

Department of Environmental Protection

0710143

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

Virginia B. Wetherell Secretary

October 14, 1996

Mr. Eric Agranove A Touch of Class Cleaners 9131-5 College Parkway Fort Myers, Florida 33919

Dear Mr. Agranove:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 1996.

Please note that in November 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

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/DD

cc: Mr. Sherrill Culliver, South District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
A Touch of Class Cleaners 3 Hazardays Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
rinania ulitir
FLD989214995
FLD 984214445 4. Facility Location: 9131-5 College Parkway. Street Address:
City: Ff Myers County: F (Lee Count) Code: 53919
5. Facility Identification Number (DEP Use):
07101112
0710143
Responsible Official
Acsponsible Official
6. Name and Title of Responsible Official:
E . 1
7. Responsible Official Mailing Address: Frich Agranoue Organization/Firm: A Touch of Class Cleaners Street Address: 9131-5 College Parkway City: The Myers County: Fl. (Lee Centy) Zip Code: 33919
7. Responsible Official Marting Address: Frit Haranove
Street Address: 0121-5 College Purkus
City:
,
8. Responsible Official Telephone Number:
Telephone: (941) 482-5550 Fax: (941)542-6385
Facility Contact (If different from Responsible Official)
2 acain, Common (21 amos on 110 am 200 ponda 110 amos 21)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
10. Facility Contact Address.
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
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AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

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#07/0/43

	Santa E at
	A Touch of Class Cleaners
p./4	1.(a) add date control device installed, if any 1.(c) add "X"
	installed, if any
	1.(c) add "X"
D.15	4. mark out "V" and initial
	5.(c) not required, mark out "
-	4. mark out "V" and initial 5. (c) not required, mark out "V" and initial
	-1
	· į
,	
-	
	·
	11

Facility Information

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 Example	ID	Machine Initially Purchased	Control Device		Machine	Control			
	ID		Davisa			Control		Machine	Control
	ID	Durchased	Device		Initially	Device		Initially	Device
Example		1 urchaseu	Installed	ID	Purchased	Installed	ID	Purchased	Installed
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	F	114 11	oduted ,	10	sed loca	refrig	era	ted dry	1 todry
(1) w/ ref. condenser	1	12-100-90	noise needed		1			7	T /
(2) w/ carbon adsorber			14 /4 1						
(3) w/ no controls		•							
Washer Unit									100
(4) w/ ref. condenser									
(5) w/ carbon adsorber					_				
(6) w/ no controls]	
Dryer Unit		y Maria Langadi eg			The section of	la Tagua a ay	17.50		
(7) w/ ref. condenser				_					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						hagasta 1		The Bay 1985	Spanner of the control
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total quantity of the control devices (b) If less than 12 mont Check why it is less	are re luant gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	_] purchased in				
					nitions found				

What control technology is require (Indicate with an "X".)	red on machines	pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser [لــا		
New large area source Refrigerated condenser [
			·
S. A. C. W. Ankish and in the second		wise about word a discible se	4
5. A facility which contains non-exe to Rule 62-213.300, F.A.C. Verify to exemption criteria or that no such un	hat all steam and		
All steam and hot water generating a boiler HP or less), and (2) are fired a during which propane or fuel oil con	exclusively by no	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating u No such units on-site	units exempt		
	,		
Equipmer	nt Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to	be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pur	rchases		
(b) Leak detection inspection and rep	pair		
(c) Refrigerated condenser temperatu	ure monitoring		
(d) Carbon adsorber exhaust perc con	ncentration mon	itoring	none needed
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	plan		$[\checkmark]$

Surrender of Existing Air Permit(s)

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

BEST AVAILABLE COPY	#07/0/43	
A Touch	Lof Class Cleaners	SD
p.14 1.(a) ado	date control der led, if any	ace
1.(c) add P.15 4. mark	out "V" and inition t required, mark	al
and u	t required, mark	out v.
•		33919
7 E		· · · · · · · · · · · · · · · · · · ·
7. 61 -5		······································
00 00 mm m		Code: 33919
8		382
9. Name and Title of Facility Co	ontact (For example, plant manager).	
10. Facility Contact Address:		
Street Address: City:	County:	Zip Code:

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Γī	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	
	Carriego Cluse Closurers Inc.
2.	Site Name (For example, plant name or number):
ŀ	1 - 1 1 1 1 1
	A Touch of Class Ceaners Hazardous Waste Generator Identification Number:
3.	•
	FLD984214445
4.	FLD 984214445 Facility Location: 9131-5 College Parkway Street Address:
	City: Ff. Myer's County: F/ (Lee County) Xip Code: 33919
5.	Facility Identification Number (DEP Use):
	O(7/2)
No. 15	09/10/43
	Posnonsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	E . 1
	Eric Hyrapove owner/manager
7.	Responsible Official Mailing Address: Eric Haranove Organization/Firm: A Touch of Class Cleaners Street Address: 9131-5 College Parkway City: Ff Myers County: F/ (Leelunty)Zip Code: 33919
	Street Address: (12) 5 College Ducking
	City: County: The Address: 4/3/-5 (C)/FGE FG/ FLUTCY
	Ft. 19/ers F/. (Leelwinty) - 33919
8.	Responsible Official Telephone Number:
	Telephone: $(941) 482 - 5550$ Fax: $(941) 542 - 6385$
	1 2 3 3 2 1
	Facility Contact (If different from Degrapsible Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
	City. Zip Code.
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

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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.

	Τ	Date	Date	T	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
. ,		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	m	Purchased	Installed	מו	Purchased	Installed
Type of Machine	ID	I di chascu	mstaricu	110	1 dichased	Instance	10	T di ciiased	mstaned
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
,									
Dry-to-Dry Unit	F	114 4	pauted	clos	ed loca	refing	416	rted dry	1 todry
(1) w/ ref. condenser	7		District of the					I	
(2) w/ carbon adsorber			12 NW 90						
(3) w/ no controls			1 is						
Washer Unit			E- 8	•					
(4) w/ ref. condenser			-						
(5) w/ carbon adsorber									
(6) w/ no controls				1					
Dryer Unit					•				
(7) w/ ref. condenser	T								
(8) w/ carbon adsorber		1						 	
(9) w/ no controls		_		<u> </u>					
Reclaimer Unit	· ·			<u>.</u>					
(10) w/ ref. condenser									
(11) w/carbon adsorber		ı		 					-
(12) w/ no controls				 					
(b) Control devices are (c) No control devices 2.(a) What was the total of the least than 12 monto Check why it is less	are requant	equired to be ity of perchlons ow many? [_	installed [_ proethylene (X- (perc)	purchased in				
 What is the facility's so (Indicate with an "X". Existing small ar 	Selec	t one classif	cation only.)	nitions found		3) of	Part II?	
Existing large are		/ 1			all area sour ge area sour]		

 What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".) 	Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	X 48
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 the boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	mation
Check all logs which are required to be kept on-site in accordance with the required	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	White none needed
(d) Carbon adsorber exhaust perc concentration monitoring	[] -> none needed
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	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
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the
statemen. maintain	ts made in this notification are true, accurate and complete. Further, I agree to operate and 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.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL COMPLIANCE CERTIFICATION FO

AIRS ID 071014 CARRIAGE CLASS CLEANERS INC ERIC AGRANOVE 9131-5 COLLEGE PARKWAY FT MYERS FL 33919 Bureau of Air Monitoring

70

Do NOT Remove Label

Annual Reporting Period:	JANI	19_9	<u>7</u> то _	DÉC	3/	19 <u>9</u> 7
Based on each term or condition of the Tit. 62-213.300, Florida Administrative Code (/		DEP Rule
If NO, complete the following:						
#1. Term or condition of the general perm	it that has not	been in continuou	s compliance	e during the re	porting per	riod 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 perm	it that has not	been in continuous	s compliance	e during the re	porting per	riod stated above:
Exact period of non-compliance: from			to_		_	
Method used to demonstrate compliance:						• ,
As the responsible official, I hereby certify, be notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry	Further, my an	inual consumption (oj perchioroe	inyiene soivem,	вазен ирог	i purchase receips,

^{*}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.

A Touch of Class Cleaners

9131-5 College Parkway Ft. Myers, Florida 33919

Phone (941)482-5550 Fax (941)542-6385 Email eric.agranove@gte.net

Lele 0410143

July 02, 1998

State of Florida
Department of
Environmental Protection
2295 Victoria Avenue, Ste 364
Ft. Myers, FL 33901
Attention Wayne Lewis

To whon it may concern,

I would like to change the status of my drycleaning business from an existing small area source to an existing large area source. My perc consumption may exceed 140 gallons per year more than once in three years. Thank you Wayne for informing me about this situation. If there is any further information or documents needed, please do not hesitate to contact me. Thank you.

Sincerely,

Eric Agranove

Bureau of Air Monitoring & Mobile Sources

RECEIVE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECT	ION D	COMPLAINT/DIS	SCOVERY	
AIRS ID#: <u>07/0 / 4/3</u> D	ATE: <u>3//3</u>	3/97 TIME	IN: <u>//. 60 A.</u> MTI	ME OUT: <u>/</u>	2:00P.1Y.
FACILITY NAME: A TO	uch of C	lass Clea	nons		*
facility location: 9/3	31-5 Col	lega Parki	JA.L		
II		FL 33949			
PART I: NOTIFICATION					
(check appropriate box)	_				
1. Existing facility notified DARN	Aby 9/1/96				D
2. New facility notified DARM 30	-	artun			
3. Facility failed to notify DARM		_			
· ·					
PART II: CLASSIFICATION	-			·	
Facility indicated on notification (check appropriate box)	form that it is:				
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 a dry-to-dry only, transfer only, x-both types, x<1 (constructed on	x<140 gal/yr <200 gal/yr		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,="" yr=""><td>да1/ут</td><td></td><td>140<x<2, 100="" gal="" ут<br="">0<x<1,800 gal="" ут<br="">x<1,800 gal/ут</x<1,800></x<2,></td><td></td><td></td></x<2,>	да1/ут		140 <x<2, 100="" gal="" ут<br="">0<x<1,800 gal="" ут<br="">x<1,800 gal/ут</x<1,800></x<2,>		
This is a correct facility classificat	ion	DY ON			
If no, please check the appropriate	classification:				
		mit as number is not eligible for a			
E. The total quantity of perchloroe facility was <u>/30</u> gallons.	thylene (perc) p	urchased within th	e preceding 12 month	s by this dry	leaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DV DN 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PN/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) ND YD 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY 'DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

B	. Has the responsible official of an existing large or new large area source also:		
l.	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?	ŪΥ	ΠN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	□и
	Is the temperature differential equal to or greater than 20° F?	ΠY	□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?	ΟY	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□и
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,	ΠY	
	or expansion; and downstream from no other inlet?	ЦΥ	- IN
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes) Yes S.C.					
I. Maintained receipts for perc purchased?	ETY BENT				
2. Maintained rolling monthly averages of perc consumption?	DY DX				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	∙ □У □И				
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				
4. Maintained calibration data? (for direct reading instruments only)	OY ON PAT/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	. □Y ⊕W				
6. Maintained startup/shutdown/malfunction plan?	OY DX				
7. Maintained deviation reports?	□Y ©N				
Problem corrected?	DY DN				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OY ON

2. WI	uch method of detection is used by t	he respo	nsible	official?	•		
	Visual examination (condensed s	olvent or	n exteri	ior surfaces)			
	Physical detection (airflow felt th	rough ga	iskets)		•		
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	ition (FII)/PID/	calorimetric	tubes)		
	If using direct-reading instrume	entation,	, is the	equipment	•		
	a. Capable of detecting	perc vapo	or conc	entrations i	a range of 0-500 ppm?	ΠY	ΩN
	b. Calibrated against a s (PID/FID only)?	tandard ,	gas pri	or to and afi	er each use	ΠY	N□
	c. Inspected for leaks an	d obviou	s signs	of wear on	a weekly basis?	ΠY	□N
!	d. Kept in a clean and se	ecure are	a wher	not in use?		ПY	ПN
	e. Verified for accuracy	by use of	duplic	ate samples	(calorimetric only)?	$\Box Y$	□N
3. Has	the facility maintained a leak log?					ΠY	ΠN
4. Doe	es the responsible official check the t	following	g areas	for leaks?			
	Hose connections, fittings, couplings, and valves	QΎ	ΠN	•	Muck cookers	ÐÝ	ПN
	Door gaskets and seating	ΘÝ	ПИ		Stills	@Y	ПN
	Filter gaskets and seating	₽Ý	ПN		Exhaust dampers	₽Ý	□N
	Pumps	or .	ПN		Diverter valves	œÝ	□N
	Solvent tanks and containers	ΠY	ΠN		Cartridge filter housings	ØΥ	ΠN
	Water separators	G₹	ПN	DWNGL S	says he does no	recon	cl.
					,		
Eri	c Agranove	·.		₹. <u>.</u>			
	Name of Responsible Official	•					
She	errill Cullivor	٠ <u>خـــــــ</u>			3/13/9	7	
	Inspector's Name (Please Print	:)			Date of Inspec	ction	
	henell Culle				3:/98		
-	Inspector's Signature		•		Approximate Date of N	Vext In	spection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	
<u></u>	Arms Updated 3/10/98
AIRS ID#: <u>0710 143</u> DATE: <u>3/9/</u> FACILITY NAME: <u>A Touch of</u>	98 TIME IN: 2:05 TIME OUT: 3:00
facility location: 9/3/-5 C	ollege Parkway
Fort Myers	FL 33919
RESPONSIBLE OFFICIAL: Eric Agr	PHONE:
CONTACT NAME: Eric Agronove	PHONE:
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·
(check appropriate box)	_
New facility notified DARM 30 days prior to s	tartup
2. Facility failed to notify DARM to use general p	permit \square
PART II: CLASSIFICATION	
Facility indicated on notification form that it is	: 🔲 No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source □
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$
transfer only, $x < 200$ gal/yr	transfer only, x < 200 gal/ут
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(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 classi facility qualified for a g facility exceeds above l	(constructed on or after 12/9/91) If the constructed on or after 12/9/91) Can not determine MAR 12 Mobile Source Seneral permit as number above limits and is not eligible for a general permit purchased within the preceding 12 months by this dryscheaning
B. The total quantity of perchloroethylene (perc) facility was 125 gallons.	purchased within the preceding 12 months by this dry leaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at OY 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? DY DN DN/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? DY DN DY DN DN/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 DY DN DN/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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\square Y \square N$

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?	υY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□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?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	□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	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

PART V: RECORDREEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	OY ON				
2. Maintained rolling monthly averages of perc consumption?	BÝ ON				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/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?	⊠Ý ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BY/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON 1271/A				
6. Maintained startup/shutdown/malfunction plan?	DÝ On				
7. Maintained deviation reports?	DY ON ON/A				
Problem corrected?	⊡Y ON ON/A				
8. Maintained compliance plan, if applicable?	OY ON PÁ/A				

RECEIVED

WAR 1 2 1998

Bureau of Air Monitoring
& Mobile Sources

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection ar				
inspection? Last inspection de	one 10/10/97		OY ON			
2. Has the facility maintained a leak log?	Read above		DY PZŃ			
3. Does the responsible official check the	following areas for leaks	?	·			
Hose connections, fittings, couplings, and valves	OT ON ON/A	Muck cookers	DRY ON ON/A			
Door gaskets and seating	GY ON ON/A	Stills	QY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DAY ON ON/A			
Pumps	⊇Y □N □N/A	Diverter valves	GY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DÝ ON ON/A			
Water separators	ØY □N □N/A					
4. Which method of detection is used by t	he responsible official?					
Visual examination (condensed s	olvent on exterior surfac	es)	<u> </u>			
Physical detection (airflow felt th	rough gaskets)		₽′			
Odor (noticeable perc odor)			Q			
Use of direct-reading instrumenta	ation (FID/PID/calorime	tric tubes)				
Halogen leak detector	<u>.</u>					
If using direct-reading instr	□N/A					
a. Capable of detecting	DY DN					
b. Calibrated against a s (PID/FID only)?	OY ON					
c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	DY DN			
d. Kept in a clean and s	ecure area when not in u	ise?	OY ON			
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY DN			
	٠.					
			·			
ž	1,					
Sherrill Culliver		3/9/98	· /			
Inspector's Name (Please Pri	nt)	Date of Inspe	ection			
Sherrill Culture 7/7/98						
Inspector's Signature Approximate Date of Next Inspection						
Program Will re-inspect within 120 days. S.C.						
Program Will re-inspecte within 120 days. S.C.						

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	র্ভ	COMPLAINT/DISCOVER	Y 🗆
	RE-INSPECTION			• .
AIRS ID#: <u>0710143</u> D.	ATE: <u>//-/9-99</u>	TIME II	N: TIME OUT	Γ: <u>/2/30</u>
FACILITY NAME:	TOUCH OF C	CASS CL	raners	
FACILITY LOCATION:	1131-5 Correge	PKWY	POST MYERS PL	
			33919	·
RESPONSIBLE OFFICIAL : _	Eric AguAA	2008	PHONE: 941 482	-5550
CONTACT NAME:	SAME	·	PHONE: SAME	
PART I: NOTIFICATION				
(check appropriate box)	· · · · · · · · · · · · · · · · · · ·	RE	CEIVED	
New facility notified DARM 3				ū
2. Facility failed to notify DARM			DEC 1 7 1999	ū
		- Euro	au of Air Monitoring Mobile Sources	
PART II: CLASSIFICATION			THAT IS SOURCES	
Facility indicated on notification		<u> </u>	☐ No notification form	
(check appropriate box) A.			Drop store/out of busine	ss/petroleum
1. Existing small area source		New small a		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr		ry-to-dry only, ansfer only, x	x < 140 gal/yr	
both types, x < 140 gal/yr		oth types, $x < 1$		
(constructed before 12/9/91)			or after 12/9/91)	
3. Existing large area source	· 🗹 4.	New large a	rea source	
dry-to-dry only, $140 \le x \le 2,10$			$140 \le x \le 2,100 \text{ gal/yr}$,
transfer only, $200 \le x \le 1,800$			00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr	
both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)		• •	or after $12/9/91$)	
5. This is a correct facility clas	sification $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Y Y □N	□Can not determine	
If no, please check the ap	propriate classification	on:		
1	•		mberabove	
☐ facility	exceeds above limits	and is not elig	gible for a general permit	
II .			•	
B. The total quantity of perchlore	ethylene (perc) purch	ased within th	e preceding 12 months by thi	s dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MN/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/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 DN 1. Equipped all machines with the appropriate vent controls? OY 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $MV \square N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN WN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MA DN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
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?	ed ☑Y □N
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 ØN/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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,	DY DN EMN/A
or expansion; and downstream from no other inlet?	UY UN UN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON WN/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;	>′OY ON ⊠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?	OY ON ⊠N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WY/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN EN/A			
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	OY ON ØN/A			
Problem corrected?	DY DN BN/A			
8. Maintained compliance plan, if applicable?	OY ON SN/A			

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			CY ON				
2.	Has the facility maintained a leak log?			QY ON				
3.	Does the responsible official check the	following areas for leaks	?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ØY ON ON/A				
	Door gaskets and seating	dy □n □n/a	Stills	Y ON ON/A				
	Filter gaskets and seating	dy on on/a	Exhaust dampers	Y ON ON/A				
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A				
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	Y ON ON/A				
	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)	र्खें				
	Physical detection (airflow felt the	hrough gaskets)		હ				
	Odor (noticeable perc odor)	,		ਭ				
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)					
	Halogen leak detector			<u> </u>				
	If using direct-reading inst	rumentation, is the equi	oment:	□N/A				
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON				
	,	and obvious signs of wear	on a weekly basis?	□Y □N				
	•	secure area when not in u		OY ON				
	-	y by use of duplicate sam		□Y □N				
	,	•						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			The state of the s					

Worke Lewis	11-19-99
Inspector's Name (Please Print)	Date of Inspection
(1) Leurs	11-01-00
Inspector's Signature	Approximate Date of Next Inspection

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 08-Aug

Date: 08-Aug-2000 10:41am

From: Wayne Lewis FTM 941/332-6975

LEWIS W@a1.depftm.dep.state.fl.us

Dept: Tel No:

To: Sandy Bowman TAL

(BOWMAN_S@A1)

Subject: - no subject (01JSQ3EYUWNI0001KX) -

reguarding 0710151

Joe is no longer with Cape Cleaners Inc

Jerry Pandolphi(former Partner) now owns Cape Cleaners Incorporate and is now the R.O. for Cape Cleaners - Town and Country(0710178) - and Greentree(0210063) Greentree is said to be a drop but a cleaner is still there(yes, I'm watching)

Joe and Jerry were partners from the start with Jerry being more a "silent" partner ${\color{black} \bullet}$

My last concern - the new dates for Cape Ceaners. Will they stay?

Thank You

PERCHLOROETHYLENE DRY CLEANERS COPY



•	COMPLIANCE I	NSPECTION		IST		ü
TYPE OF INSPECTION:	ANNUAL	ø	COMP	LAINT/DISCOVERY	λ O	
	RE-INSPECTION	и . 🗆		i i		
AIRS ID#: <u>07/0/43</u>	DATE: 9-20-	00 TIM	E IN: _ 03	TIME OUT	S: 09:45	
FACILITY NAME:	7 Tourse 012 1	ines		· · · · · · · · · · · · · · · · · · ·		
FACILITY LOCATION:	9/3/ Colle	ge Par	KWAY _			·
	FF Myers	FL 339	7/9			
RESPONSIBLE OFFICIAL						_
CONTACT NAME:						<u> </u>
				20		
			<u></u>		_======================================	
(check appropriate box)			reau & I			
New facility notified DARM	130 days prior to start	tup	Mob Mob	i m	<u>a</u>	
2. Facility failed to notify DAF	M to use general per	mit 	reau of Air I & Mobile S	<u>~</u>	<u> </u>	
			Momitor Sources	2008		
PART II: CLASSIFICATION					:	
Facility indicated on notificat (check appropriate box) A.	ion form that it is:			notification form o store/out of business	/petroleum	. •
1. Existing small area sou	rce 🗆	2. New sma				
diy-to-dry only, x < 140 gal	/yr .	dry-to-dry or	• •	-		
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr		transfer only both types, x				
(constructed before 12/9/91)		(constructed				
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr 00 gal/yr gal/yr	4. New larg dry-to-dry or transfer only both types, 1 (constructed	aly, $140 \le x \le 1$, $200 \le x \le 1$, $40 \le x \le 1,80$	≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr		
5. This is a correct facility c	tassification .	ØY □N	□ Can r	not determine	AF 100	
☐ facili	ty qualified for a gene ty exceeds above limi	eral permit as its and is not	eligible for a	general permit		
B. The total quantity of perchlo	proethylene (perc) pur	chased withi	n the precedi	ng 12 months by this	dry cleanin	g

facility was _____ gallons.

Att water	
PARTIN: JOBNERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN DYNA
2. Examining the containers for leakage?	DY DN MYA
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 least 24 hours prior to disposal?	dy on ona
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בואאם אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	V.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	rigerated 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 mi 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?	QA DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	dy on ona
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	oy on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואם אם אס
6. Conducted all temperature monitoring after an appropriate cooldown period and after	אם אים

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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA
	Is the temperature differential equal to or greater than 20° F?	DY DN BYNA
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?	חלאם אם עם
	Is the perc concentration equal to or less than 100 ppm?	OY ON OK/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?	בואם אם עם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	באואם אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN BKIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	BY DY
2. Maintained rolling monthly averages of perc consumption?	DAY DW / 15
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	BY ON ONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם עצם
4. Maintained calibration data? (for applicable direct reading instruments)	A/Med NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON MINA
Problem corrected?	ANA NO YO
8. Maintained compliance plan, if applicable?	DY DN MINA

PA	ART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	QY	□N ·		
2.	Has the facility maintained a leak log?	ΘĄ	□N ·		
3.	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves $\Box Y \Box N \Box N/A$ Muck cookers	ΘÝ	ON ON/A		
	Door gaskets and seating	ŒΥ	DN DN/A		
	Filter gaskets and seating BY ON ON/A Exhaust dampers	ØΥ	DN DN/A		
	Pumps Diverter valves	ΘY	□N □N/A		
	Solvent tanks and containers BY DN DN/A Cartridge filter housings	ΘY	□N □N/A		
	Water separators				
4.	Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)	⊡⁄			
	Physical detection (airflow felt through gaskets)	\square'			
	Odor (noticeable perc odor)	d			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:		A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	Пλ	ПИ		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΟY	ПИ		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΠY	ПN		
	d. Kept in a clean and secure area when not in use?	ΩY	. אם		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΠY	מם		

7−20 − C

Date of Inspection Inspector's Signature Approximate Date of Next Inspection

-Z 333 612 994 US Postal Service
Receipt for Certified Mail
No Insurance Coverses Provided AIRS ID 0710143 CARRIAGE CLASS CLEANERS INC ERIC AGRANOVE 9131-5 COLLEGE PARKWAY FT MYERS FL 33919 \$ 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 Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

ce does not	following service extra fee): 1.	es (for an see's Address ed Delivery
4b. Service Registere Return R	Type od Mail ceipt for Merchandis	Certified Insured
		if requested
	4a. Article N 4b. Service Registere Express Return Re 7. Date of O	ce does not 1. Address cle number. 2. Restrict

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357518

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 # 0710143 A TOUCH OF CLASS

ERIC AGRANOVE 9131-5 COLLEGE PARKWAY FT MYERS FL 33919 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Obj.: 002273

Fund: 20-2-035001

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

263286

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

RECEIVED MAIL ROOM MAR 14 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0710143
CARRIAGE CLASS CLEANERS INC
ERIC AGRANOVE
9131-5 COLLEGE PARKWAY
FT MYERS FL 33919

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

Оыј.: 002273

•	P 265 302 205
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Provided International Mail (See reverse)
	AIRS ID#: 0710143 CARRIAGE CLASS CLEANERS INC ERIC AGRANOVE 9131-5 COLLEGE PARKWAY FT MYERS FL 33919
	Certified Fee
	Special Delivery Fee
	Restricted Delivery Fee
I 1995	Return Receipt Showing to Whom & Date Delivered
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address
800,	TOTAL Postage & Fees \$
PS Form 3800 , April 1995	Postmark or Date 2/14/97

SENDER Of adojanua 10 doj 1anosaul 18 p Complete its Complete its 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. White "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): Addressee's Address Addressee's Address Addressee's Address Addressee's Address Consult postmaster for fee.
3. Article Addressed to: AIRS ID#: 0710143 SARRIAGE CLASS CLEANERS INC ERIC AGRANOVE 9131-5 COLLEGE PARKWAY TI MYERS FL 33919	4a. Article Number P 265 302 205 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt

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.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0710143

A TOUCH OF CLASS ERIC AGRANOVE 9131-5 COLLEGE PARKWAY FT MYERS FL 33919

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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

303412

Do NOT Remove Label

AIRS ID 0710143

CARRIAGE CLASS CLEANERS INC ERIC AGRANOVE 9131-5 COLLEGE PARKWAY FT MYERS FL 33919

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

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	LLEGE PARKWAY					
FT MYERS	S FL 33919					
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