City FLA ZIP: 33511

INSPECTION DATE: Dec 12, 2000	TIME IN: 10:00	TIME OUT: 11:30	INSPECTION TYPE: non-CDS	STATUS: In Compliance
----------------------------------	-------------------	--------------------	-----------------------------	--------------------------

NEDS NUMBER: 571144

SOURCE DESCRIPTION: Perc Dry Cleaner

CONTACT(S): Michael Fisher

Today's visit was to conduct the annual inspection. The recordkeeping is in a good shape. Both the temperature and leak checks have been recorded on a weekly basis. The repair log indicates the replacements of a steam regulator on 6/22/00 and a foam filter on 9/11/00. The 12-month perc usage was 90 gallons. Apparently, the machine is well maintained. The machine was in operation during my inspection, no odors or leaks were noticed.

INSPECTED BY: Roger Zhu

DATE: Dec 12, 2000

Best Available Copy

Jan Platt
Thomas Scott
Ronda Storms



Wetlands Management FAX 272-5605
Wetlands Management Fax 272-7144
1410 N. 21st Street Tampa, FL 33605

Executive Director
Richard D. Garrity, Ph.D.

ENVIRONMENTAL PROTECTION COMMISSION
of Hillsborough County

FAX Transmittal Sheet

Bureau of Air Monitoring
Mobile Sources

AUG 27 2002

RECEIVED

DATE: 8-27-02

TO: Rock Bauer

FAX Phone: _____ Voice Phone: _____

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE: _____

EPC FAX Transmission Line: (813) 272-5605
For retransmission or any FAX problems, call:
(813) 272-5530 ext. _____

FROM: Mohammad Noza

(Circle applicable section below)

Air Division

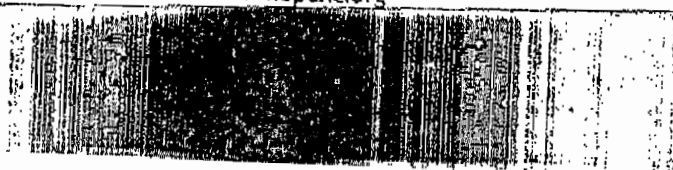
-Compliance

-Monitoring/Toxics

-Enforcement/Analysis

-Permitting

SPECIAL INSTRUCTIONS: _____



Best Available Copy

COMMISSION
Stacy Easterling
Pat Frank
Chris Hart
Jim Norman
The Plan



Administrative Offices
Legal & Water Management Division
The Roger P. Stewart Environmental Center
1900 • 9th Ave. • Tampa, FL 33605
Ph. (813) 272-5960 • Fax (813) 272-5157
Air Management Fax 272-5605
Waste Management Fax 276-2256

0571144

file

BEST AVAILABLE COPY

INSPECTION REPORT FORM					
ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY					
FACILITY: Nu-way Cleaners			PAGE 1 of 1		
FACILITY ADDRESS: 1219 West Reynolds Street			CITY: Plant City PHONE: (813) 752-7261		
MAILING ADDRESS: same		CITY: Plant City	FLA	ZIP: 33566	
INSPECTION DATE: August 07, 2002	TIME IN: 9:00AM	TIME OUT: 11:AM	INSPECTION TYPE: Annual	STATUS: In-Compliance	
NEDS NUMBER: 571144					
SOURCE DESCRIPTION: Perchloroethylene (Perc) Dry Cleaner					
CONTACT (S): Michael Fisher					
<p>The purpose of this visit was for an annual inspection. I met with Mr. Fisher explained to him the nature of my visit. Mr. Fisher told me that he responded to our notification that he received form FDEP for renewal of his operation permit last year. He indicated on his renewal form that he no longer uses perc for cleaning. He has switched to DF2000, a petroleum based cleaning solvent. Due to this changes he is no longer required to renew his operation permit and is exempt from permitting.</p> <p>Note: A copy of this inspection report will be forward to Kelly Boatwright of the Solid Waste Division.</p>					
INSPECTED BY: Mohammad Nozari <i>mn</i>			DATE: August 07, 2002		

Best Available Copy

Fax Cover Sheet

POSTAL ZONE

1701 S Alexander Street
Suite 112-1
Plant City, FL 33566
Phone: (813) 707-1826
Fax: (813) 707-1126

Send to: EPC	From: NAWAT CLEANES
Attention: MOHAMMAD NOZARI	Date: AUG 8 2002
Office Location: 1410 N. 21ST ST TAMPA	Office Location: 1219W REYNOLDS
Fax Number: 272-5605	Phone Number: 813 752 7261

- Urgent
- Reply ASAP
- Please comment
- Please Review
- For your information

Total pages, including cover:

Comments:

Best Available Copy

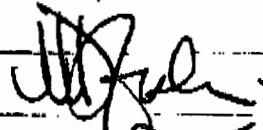
TO WHOM IT MAY CONCERN,

MY NAME IS MICHAEL D FISHER
AT NUWAY CLEANERS IN PLANT
City FL. 33567.

I KNOW LONGER CLEAN CLOTHES
IN PERC. I AM CLEANING WITH
DF2000. I HAVE ILLIMINATED
ALL HAZARDOUS SPOTTING FLUIDS.

PLEASE FEEL FREE TO CALL ME
AT 813-752-7261 FOR ANY
OTHER INFORMATION YOU MAY
NEED

THANK YOU.



MICHAEL D. FISHER
NUWAY CLEANERS
1219 W. KEYNOLDS.
PLANT City, FL. 33569
PH 813-7527261
Aug 8, 02

Grant, Patricia

From: Butler, Rick
Sent: Tuesday, December 16, 2003 10:57 AM
To: Grant, Patricia
Cc: Bowman, Sandy
Subject: FW: Inactive GP

Pat,
Please inactivate the file for 0571144-001. I have inactivated the facility in ARMS.
Thanks,
Rick

-----Original Message-----

From: Alain Watson [mailto:WatsonA@epchc.org]
Sent: Tuesday, December 16, 2003 10:30 AM
To: Butler, Rick
Subject: Inactive GP

Rick:
Please change the facility status of NUWAY Cleaners (0571144), they switched to petroleum based dry cleaning. thanks alain

Alain G. Watson
Air Toxics Section
Environmental Protection Commission
of Hillsborough County
ph# 813.272.5530
watsona@epchc.org



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

304610

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM
MAR - 5 98

Do **NOT** Remove Label

AIRS ID 0571144
MICKMAR INC
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

426787 MAR27 2003 ✓

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0571144
NUWAY CLEANERS MICHAEL DOYLE FISHER 1219 W REYNOLDS PLANT CITY FL 33511

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQIAI Fund: 20-2-035001 Obj.: 002273

Bureau of Air Monitoring
& Mobile Sources

MAR 27 2003

RECEIVED

Z 333 660 617

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided
AIRS ID # 0571144

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0571144

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

4a. Article Number

2 333 660 617

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2-13-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

x *Miranda Blaxter*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 333 660 308

US Postal Service
Receipt for Certified Mail

AIRS ID 0571144

MICKMAR INC
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICKMAR INC
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

AIRS ID 0571144

4a. Article Number

Z 333 660 308

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2-14

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Michael Fisher*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 3866

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

02
John
W. Fisher
 Postmark Here

AIRS ID#0571144

Sent To: **NUWAY CLEANERS**
MICHAEL DOYLE FISHER
 Street, or PO Box: **1219 W REYNOLDS**
 City, State: **PLANT CITY FL**
33511

PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL
 33511

AIRS ID#0571144

2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 3866

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *G. Rowe* Agent Addressee

B. Received by (Printed Name) *G. Rowe* C. Date of Delivery *3-8-05*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

FED. OF AIR MONITORING & MOBILE SOURCE
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Department of Air Monitoring
& Mobile Sources

MAR 12 2003

RECEIVED

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7975 8459

OFFICIAL USE

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

AIRS ID # 0571144

Total Po: NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL
 33511

Sent To
 Street, Ap. or PO Box
 City, State

PS Form 3811, January 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

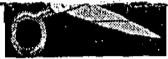
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0571144
 NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X <i>Michael Fisher</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 415327 MAR 21 2002

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0571144

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL
33511

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

7001 0320 0001 7976 1343

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIRS ID # 0571144

Sent **NUWAY CLEANERS**
MICHAEL DOYLE FISHER

Street or P.O. **1219 W REYNOLDS**

City **PLANT CITY FL**
33511

PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0571144

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL
33511

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature
** Maria Fisher* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 1343

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 2870 0000 7027 4329

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Receipt

Sent To 10 AIRS ID # 0571144001AG
 MICHAEL DOYLE FISHER
Street, Apt. No.; c NUWAY CLEANERS
 1219 W REYNOLDS
City, State, ZIP+ 4 PLANT CITY FL 33511

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 AIRS ID # 0571144001AG
 MICHAEL DOYLE FISHER
 NUWAY CLEANERS
 1219 W REYNOLDS
 PLANT CITY FL 33511

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X *Michael Doyle Fisher* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

70002870000070274329
 2. Article Number (Copy from service label)

4. Restricted Delivery? (Extra Fee) Yes



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407618 APR 16 2001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$75.00

Do **NOT** Remove Label

AIRS ID # 0571144

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

3755

FOR GOVERNMENT USE ONLY
 Org.: 3755010100 EO: B1
 Fund: 20-2-035000
 Obj.: 002273

Bureau of Air Traffic Services & Mobile

APR 16 2001

RECEIVED

pd

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4126 5810

[Redacted area]

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0571144

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

PS Form 3800, February 2000 See Reverse for Instructions
 FOLD AT DOTTED LINE

SENDER: COPY **PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS** **ON DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0571144

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

A. Received by (Please Print Clearly) _____

B. Date of Delivery 2/12/09

C. Signature Maria Fisher Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0026 4126 5810

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4125 9239

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID # 0571144

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE **ACTION ON DELIVERY**
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 AIRS ID # 0571144
 NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

A. Received by (Please Print Clearly) _____ B. Date of Delivery 3/5/01

C. Signature Maria Fisher
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

70000600002641259239
 2. Article Number (Copy from service label)

7 210 661 332

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

AIRS ID # 0571144

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

Is your RETURN completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL 33511

AIRS ID # 0571144

4a. Article Number

7210661332

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Michael Fisher

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR - 6 2001

RECEIVED



01

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4128 6433

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total P AIRS ID # 0571144

Recipient: NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 Street, A 1219 W REYNOLDS
 PLANT CITY FL
 City, Sta 33511

PS Form 3811, February 2000 Instructions

PLACE STICKER AT TOP OF ENVELOPE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0571144
 NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL
 33511

70000600002641286433

2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

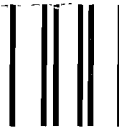
C. Signature
 X *Maui Fisher* Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 11 2002

RECEIVED



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7000 2670 0000 7027 5821

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement P)	

M. Britt
 Postmark Here

Total Postage: **NUWAY CLEANERS**
SENT TO MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL
 Street, Apt. N 33511
 City, State, ZIP

AIRS ID#0571144

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0571144

NUWAY CLEANERS
 MICHAEL DOYLE FISHER
 1219 W REYNOLDS
 PLANT CITY FL
 33511

7000 2670 0000 7027 5821
 2. Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *M. Britt* B. Date of Delivery **2-8-03**

C. Signature *Melissa Britt* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 12 2005

RECEIVED

32309/2400



MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389585

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

AIRS ID # 0571144

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
DEC 16 99

P 174 052 672

1999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0571144

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to the right.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

AIRS ID # 0571144

4a. Article Number

P 174 052 672

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

2-27-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

M. Doyle Fisher

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755

0365132

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM
MAR 25 99

Do **NOT** Remove Label

AIRS ID # 0571144

NUWAY CLEANERS
MICHAEL DOYLE FISHER
1219 W REYNOLDS
PLANT CITY FL 33511

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273