



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 12, 1998

Ms. Donal S. Dowling
White Heron Cleaners
15675 McGregor Boulevard
Fort Myers, Florida 33908

Re: Facility No.: 0710173

Dear Ms. Dowling:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 16, 1998.

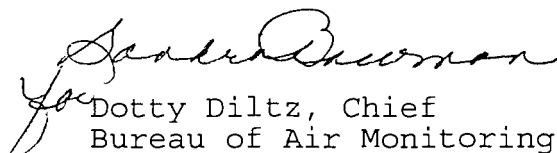
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Sherrill Culliver, South District

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



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02 (S)

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#0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL
33908

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

0710173

p 13

6. Add Title of Responsible official

p 14

Responsible official sign and date
for changes

8/5/98

Spoke to Tily Bouthazard she stated
that she is the manager of the facility
and Donald S. Bowling is the owner
of White Heron Cleaners.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

JUL 16 1998

RECEIVED

| | | | |
|--|---------------------------|--|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | STANLEY DOWLING ENT. INC. | | |
| 2. Site Name (For example, plant name or number): | WHITE HERON CLEANERS | | |
| 3. Hazardous Waste Generator Identification Number: | #FD981469901 | | |
| 4. Facility Location: 15675 MCGREGOR BLVD Street Address: ISLAND PLAZA City: FORT MYERS County: LEE Zip Code: 33908 | | | |
| 5. Facility Identification Number (DEP Use): | 0710173 | | |

Responsible Official

| | | | |
|---|------------------|--|--|
| 6. Name and Title of Responsible Official: | DONAL S. DOWLING | | |
| 7. Responsible Official Mailing Address: 15675 MCGREGOR BLVD. Organization/Firm: WHITE HERON Street Address: ISLAND PLAZA City: FORT MYERS County: LEE Zip Code: 33908 | | | |
| 8. Responsible Official Telephone Number: Telephone: (941) 487-3800 Fax: () - | | | |

Facility Contact (If different from Responsible Official)

| | | | |
|--|----------------|--|--|
| 9. Name and Title of Facility Contact (For example, plant manager): | LILA BONTRAGER | | |
| 10. Facility Contact Address: WHITE HERON CLEANERS Street Address: AS ABOVE City: AS ABOVE County: Zip Code: | | | |
| 11. Facility Contact Telephone Number: Telephone: () - AS ABOVE Fax: () - | | | |

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</i> | <i>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>8-84</i> | <i>8-84</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 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".)

- | | | |
|-----------------------------------|-------------------------------------|--|
| <u>Existing large area source</u> | | |
| Carbon adsorber | <input checked="" type="checkbox"/> | Refrigerated condenser <input checked="" type="checkbox"/> |
| <u>New small area source</u> | | |
| Refrigerated condenser | <input type="checkbox"/> | |
| <u>New large area source</u> | | |
| Refrigerated condenser | <input type="checkbox"/> | |

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 | <input type="checkbox"/> |
| No such units on-site | <input checked="" type="checkbox"/> |

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 | <input checked="" type="checkbox"/> |
| (b) Leak detection inspection and repair | <input checked="" type="checkbox"/> |
| (c) Refrigerated condenser temperature monitoring | <input checked="" type="checkbox"/> |
| (d) Carbon adsorber exhaust perc concentration monitoring | <input type="checkbox"/> |
| (e) Instrument calibration | <input type="checkbox"/> |
| (f) Start-up, shutdown, malfunction plan | <input checked="" type="checkbox"/> |

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:


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

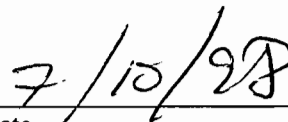
No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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


Signature


Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

✓ TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0710173 DATE: 02-03-00 TIME IN: 09:56 TIME OUT: 11:50
 FACILITY NAME: White Heron Cleaners
 FACILITY LOCATION: 15675 McGregor Blvd
Fort Myers, FL 33909
 RESPONSIBLE OFFICIAL: Donal Dowling PHONE: 489-3800
 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 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 <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) | 4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) |

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

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

RECEIVED
 JUN 23 2000
 Bureau of Air Monitoring
 & Mobile Sources

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

← See Front Page

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

02-03-00

Date of Inspection

Wayne Lewis
Inspector's Signature

08-16-00

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

RECEIVED
MAR 10 2000
Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: ~~0710173~~ 0710173 DATE: 02-03-00 TIME IN: 09:11:50 TIME OUT: 11:50
FACILITY NAME: White Heron Cleaners
FACILITY LOCATION: 15675 McGregor Blvd
Fort Myers, FL 33909
RESPONSIBLE OFFICIAL: Donal Dowling PHONE: 489-3800
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 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 checked="" 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 Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

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

FACILITY HAD ONE RECEIPT FOR LAST 18 MONTHS (PER CAL) - WILL DO A CHECK VIA TAMPA BAY & PHOENIX FOR TOTAL PERC

1 of 5

Revised 8/11/97

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

1. Diverter valve listed in '98 inspection as installed - BUT IN OPERATIVE

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

← See
Front
Page

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

02-03-00
Date of Inspection

Wayne Lewis
Inspector's Signature

08-16-00
Approximate Date of Next Inspection

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

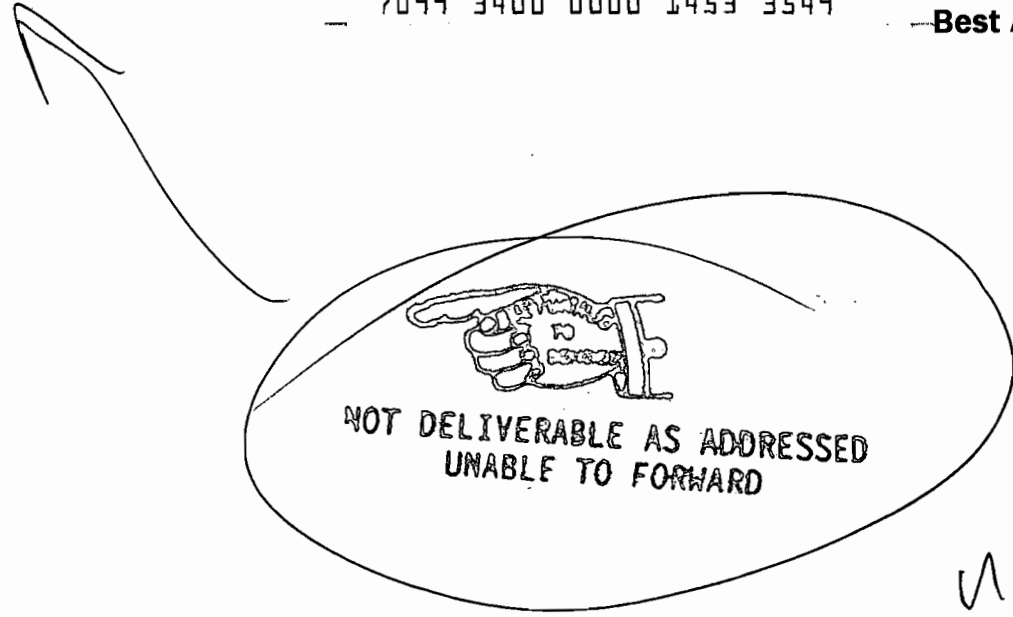
CERTIFIED MAIL



7099 3400 0000 1453 3549




Best Available Copy



RECEIVED
JUN 16 2003
Bureau of Air Monitoring
& Mobile Sources

Handwritten: UAA
u/r 3/4

10 AIRS ID # 0710173001AG
DOWAL S DOWLING
STANLEY DOWLING-ENT-INC
15675 MCGREGOR BLVD
FT. MYERS, FL 33908


NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SEND

- 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:

10 AIRS ID # 0710173001AG
 DOWAL S DOWLING
 STANLEY DOWLING ENT INC
 15675 MCGREGOR BLVD
 FT. MYERS FL 33908

2. Article Number
(Transfer from service label)

7099 3400 0000 1453 3549

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

B. Received by (*Printed Name*) C. Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (*Extra Fee*) Yes

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

Article Sent To:

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

Receipt
 Postmark
 Here
 02

10 AIRS ID # 0710173001AG
 DOWAL S DOWLING
 STANLEY DOWLING ENT INC
 15675 MCGREGOR BLVD
 FT. MYERS FL 33908

7099 3400 0000 1453 3549

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

396161

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
JUL 10 00

Do **NOT** Remove Label

AIRS ID # 0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

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

Z 210 661 216

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

PS Form 3800 April 1995

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

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:

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

AIRS ID # 0710173

4a. Article Number

Z 210 661 216

4b. Service Type

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

7. Date of Delivery

4-4-01

5. Received By: (Print Name)

[Signature]

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

6. Signature: (Addressee or Agent)

[Signature]

Thank you for using Return Receipt Service.

Best Available Copy

UNITED STATES POSTAL SERVICE



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

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

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
APR - 6 2001

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



Fold at line over top of envelope to
 SENDER: COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

AIRS ID # 0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL 33908

2210 663 120

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature *DOWLING*
 Agent
 Addressee
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

2 210 663 120

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided. AIRS ID # 0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL 33908

3rd
2000

| | |
|---|-----------|
| 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 # 0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

4a. Article Number
P174 052 193

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5/11/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

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.

P 174 052 193

1999

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

AIRS ID # 0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

| | |
|---|-----------|
| 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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363896

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

RECEIVED
MAIL ROOM ✓

TOTAL AMOUNT DUE: \$50.00

MAR -8 99

Do NOT Remove Label

AIRS ID # 0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

| 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. | A. Received by (Please Print Clearly) | B. Date of Delivery 2/26/00 |
| <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0710173</p> <p>WHITE HERON CLEANERS DOWAL S DOWLING 15675 MCGREGOR BLVD FT. MYERS FL 33908</p> | <p>C. Signature X <i>Jeran Denny</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>2. Article Number (Copy from service label) 2210662369</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>PS Form 3811, July 1999</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>Domestic Return Receipt 102595-99-M-1789</p> | | |

Z 210 662 369

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

Sent to

AIRS ID # 0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL 33908

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

PS Form 3800, April 1995

Fold at line over top of envelope to

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 # 0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

4a. Article Number
2333 660 539

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/16/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Z 333 660 539

US Postal Service
Receipt for Certified Mail

AIRS ID # 0710173

WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

| | |
|---|-----------|
| 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

TO THE RIGHT OF RETURN ADDRESS
PLACE STICKER AT TOP OF ENVELOPE

| SENDER: COMPLETE THIS SECTION | ACTION 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. | <table style="width: 100%;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td colspan="2">C. Signature <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;"> <i>[Signature]</i> </div> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table> | A. Received by (Please Print Clearly) | B. Date of Delivery | C. Signature <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;"> <i>[Signature]</i> </div> | | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| A. Received by (Please Print Clearly) | B. Date of Delivery | | | | | | | | |
| C. Signature <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;"> <i>[Signature]</i> </div> | | | | | | | | | |
| <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | | | | | | | | | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | | | | | | | | |
| 1. Article Addressed to: <div style="text-align: right; margin-right: 50px;">AIRS ID # 0710173</div> WHITE HERON CLEANERS DOWAL S DOWLING 15675 MCGREGOR BLVD FT. MYERS FL 33908 | 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. | | | | | | | | |
| 2. Article Number (Copy from service label) <div style="font-family: cursive; font-size: 1.2em; margin-left: 20px;"> 00006000026H1259109 </div> | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | | | | | | | |
| PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789 | | | | | | | | | |

| U.S. Postal Service | | | | | | | | | |
|--|--|----------------------|-------------------|-----------------|---|---------------------|--|--------------------|--|
| CERTIFIED MAIL RECEIPT | | | | | | | | | |
| (Domestic Mail Only; No Insurance Coverage Provided) | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 80%;">Postage \$</td> <td style="width: 20%;"></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> </table> | Postage \$ | | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | <div style="text-align: center; margin-bottom: 20px;">Postmark Here</div> <div style="text-align: center;">AIRS ID # 0710173</div> |
| Postage \$ | | | | | | | | | |
| Certified Fee | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 10%;">Total Pos</td> <td>WHITE HERON CLEANERS</td> </tr> <tr> <td>Recipient:</td> <td>DOWAL S DOWLING</td> </tr> <tr> <td>Street, Apt.</td> <td>15675 MCGREGOR BLVD</td> </tr> <tr> <td>City, State.</td> <td>FT. MYERS FL 33908</td> </tr> </table> | Total Pos | WHITE HERON CLEANERS | Recipient: | DOWAL S DOWLING | Street, Apt. | 15675 MCGREGOR BLVD | City, State. | FT. MYERS FL 33908 | |
| Total Pos | WHITE HERON CLEANERS | | | | | | | | |
| Recipient: | DOWAL S DOWLING | | | | | | | | |
| Street, Apt. | 15675 MCGREGOR BLVD | | | | | | | | |
| City, State. | FT. MYERS FL 33908 | | | | | | | | |
| <div style="font-family: monospace; font-size: 0.8em; writing-mode: vertical-rl; transform: rotate(180deg);"> 7000 0600 0026 4125 9109 </div> | <small>PS Form 3800, February 2000 See Reverse for Instructions</small> | | | | | | | | |

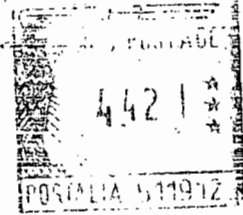
MS# 5510 MC Acct # 6521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7000 1670 0013 3108 6731



Fwd

AIRS ID#0710173
WHITE HERON CLEANERS
DOWAL-S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL
33908

RECEIVED
FEB 14 2003
BUTLER A. N. NORTH
& PHONE S. J. O'NEILL

WHIT675
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

33908+5510/2400



U.S. DEPARTMENT OF POSTAL SERVICE, PHOTOCOPYING IS PROHIBITED BY LAW. POSTAGE WILL BE PAID BY ADDRESSEE.

SEN

PLACE STICKER AT TOP OF ENVELOPE
U.S. SECTION ON DELIVERY

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

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

1. Article Addressed to:

AIRS ID#0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL
 33908

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7000 1670 0013 3108 6731

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

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

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

AIRS ID#0710173

Sent To: WHITE HERON CLEANERS
 Street: DOWAL S DOWLING
 City, St: 15675 MCGREGOR BLVD
 33908 FT. MYERS FL

7000 1670 0013 3108 6731

Instructions

5510

5521

CERTIFIED MAIL

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



7001 0320 0001 7975 6899



**NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD**

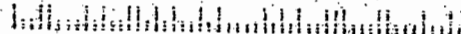
AIRS ID#0710173
WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL
33908

*UAA
with
RSP*

MAILING
1st Notice 310
2nd Notice 315
Return 325

RECEIVED
MAR 21 2003
Bureau of Air Monitoring
& Mobile Sources

2600 BLAIR STONE ROAD



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL
 33908

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

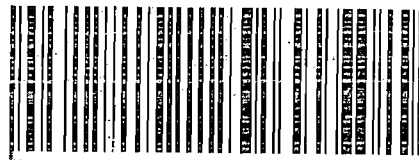
7001 0320 0001 7975 6899

5510

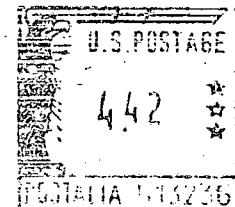
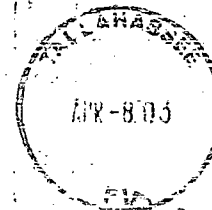
5521

CERTIFIED MAIL

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



7091 03 20 0000 7976 5594



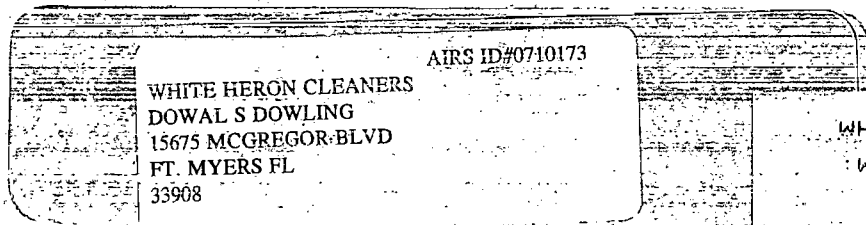
MC5521

BAMMS/BOG
JOEY ROBERTS
5510

**NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD**

RECEIVED
APR 17 2003

Bureau of Air Monitoring
& Mobile Sources

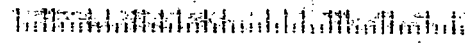


AIRS ID#0710173

WHIT675 X334081023 1A01 07 04/14/03
RETURN TO SENDER
WHITE HERON
**NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
RETURN TO SENDER**

WATA
MTE

32399-2400 34



SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL*
 33908

2. Article Number

7001 0320 0001 7976 5594

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7001 0320 0001 7976 5594

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

OFFICIAL USE

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

Postmark Here

AIRS ID#0710173

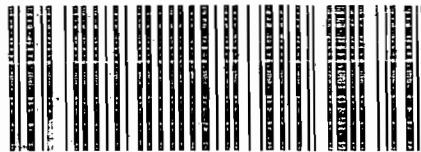
Sent: WHITE HERON CLEANERS
 Street or PO: DOWAL S DOWLING
 City: FT. MYERS FL
 33908

Instructions

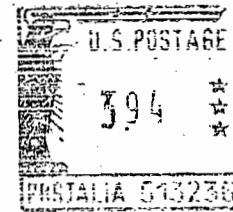
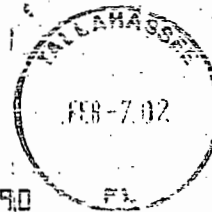
CERTIFIED MAIL

MS# 0010 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



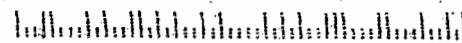
7000 0600 0026 4128 7690



AIRS ID # 0710173
WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD.
FT. MYERS FL
33908

WHIT675 339081030 1A01 03 02/11/02
RETURN TO SENDER
WHITE HERON
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

339081030/3900



SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL
 33908

2. Article Number (Copy from service label)

7000 0600 0026 4128 7690

PS Form 3811, July 1999.

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
- C. Signature _____ Agent
 Addressee
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

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

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

AIRS ID # 0710173

7000 0600 0026 4128 7690

Ft. WHITE HERON CLEANERS
 St. DOWAL S DOWLING
 C. 15675 MCGREGOR BLVD
 33908 FT. MYERS FL

for Instructions

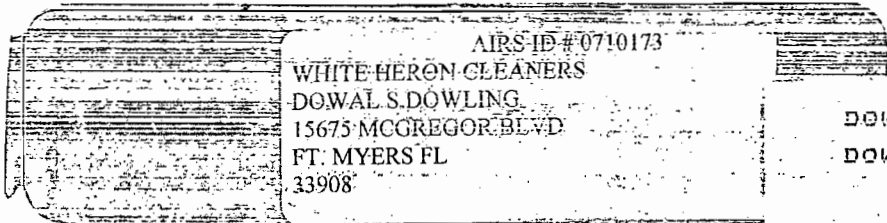
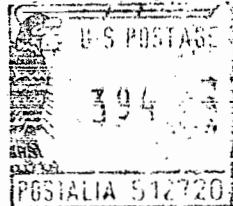
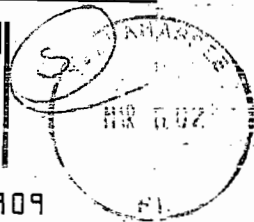
MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7001 0320 0001 7976 1909



DOWLING 33908
RETURN TO SENDER
DOWLING
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

RECEIVED
MAR 13 2002
Bureau of Air Mail
& Mobile Services

32399/2400



SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0710173

WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL
 33908

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

- Agent
- Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 1909

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

AIRS ID # 0710173

Total Post

WHITE HERON CLEANERS

Sent To

DOWAL S DOWLING

Street, Apt.
or PO Box

15675 MCGREGOR BLVD

City, State

FT. MYERS FL

33908

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0001 7976 1909

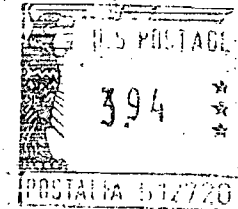
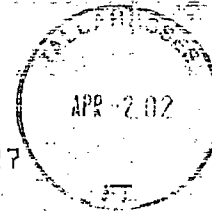
CERTIFIED MAIL

MS# 5510 MC Acct # 0021

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7975 8527



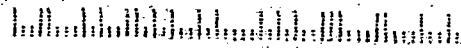
AIRS ID # 0710173
WHITE HERON CLEANERS
DOWAL S. DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL 33908

For WML

RECEIVED
APR 11 2002
Bureau of Air Mail
& Mobile Sources

DOWLING 339081026 1181 04 2002
RETURN TO SENDER
DOWLING
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

32399-2400



SEND

RESTRICTED DELIVERY

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

1. Article Addressed to:

AIRS ID # 0710173
 WHITE HERON CLEANERS
 DOWAL S DOWLING
 15675 MCGREGOR BLVD
 FT. MYERS FL 33908

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

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. *(Copy from reverse label)*

7001 0320 0001 7975 8527

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total

WHITE HERON CLEANERS

Sent To: DOWAL S DOWLING
 Street, or PO: 15675 MCGREGOR BLVD
 City, St: FT. MYERS FL 33908

Postmark Here

AIRS ID # 0710173

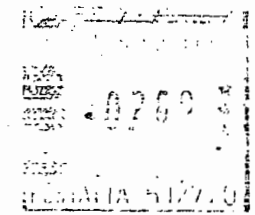
Postmark Here January 2001

See Reverse for Instructions

7001 0320 0001 7975 8527

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

11/18/01



RETURN SERVICE REQUESTED

AIRS ID # 0710173
WHITE HERON CLEANERS
DOWAL S DOWLING
15675 MCGREGOR BLVD
FT. MYERS FL
33908

WHIT675 339081001 1A01 01 12/18/01
RETURN TO SENDER
WHITE HERON
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

AUM3 33908
32399/2400

