



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

January 22, 1997

Mr. William Gutierrez
Classic Cleaners of Southwest Florida
18911-12 South Tamiami Trail
Fort Myers, Florida 33912

Re: Facility I.D. No. 0710148

Dear Mr. Gutierrez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

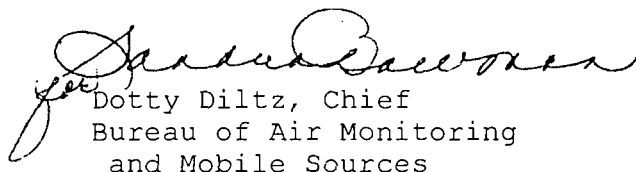
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

#0710148

Classic Cleaners of S.W. Fla.

p.14 1.(a) add date control device
installed, if any

p.15 5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	CLASSIC CLEANERS OF S.W. FIA.		
2. Site Name (For example, plant name or number):	18911-12 S. TAMiami TR. / FT MYERS, FL 33912		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	Street Address: 18911-12 S. TAMiami TR. City: FT MYERS County: LEE Zip Code: 33912		
5. Facility Identification Number (DEP Use):	DM10148		

Responsible Official

6. Name and Title of Responsible Official:	WILLIAM GUTIERREZ JR. / OWNER		
7. Responsible Official Mailing Address:	Organization/Firm: CLASSIC CLEANERS OF S.W. FIA. Street Address: 18911-12 S. TAMiami TR City: FT MYERS County: LEE Zip Code: 33912		
8. Responsible Official Telephone Number:	Telephone: (941) 267-8998 Fax: () -		

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:		
11. Facility Contact Telephone Number:	Telephone: () - Fax: () -		

RECEIVED

SEP 3 1996

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>#1</i>	<i>NOV 90</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing Small None

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Signature

William Gutierrez Jr.

Date

8/30/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0710148 DATE: 1-15-97 TIME IN: 9:35 TIME OUT: 11:30
 FACILITY NAME: Classic Cleaners of Southwest Florida
 FACILITY LOCATION: 18911-12 S. Tamiami Tr.
Fort Myers, FL 33913

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification Y N

If no, please check the appropriate classification:

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

E. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 128.7 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? *(for direct reading instruments only)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? *NO* Y N
 Problem corrected? *Problem* Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. 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)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

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

4. Does the responsible official check the following areas for leaks? *NOT DOCUMENTED*

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

William Gutierrez Jr

Name of Responsible Official

Wayne B Lewis

Inspector's Name (Please Print)

Wayne B Lewis

Inspector's Signature

1-15-97

Date of Inspection

1-98

Approximate Date of Next Inspection

✓

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0710148 DATE: 01-27-98 TIME IN: _____ TIME OUT: _____
FACILITY NAME: CLASSIC CLEANERS OF SW FLORIDA
FACILITY LOCATION: 19911-12 S. TAMiami Tr
FT MYERS, FL 33912

RECEIVED

PART I: NOTIFICATION

(check appropriate box)

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

Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification Y N

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 105 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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



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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

2. 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)

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

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

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

Hose connections, fittings, couplings, and valves Y N

Muck cookers Y N

Door gaskets and seating Y N

Stills Y N

Filter gaskets and seating Y N

Exhaust dampers Y N

Pumps Y N

Diverter valves Y N

Solvent tanks and containers Y N

Cartridge filter housings Y N

Water separators Y N

William Gutierrez Jr
Name of Responsible Official

Wayne Lewis
Inspector's Name (Please Print)

Wayne Lewis
Inspector's Signature

01-27-98
Date of Inspection

01-99
Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0710148 DATE: 01-27-98 TIME IN: _____ TIME OUT: _____
FACILITY NAME: Classic Cleaners of SW Florida
FACILITY LOCATION: 19911-12 S. TAMiami Tr
FT Myers, FL 33912

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

A.

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

This is a correct facility classification

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 105 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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



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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

2. 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)

If using direct-reading instrumentation, is the equipment:

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

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

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

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

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

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

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

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

William Gutierrez Jr

Name of Responsible Official

Wayne Lewis

Inspector's Name (Please Print)

Wayne Lewis
Inspector's Signature

01-27-98

Date of Inspection

01-99

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

COPY

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0710178 DATE: 05-23-00 TIME IN: 11:00 TIME OUT: 11:29
FACILITY NAME: CLASSIC CLEANERS OF SW FLORIDA
FACILITY LOCATION: 14911-12 S TAMiami TRAIL
Fort Myers, FL 33912
RESPONSIBLE OFFICIAL: William Gutierrez PHONE: 267-8998
CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

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

A.

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 110 gallons. Perc Receipt & Log Do NOT match

Bureau of Air Monitoring
& Mobile Sources

JUN - 7 2000

RECEIVED

Y900

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

Wayne Lewis
Inspector's Name (Please Print)

05-23-00
Date of Inspection

Wayne Lewis
Inspector's Signature

Approximate Date of Next Inspection

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

7000 0600 0026 7825 5983

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

AIRES ID # 0710148

Recipient: CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
Street: 18911-12 S TAMiami TRAIL
City, S: FT MYERS FL 33912

PS Form 3811, July 1999 Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRES ID # 0710148

CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMiami TRAIL
FT MYERS FL 33912

2. Article Number (Copy from service label)

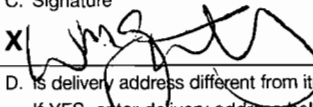
7000 0600 0026 7825 5983

COMPLETE THIS SECTION ON DELIVERY

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

2-9-01 67

C. Signature

X 

- Agent
 Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below: Yes No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery 8/21/2001</p> <p>C. Signature X <i>Shannon Nelson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0710148001AG WILLIAM GUTIERREZ JR CLASSIC CLEANERS OF S.W. FLORIDA 18911-12 S TAMIAMI TRAIL FT MYERS FL 33912</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) 7000 0520 0020 9372 6957</p> <p>S Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)																	
7000 0520 0020 9372 6957	<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here					
Postage	\$																
Certified Fee																	
Return Receipt Fee (Endorsement Required)																	
Restricted Delivery Fee (Endorsement Required)																	
Total Postage & Fees	\$																
<table border="1"> <tr> <td>Recip</td> <td>10 AIRS ID # 0710148001AG</td> <td>iller)</td> </tr> <tr> <td>Street</td> <td>WILLIAM GUTIERREZ JR</td> <td></td> </tr> <tr> <td>City, S</td> <td>CLASSIC CLEANERS OF S.W. FLORIDA</td> <td></td> </tr> <tr> <td></td> <td>18911-12 S TAMIAMI TRAIL</td> <td></td> </tr> <tr> <td></td> <td>FT MYERS FL 33912</td> <td></td> </tr> </table>		Recip	10 AIRS ID # 0710148001AG	iller)	Street	WILLIAM GUTIERREZ JR		City, S	CLASSIC CLEANERS OF S.W. FLORIDA			18911-12 S TAMIAMI TRAIL			FT MYERS FL 33912		Instructions
Recip	10 AIRS ID # 0710148001AG	iller)															
Street	WILLIAM GUTIERREZ JR																
City, S	CLASSIC CLEANERS OF S.W. FLORIDA																
	18911-12 S TAMIAMI TRAIL																
	FT MYERS FL 33912																

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404626

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 # 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMIAMI TRAIL
FT MYERS FL 33912

Bureau of Air Monitoring
& Mobile Sources

RECEIVED

2/5/01 plc

FEB -5

RECEIVED
MAIL ROOM

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

P 265 302 203

US Postal Service
Receipt for Certified Mail

AIRS ID#: 0710148

WILLIAM GUTIERREZ JR
WILLIAM GUTIERREZ JR
18911-12 S TAMIAMI TRAIL
FT MYERS FL 33912

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	2/14/97

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0710148
WILLIAM GUTIERREZ JR
WILLIAM GUTIERREZ JR
18911-12 S TAMIAMI TRAIL
FT MYERS FL 33912

4a. Article Number

P265 302 203

4b. Service Type

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

7. Date of Delivery

2-20-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Bonnie Rickett

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261234

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

RECEIVED
MAIL ROOM

FEB 24 97

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMiami TRAIL
FT MYERS FL 33912

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0307530

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 26 98

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID#0710148
WILLIAM GUTIERREZ JR
WILLIAM GUTIERREZ JR
18911-12 S TAMiami TRAIL
FT MYERS FL 33912

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 30 1998

Z 333 667 128 2000

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

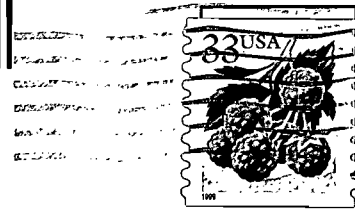
AIRS ID # 0710148

CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMiami TRAIL
FT MYERS FL 33912

PS Form 3800, April 1995

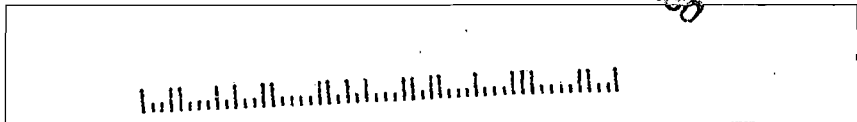
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

CLASSIC CLEANERS OF S.W. FLA.
24000 S. TAMiami TRAIL
BONITA SPRINGS, FL 34184
941-495-8300



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

NOT FOR
Division of Retirement
2639 N. Monroe Bldg. C
Tallahassee, FL 32399-1590



323153070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392178

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM
FEB 15 00

Do NOT Remove Label

AIRS ID # 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMiami TRAIL
FT MYERS FL 33912

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0364370

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 # 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMiami TRAIL
FT MYERS FL 33912

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 99
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
MAR 17 99

Z 333 612 999

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided
AIRS ID 0710148

WILLIAM GUTIERREZ JR
WILLIAM GUTIERREZ JR
18911-12 S TAMIAMI TRAIL
FT MYERS FL 33912

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

PS Form 3800, April 1995

P 174 052 187

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
International Mail (See reverse)

AIRS ID # 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMIAMI TRAIL
FT MYERS FL 33912

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

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMIAMI TRAIL
FT MYERS FL 33912

4a. Article Number

P174 052 187

4b. Service Type

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

7. Date of Delivery

APR 3-1

5. Received By: (Print Name)

William Gutierrez Jr

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

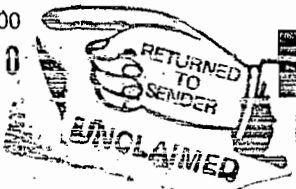
CERTIFIED

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Z 333 660 528

TALLAHASSEE
FEB 11 1998
U.S. POSTAGE
2.98

MS# 3910
37550301000

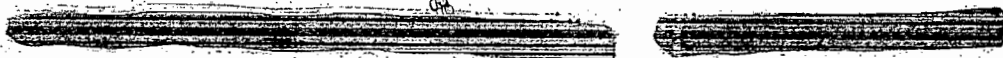


MAIL

Post Office Box
Tallahassee, FL
AIRS ID # 0710148
CLASSIC CLEANERS OF S.W. FLORIDA
WILLIAM GUTIERREZ JR
18911-12 S TAMiami TRAIL
FT MYERS FL 33912

Bureau of Air Mail Inquiries
33 Mosier-Saurces

RECEIVED
2-13-98
NAME [unclear]
1st NOTICE
2nd NOTICE 2-18
RETURN 2-28-98



SECURITY INFORMATION
 SECURITY INFORMATION

Is your RETURN ADDRESS completed on the reverse side?

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

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 AIRS ID # 0710148
 CLASSIC CLEANERS OF S.W. FLORIDA
 WILLIAM GUTIERREZ JR
 18911-12 S TAMiami TRAIL
 FT MYERS FL 33912

4a. Article Number
 Z 333 660 528
 4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD
 7. Date of Delivery

5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 528

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided

1999

AIRS ID # 0710148
 CLASSIC CLEANERS OF S.W. FLORIDA
 WILLIAM GUTIERREZ JR
 18911-12 S TAMiami TRAIL
 FT MYERS FL 33912

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

PS Form 3800, April 1995