

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

February 24, 1997

Ms. Marie S. Morrison Morrison's Cleaners #1 304 Main Street Mayo, Florida 32066

Re: Facility No. 0670003

Dear Ms. Morrison:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 31, 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, Fl 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. Rick Banks, Northeast District

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date:

10-Jul-2000 10:13am

From:

Heather Wynn JAX 904/448-4300

WYNN H@al.depjax.dep.state.fl.us

Dept: Tel No:

To:

Sandy Bowman TAL

(BOWMAN_S@A1)

Subject: - no subject (01JRLK0UB6X2000UGV) -

Good Morning, Hope you had a nice weekend! Thanks for the info on Millhopper and L+L that was very helpful. I wanted to let you know that Morrisons Cleaners in Mayo Florida (AIRS ID 0670003) is now inactive as far as drycleaning is concerned. The RO Marie Morrison owns Morrison Cleaners in Live Oak also and will use that facility for cleaning and the Mayo store as a Drop Store. I also was wondering what needs to be done to change the Responsible Official for a facility? Thanks again for all your help. Heather

NORTHEAST DISTRICT
PROPERTY JAN 27 1997

Perchloroethylene Dry Cleaning Facility Notification

DEP-JACKSONVILLE

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Marie S. Marrison Morrison's Cleaners 2. Site Name (For example, plant/name or number):
2. Sité Name (For example, plant/name or number):
Marrison's Cleaners II I 3. Hazardous Waste Generator Identification Number:
•
Safety-Kleen, no. now yet, 4. Facility/Location:
Street Address: City: County: 1
Street Address: City: County: Jayette Co. Zip Code: 304 Main St. Mays. 5: Facility Identification Number (DEP Use):
5: Facility Identification Number (DEP Use):
0670003
Responsible Official
C N THE COURT OF T
6. Name and Title of Responsible Official:
Marie S. Morrison
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 304 Main A
City: County: La Zip Code: 32066
City: County: Zip Code: 32066 8. Responsible Official Telephone Number:
8. Responsible/Official Telephone Number: $/$ Telephone: $(904).362 - 79/2$ Fax: $()$ -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
dottia Brown
10. Facility Contact Address:
Street Address: 304 Main &
Mayo, Ila. Lafayette 32066
11. Facility Contact Telephone Number:
Telephone: $(904)362 - 1912$ Fax: () -

RECEIVED

JAN 3 1 1997

Bureau of Air Monitoring & Mobile Sources

Facility Information

1.(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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine					<u> </u>	1		1	1
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#1	-12-Aug-	96						
(1) w/ ref. condenser	1	7	[]						
(2) w/ carbon adsorber	V	ĺ			•				
(3) w/ no controls	V								
Washer Unit	#1	- 12 - Aug	94			<u> </u>		•	
(4) w/ ref. condenser						·			
(5) w/ carbon adsorber	<u> </u>				,				
(6) w/ no controls									
Dryer Unit		•			•				
(7) w/ ref. condenser									
(8) w/ carbon adsorber	\vdash			1					
(9) w/ no controls							-	†	
Reclaimer Unit	#)	-12-Ang	96		-I		L.		
(10) w/ ref. condenser	<u> </u>		<u> </u>					I	
(11) w/carbon adsorber	†					_		†	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the	are requanti	equired to be ity of perchlons	installed [_	perc)	purchased in				[<u>.</u>]
3. What is the facility's so	urca	classification	based on th	a daf	initions foun	d in section (2) of	Dow 112	
(Indicate with an "X".					micions touli	u iii sectivii (.	/	i dit II!	
Existing small ar	ea so	urce []	Ne	ew sn	nall area soui	rce [X	ĺ		
Existing large are	ea sou	urce []	Ne	ew la	rge area sour	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to section (5) of (Indicate with an "X".) 	Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unexemption 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 boiler HP or less), and (2) are fired exclusively by natural gas except for per during which propane or fuel oil containing no more than one percent sulfur	iods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
	rmation
No such units on-site	
No such units on-site Equipment Monitoring and Recordkeeping Info	
Equipment Monitoring and Recordkeeping Info Check all logs which are required to be kept on-site in accordance with the re	equirements of this general permit:
Equipment Monitoring and Recordkeeping Info Check all logs which are required to be kept on-site in accordance with the re (a) Purchase receipts and solvent purchases	equirements of this general permit: $[X]$
Equipment Monitoring and Recordkeeping Info Check all logs which are required to be kept on-site in accordance with the re (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	equirements of this general permit: $\begin{bmatrix} X \\ \end{bmatrix}$
Equipment Monitoring and Recordkeeping Info Check all logs which are required to be kept on-site in accordance with the re (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	equirements of this general permit: $ \begin{array}{c} $

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indic	ate with an "X" the appropriate selection:
ιX	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) Applied.
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this not stateme maintai comply	idersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ints made in this notification are true, accurate and complete. Further, I agree to operate and in the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	Wie S. Marisan — 1-20-97 Date

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Morrisons Clea	ners #1	DATE: 9-25-9	77
FACILITY LOCATION: 304 Main 5+	Mayo, FL 3206	6	
Annual Reporting Period: 9-25	. 1996 TO	9-25	1957
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), du			
If NO, complete the following:			
#1. Term or condition of the general permit that has n	ot been in continuous complian	nce during the reporting period stated a	bove:
· · · · · · · · · · · · · · · · · · ·		RECEIVED	
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:		OCT 5 1997	
Method used to demonstrate compliance:		Bureau of Air Monitoring & Mobile Sources	
#2. Term or condition of the general permit that has n	ot been in continuous complian	nce during the reporting period stated a	bove:
Exact period of non-compliance: from	t	0	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	· 		
As the responsible official, I hereby certify, based on it made in this notification are true, accurate and completupon rolling averages of purchase receipts, does not expert for transfer or combination facilities.	ete. Further, my annual consu exceed 2,100 gallons per year fo	mption of perchloroethylene solvent, bo	ased
RESPONSIBLE OFFICIAL: Marie Morriso Name (Please	n Mari	Signature Date	25-97
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 COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1-00	TIME OUT: 1:50	AIRS ID#: <u>067</u>	0003
TYPE OF FACILITY:			
FACILITY NAME: Morrison	vs Cleaner #1		DATE: <u>9-25-97</u>
FACILITY LOCATION: 304	Main ST. May	o, FL. 32066	· ·
RESPONSIBLE OFFICIAL: Ma	MOMISON	PHONE NUMBER:	104-362-7912
	le compliance requirements evaluile 62-213.300, Florida Administra	ated during this inspection, the facilitative Code (F.A.C.).	ity is found to be in
Based on the results of the discrepancies were noted		ated during this inspection, the follo	owing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			·
			· ·
· ·			
COMMENTS:			
The Annual Compliance Certifica	tion form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		proximate)	
INSPECTION CONDUCTED B	x: Christopher L	ease Print)	
INSPECTOR'S SIGNATURE: ¿	MIKE	PHONE NUMBER:	
	Page	of .	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
II.			I: TIME OUT: _	
FACILITY NAME: Mor				
FACILITY LOCATION: 3	104 Main ST.	: Mayo	, FL. 32066	<u> </u>
			PHONE: _904-362-7	
PART I: NOTIFICATION				===
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to startup	ı		
2. Facility failed to notify DAI	RM to use general permit	i .		
L				
PART II: CLASSIFICATIO	N			
Facility indicated on notificate (check appropriate box) A.	tion form that it is:		☐ No notification form ☐ Drop store/out of business/pe	troleum
1. Existing small area sou				
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr dr r tra bo	New small ar y-to-dry only, y ansfer only, x < oth types, x < 16 onstructed on c	x < 140 gal/yr 2 200 gal/yr	
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y, both types, x < 140 gal/yr	l/yr dry tra tra bo (cc) (cc 2,100 gal/yr dry 300 gal/yr tra 0 gal/yr bo	y-to-dry only, y ansfer only, x < th types, x < 14 onstructed on c New large ar y-to-dry only, 1 ansfer only, 20 oth types, 140 <	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	
dry-to-dry only, $x < 140$ gally transfer only, $x < 200$ gally both types, $x < 140$ gallyr (constructed before 12/9/91 3. Existing large area soudry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$	l/yr dry tra bo (cc 2,100 gal/yr dry 300 gal/yr bo (cc) (cc	y-to-dry only, y ansfer only, x < oth types, x < 1- onstructed on o New large ar y-to-dry only, 1 ansfer only, 200 oth types, 140 < onstructed on o	x < 140 gal/yr x < 200 gal/yr x < 200 gal/yr x < 40 gal/yr x < 100 gal/yr x < 100 gal/yr x < 100 gal/yr x < 100 gal/yr	
dry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gallyr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility of faci	l/yr dry tra bo (cc 2,100 gal/yr dry 300 gal/yr bo (cc) (cc	y-to-dry only, y ansfer only, x onstructed on c Y	x < 140 gal/yr $x < 200 gal/yr$ $x < 200 gal/yr$ $x < 40 gal/yr$ $x < 40 gal/yr$ $x < 12/9/91$	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY ON 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A beds according to the manufacturer's specifications? 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) MY UN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ZY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ØN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?		1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		
	Is the temperature differential equal to or greater than 20° F?	DY DY	I ⊔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?	DY DY	I □N/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	I □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?		I □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		I □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	NO NE				
2. Maintained rolling monthly averages of perc consumption?	MD DN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/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?	OY ON QÁN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON BYNA				
6. Maintained startup/shutdown/malfunction plan?	ZY ON				
7. Maintained deviation reports?	DY DN ZN/A				
Problem corrected?	OY ON ZINA				
8. Maintained compliance plan, if applicable?	DY DN DN/A				

PART VI: LEAK DETECTION AND REPAIRS

1.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			NO YO		
2.	Has the facility maintained a leak log	?		ZY ON		
3.	Does the responsible official check th	e following areas for leaks	?			
	Hose connections, fittings,		Tarangan			
	couplings, and valves	ØY □N □N/A	Muck cookers	DY DN ØN/A		
	Door gaskets and seating	ZY ON ON/A	Stills	OY ON ØN/A		
	Filter gaskets and seating	ZY ON ON/A	Exhaust dampers	DY DN ZN/A		
	Pumps	ØY □N □N/A	Diverter valves	AY ON ON/A		
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	ANO NO YES		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surface	es)	Ø		
	Physical detection (airflow felt t	a				
	Odor (noticeable perc odor)			Z		
	Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)			
	Halogen leak detector					
	If using direct-reading inst	trumentation, is the equip	oment:	□N/A		
	a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?	DY DN		
		standard gas prior to and	after each use			
	(PID/FID only)?			DY DN		
		and obvious signs of wear o	-	DY DN		
	d. Kept in a clean and	secure area when not in us	se?	DY DN		
	e. Verified for accurac	y by use of duplicate sampl	les (calorimetric only)?	OY ON		

Christopher L. Scott	9-25-97
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	9-98 Approximate Date of Next Inspection

A	ADDITIONAL SITE INFORMATION	ON:				
			•			
					7	
			£.			
				•		
	·					
					•	
ľ						

RECEIVED					
/ MAR 2 4 1998 DRY CLI	EANER AIR QU UAL COMPLIAN	-			\mathcal{R}
Bureau of Air Monitoring Bureau of Air Monitoring ANN Annual Reporting Period: Annual Reporting Period:	MARIE S MORRISON MARIE S MORRISON 304 MAIN STREET MAYO FL 32066	AIRS 1D#0670003	**	FEB 2 (1998) Bureau of Air Monitoring & Mobile Sources	ECEIVE
DEPT OF AST DIV NORTHEAST DIV		Remove Label	2/10	toring	1998
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F If NO, complete the following: #1. Term or condition of the general permit	A.C.), during the perio	d covered by this state	ment. YES	□NO	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 con	ntinuous compliance d	uring the reporting	g period stated a	ibove:
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, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	urther, my annual consu	mption of perchloroethy	lene solvent, based	upon purchase re	
RESPONSIBLE OFFICIAL: Nan	S. MoRRison ne (Please Print)	Mari S.	Maruson ignature		198

^{*}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.

al

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MARIE S MORRISON MARIE S MORRISON 304 MAIN STREET MAYO FL 32066 AIRS ID#0670003

reau of Air Monitoring & Mobile Sources

ECEIVED

Do NOT Remove Label

	Do NOT Remo	ve Labei	ing
Annual Reporting Period:	19	ТО	19
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (-	
If NO, complete the following:			
#1. Term or condition of the general permi	it that has not been in continuou	is compliance during t	he 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 permi	it that has not been in continuor	is compliance during t	he reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	<u>· </u>		
As the responsible official, I hereby certify, ba notification are true, accurate and complete does not exceed 2,100 gallons per year for dry-	Further, my annual consumption	of perchloroethylene so	lvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL:	e S. Molkison Z ame (Please Print)	Marie S. M. Signatur	2/10/98 e 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 V

ARS ID#: 0670003

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Morrison's Cleaners 7	DATE: 9/28/98
FACILITY LOCATION: 304 Main 54,	
MAYO, FC. 32066	
Annual Reporting Period: Sept 19	7 19 TO <u>Sept. 1998</u> 19_
Based on each term or condition of the Title V general air pe 62-213.300, Florida Administrative Code (F.A.C.), during the	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not bee	in continuous compliance during the reporting period stated above: RECEIVED
Exact period of non-compliance: from	10 <u> OCT ① 7 ገሃሃ</u> ሪ
Action(s) taken to achieve compliance:	Bureau of Air Monitoring
Method used to demonstrate compliance:	& Mobile Sources
#2. Term or condition of the general permit that has not bee	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	10
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete. Fupon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.	ion and belief formed after reasonable inquiry, that the statements ther, my annual consumption of perchloroethylene solvent, based 100 gallons per year for dry-to dry facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: Mane (Please Print)	Marie S. Morrison 9/28/98 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 (COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10:45	AIRS ID#: 067'0003
YPE OF FACILITY: Dry Cleaners	
ACILITY NAME: Morrisons Cleanor #21	DATE: 9/28/98
ACILITY LOCATION: 304 Man 5th	
esponsible official: Mane Marrison	
ESPONSIBLE OFFICIAL: Marie Marison	PHONE NUMBER: 904-362-7912
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	·
	•
	·
	· · · · · · · · · · · · · · · · · · ·
	·
·	
DMMENTS:	
he Annual Compliance Certification form has been properly certifi	ied and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION: 9/99	
	proximate)
NSPECTION CONDUCTED BY: Chastopher 1.	Scott
MAA 1 (Ple	ase Print
NSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-498-4310 X2

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY			
AIRS ID#: 0670003 DATE: 9/28/ FACILITY NAME: Morrison's Cleane	\sim .			
FACILITY LOCATION: 304 Main	St. & & & &			
RESPONSIBLE OFFICIAL: Mane Mon	J. P. A.			
PART I: NOTIFICATION				
(check appropriate box)				
New facility notified DARM 30 days prior to star	tup			
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. 1. Existing small area source 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 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 dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification IN IN IN IN IN INC.				
If no, please check the appropriate classificed for a ger				

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) YEND ON DAVA 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DOY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) אם עם 1. Equipped all machines with the appropriate vent controls? AND NO YA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\mathbf{\Phi}_{\mathbf{Y}} \square_{\mathbf{Y}}$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	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?	ПΥ	חΩ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	□и	□N/A
	ls the temperature differential equal to or greater than 20° F?	\Box Y	ΠN	□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?	ЦY	ЦN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN	□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?	ΠY	□N	□N/A
	or expansion, and domination no other mot.			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□У	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)	_		
1. Maintained receipts for perc purchased?	Ø Y □N		
2. Maintained rolling monthly averages of perc consumption?	Ø Y □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AVA NO V P Z		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	YOY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)			
5. Maintained exhaust duct menitoring data on perc concentrations?			
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports? 50 Y □N □N/A			
Problem corrected?			
8. Maintained compliance plan, if applicable?	AVU UU Y		

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a weekly (for small s	ources, bi-weekly) leak detection and repair			
	inspection?	NO YE			
2.	. Has the facility maintained a leak log?	И□ У			
3.	. Does the responsible official check the following areas for	leaks?			
	Hose connections, fittings, couplings, and valves	Muck cookers ♥ Y □N □N/A			
	Door gaskets and scating Y IN IN/A	Stills • Y ON ON/A			
<u> </u>	Filter gaskets and seating	Exhaust dampers DY DN DN/A			
	Pumps	Diverter valves			
	Solvent tanks and containers $\mathbf{Q} Y \square N \square N/A$	Cartridge filter housings Y □N □N/A			
	Water separators Sy □N □N/A				
4.	. Which method of detection is used by the responsible office	•			
	Visual examination (condensed solvent on exterior s	urfaces)			
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)	*			
	rimetric tubes)				
	Halogen leak detector				
	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)?				
	c. Inspected for leaks and obvious signs of	wear on a weekly basis?			
	d. Kept in a clean and secure area when no	t in use?			
	e. Verified for accuracy by use of duplicate	samples (calorimetric only)?			

Christopher C. Scott Inspector's Name (Please Print)	9/28/98
Inspector's Name (Please Print)	Date of Inspection
CHILL LA	9/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
_			
₹			
maruel		€.	
Manuel 35			
has directer Valne			
	•		
·			
·			
			٠
<i></i>			

DRY CLEANER AIR QUALITY GENERAL PERMIT

AIRS ID#: 067003	.P	10	PE	Revised 10/10/96
DRY CLEANER A ANNUAL COM	AIR QUALITY PLIANCE CERTI	GENERAL FICATION	ン PERMITE FORM で _{Mのかれ}	Revised 19/10/96
FACILITY NAME: MOTTISON CLEANE	215 #		DATE: _	84.e294.99
FACILITY LOCATION: 304 Main 5	St			
MAUD FL 32				
Annual Reporting Period: Sept	19 98	то	Sept	19_99
Based on each term or condition of the Title V gener 62-213.300, Florida Administrative Code (F.A.C.), d	= -		_X2_J	P Rule
If NO, complete the following:			•	
#1. Term or condition of the general permit that has	s not been in continuous	compliance du	ring the reporting period	l stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:			<u> </u>	
Method used to demonstrate compliance:				· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has	s not been in continuous	compliance du	ring the reporting period	i 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 or made in this notification are true, accurate and comupon rolling averages of purchase receipts, does not year for transfer or combination facilities.	plete. Further, my ann t exceed 2,100 gallons p	ual consumption per year for dry	n of perchloroethylene s to dry facilities or 1,80	olvent, based 0 gallons per
RESPONSIBLE OFFICIAL: Marie Moles	son 0	naria ;	S. Marinon	9-21-99
Name (Plea	se Print)	/ Sig	nature '	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 🔀 COM	PLAINT/DISCOVERY			
TIME IN: 10:00 TIME OUT: 10:35	AIRS ID#: 0670003, 1990			
TYPE OF FACILITY: Dry Cleaner	South			
FACILITY NAME: MOTISSO Cleaners #1	DATE: 9-24-789			
FACILITY LOCATION: 304 Main 54.				
Mano, FL 32066				
RESPONSIBLE OFFICIAL: Marie Marison	PHONE NUMBER: 904-362-79/Z			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration				
Based on the results of the compliance requirements evaluated discrepancies were noted:	nted during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
	·			
· · · · · · · · · · · · · · · · · · ·				
COMMENTS:				
	•			
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: SEPT 7000 (AD	proximate)			
INSPECTION CONDUCTED BY: Christopher L.	Scott case Print)			
INSPECTOR'S SIGNATURE LE LE PHONE NUMBER: 904-448-43/0 × 240				

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
'COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DI	105/18/1 S.	No. To Service
AIRS ID#: <u>0670003</u>	DATE: <u>9/21/99</u>	TIME I	n: <u>/0:00</u> :n	TIME OUT: _	18:33
FACILITY NAME: MOTHS	on Cleaners ett	<u> </u>			
FACILITY LOCATION: <u>300</u>	4 Main St.				
	Mary F1 320			* .	
RESPONSIBLE OFFICIAL:	Marie Mossi	50A	PHONE: 904	-362-79	7/2
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	•				
2. Facility failed to notify DAR	M to use general permit	<u> </u>			
	_				
PART II: CLASSIFICATION		-			
Facility indicated on notificati (check appropriate box)			☐ No notification		etroleum
Facility indicated on notificati	rce 2. fyr dr	ansfer only, x oth types, $x <$	□ Drop store/out area source x < 140 gal/yr < 200 gal/yr		etroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: -ce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140	☐ Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	t of business/pe	etroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ree	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140	Drop store/out area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/yr}$	t of business/pe	etroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the please check the facility of the property of the please check the	ree	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140 onstructed on IY	Drop store/out area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$) $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \Box Can not determinated	t of business/pe	etroleum

Best Available Copy

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	AND NO Y
2. Examining the containers for leakage?	אואם אם צול
3. Closing and securing machine doors except during loading/unloading?	ADA ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AMO NO Y
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON NO YO
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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
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?	À Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צי
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY OH PANA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	D. OH
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON ONA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	An On

Davised CO1/0°

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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	пΩ	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY	ПΝ	□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?	ΟY	מם	-DN/A
	Is the pere concentration equal to or less than 100 ppm?	ΠY	ΠN	□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?	ΟY	ΠŅ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	אם	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AD A BA			
2. Maintained rolling monthly averages of perc consumption?	A □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	A'N D YO			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אין אים אם אים אם אין א			
4. Maintained calibration data? (for applicable direct reading instruments)	AKA P ND YD			
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DN \$ NA			
6. Maintained startup/shutdown/malfunction plan?	У Д У ПИ			
7. Maintained deviation reports?	אמם אם אם			
Problem corrected?	DY DN DNA			
8. Maintained compliance plan, if applicable?	רא מו אם אם אם או			

Best Available Copy

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AINO NO YE Muck cookers MY DN DN/A couplings, and valves AND NO YES Door gaskets and scating Stills A'NO NO YA AND ND YER Filter gaskets and seating Exhaust dampers AND NO YOU AND NO YOU Pumps Diverier valves AND ND YED Cartridge filter housings OY ON ON/A Solvent tanks and containers AND NO YOU Water separators MY ON ON/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 □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN DY DN d. Kept in a clean and secure area when not in use? c. Verified for accuracy by use of duplicate samples (calorimetric only)? NO YO

Christopher 1. Scott	9-21-99
Inspector's Name (Please Print)	Date of Inspection
Off le for	Sept 7000
Inspector's Signature	Approximate Date of Next Inspection

I	ADDITIONAL.	SITE INFORMATION:
И	שמיוטונועעמ	SILE INFORMATION.

Marrel

Pan issisted with the inspection

		IAIL RECEIPT	e Coverage Provided)
5240			
ū	Postage	\$	101
937	Certified Fee		nelevi
	Return Receipt Fee (Endorsement Required)		Postmark Here
0200	Restricted Delivery Fee (Endorsement Required)		
0	Tota 10	AIRS ID # 06700	03001AG
0.520	Reci MARIE S MO	ORRISON S CLEANERS #1	aller)
	Stree PO BOX 1012	-	
7000	MAYO FL 32	2066	
l l	PS Form 3800, Februa	ry 2000	See Reverse for Instructions

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: 10	B. Date of Deliver
10 AIRS ID # 0670003001AG MARIE S MORRISON MORRISON'S CLEANERS #1 PO BOX 1012 MAYO FL 32066 If YES, enter delivery address be	☐ Agent ☐ Address
MAYO FL 32066 3. Service Type Certified Mail Express I Registered Return Re	_
	ail ceipt for Merchandi
2. Article Number (Copy from service label)	☐ Yes

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0520 0020-9372 5240

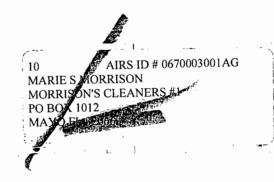


5510

5521

BEST AVAILABLE COPY

Simonnon in S 100 S 100





0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303051

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 FEB 19 98

Do NOT Remove Label

MARIE S MORRISON MARIE S MORRISON 304 MAIN STREET MAYO FL 32066 AIRS ID#0670003

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

Z 333 666 999 AIRS ID # 0670003 MORRISON'S CLEANERS #1 MARIE S MORRISON 304 MAIN STREET MAYO FL 32066 Post Office, State, & ZIP Code 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 & Postmark or Date TOTAL Postage & Fees PS

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
RETURN ADDRESS completed	3. Article Addressed to: MARIE S MORRISON MARIE S MORRISON 304 MAIN STREET MAYO FL 32066 MAYO FL 32066 MAYO FL 32066 MAYO FL 32066	7. Date of De	Type ad Certified Mail Insured Delivery O's Address (Only if requested)
ls your B	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	2595-97-B-0179	Domestic Return Receipt

	Z 33	3 1	P 1 5	987		
,	US Postal Service Receipt for	Cer	tified	Mail		
M. 30	ARIE S MORRISON ARIE S MORRISON 4 MAIN STREET AYO FL 32066	•	AIRS	S ID 067	0003	
	Postage		\$			
	Certified Fee					
	Special Delivery Fee					
	Restricted Delivery Fee	,				
1996	Return Receipt Showin Whom & Date Delivere					
, Apri	Return Receipt Showing to Date, & Addressee's Address					
800	TOTAL Postage & Fee	s	\$			
PS Form 3800 , April 1995	Postmark or Date					

97E 099 EEE Z.

US Postal Service Receipt for Certified Mail

ÀIRS ID # 0670003

MORRISON'S CLEANERS #1 MARIE S MORRISON 304 MAIN STREET MAYO FL 32066

. [Postage	\$
	Certified Fee	
	Special Delivery Fee	
- 1	Restricted Delivery Fee	
8	Return Receipt Showing to Whom & Date Delivered	
2	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
CO 1000 CO 100 CO 1	Postmark or Date	

on the reverse side?	SENDER: Complete items 1 and Vor 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
N ADDRESS completed	AIRS ID # 0670003 MORRISON'S CLEANERS #1 MARIE S MORRISON 304 MAIN STREET MAYO FL 32066	4b. Service 1 ☐ Registere ☐ Express I	Type ad Certified Mail Insured ceipt for Merchandise COD	you for using Return
ls your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Marie S Marie	and fee is		Thank
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt	