

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 19, 1998

Mr. Anthony Barbuto Hi Tech Cleaners 106-A1 Hancock Bridge Parkway West Cape Coral, Florida 33990

Re: Facility No.: 0710176

Dear Mr. Barbuto:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 10, 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 Environemntal 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, of 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

0710176 p/6 Responsible Official signand date un machine was purchases

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
,	II Torn Clemers or Page Papel.
2.	LI TECH CLEMMERS OF CAPE CONAL Site Name (For example, plant name or number):
	HI TECH CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLOCESOG
4.	Facility Location: 106-A1 HANCOCK BRIDGE PRUPLY W
	Street Address: City: C APE County: LEE Zip Code: 33990

5.	Facility Identification Number (DEP Use): O11101176
	0'110119
	Responsible Official
6.	Name and Title of Responsible Official:
	ANTHONY BARBUTO PRES.
7.	Responsible Official Mailing Address:
	Organization/Firm: HI TECH CLEMMENS Street Address:
	City: ABOVE County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (941) 574-3881 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: () -
	₩0^ . (1, 122.2)
	na mait-ofift d

Bureau of Ar Monitoring & Mobile Sourges

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Facility Information

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

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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		22 NOT 93							
(2) w/ carbon adsorber	"-								
(3) w/ no controls									
Washer Unit								-	
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser				T	T		٠		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						•			
(10) w/ ref. condenser			<u> </u>						
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	_			,					
2.(a) What was the total	quan gallo		oroethylene	(perc) purchased i	in the latest 1	2 mo	nths?	
(b) If less than 12 mon Check why it is les []					_] New stor	e: [] Did	l not	keep records	:
3. What is the facility's so (Indicate with an "X". Existing small a	Sele	ct one classif	ication only.)	initions four	~ :		Part II?	
Existing large ar					rge area sow	-	,]		

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	ontrol technology is requate with an "X".)	ired on machines	pursuant to sectio	n (5) of Part II of this r	notification form?
	Existing large area source Carbon adsorber		Refrigerated cond	denser []	
	New small area source Refrigerated condenser	X			
	New large area source Refrigerated condenser	[]			
pursuant to following	ity which contains non-e to Rule 62-213.300, F.A. exemption criteria or tha	C. Verify that all it no such units ex	steam and hot wa ist on-site:	ter generating units on	-site meet the
boiler HP	and hot water generating or less), and (2) are fire sich propane or fuel oil c	d exclusively by n	atural gas except	for periods of natural g	
	and hot water generating units on-site	g units exempt			
	;				:4 11 3
	Equipme	ent Monitoring a	nd Recordkeepin	g Information	
Check all permit:	logs which are required	to be kept on-site	in accordance with	h the requirements of the	his general
(a) Purcha	ase receipts and solvent p	ourchases			
(b) Leak d	detection inspection and i	repair			
(c) Refrige	erated condenser tempera	ature monitoring			
(d) Carbon	n adsorber exhaust perc	concentration mor	nitoring		
(e) Instrur	ment calibration			رُ	
(f) Start-u	up, shutdown, malfunctio	on plan			

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
;	No air permits currently exist for the operation of the facility indicated in this notification form.
	this nothication form.
;	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Chr	ethus Bouten 11/4/98
Signatur	Date



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 13, 1998

Mr. Anthony Barbuto Hi Tech Cleaners 106-A1 Hancock Bridge Parkway West Cape Coral, Florida 33991

Dear Mr. Barbuto:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#2043) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

/SB

Enclosure

HI TECH CLEANERS OF CAPE CORAL, INC.

106-A1 HANCOCK BRIDGE PKY W
CAPE CORAL, FL 33991

Date 1/3/97

Farther Market Safety Blue Debut

CAPE CORAL NATIONAL BANK

Cape Coral, Florida

For FID. 36 9800633

CUARDIANE SAFETY BLUE DEBUT

COURSE AMERICAN

CUARDIANE SAFETY BLUE DEBUT

COURSE AMERICAN

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	✓ COMPLAINT/DISCOVERY □
RE-INSPECTION	ON 🗆
	- 95 TIME IN: 8:38 TIME OUT: 9://
	E CAPE COME
FACILITY LOCATION: 1865-A	IANCOCK Bridge PKNY
	Co-06 FL 33991
RESPONSIBLE OFFICIAL: Tony BA	PHONE: 94/ 574-358/
CONTACT NAME: Tony Bar	BUTO PHONE: 94/ 574-398/
	· · · · · · · · · · · · · · · · · · ·
PART I: NOTIFICATION	RECEIVED
(check appropriate box)	" F C E I V E D
1. New facility notified DARM 30 days prior to sta	DEC 1 7 1999
2. Facility failed to notify DARM to use general po	
	Russer of Air Wonitoring & Mobile See
PART II: CLASSIFICATION	& Mobile Sources
Facility indicated on notification form that it is: (check appropriate box)	5 divisio Sources
Facility indicated on notification form that it is:	☐ No notification form
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	☐ No notification form ☐ Drop store/out of business/petroleum 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
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) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	□ No notification form □ Drop store/out of business/petroleum 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) 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 both types, 140 ≤ x ≤ 1,800 gal/yr
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) 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) 5. This is a correct facility classification If no, please check the appropriate classification qualified for a get	□ No notification form □ Drop store/out of business/petroleum 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 $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) □ Can not determine

Sent PALLY Entered Prins

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	ZY ON ON/A
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ØY □N
 Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 	DY ZM DN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ØN/A
* Does Not CHAN	CA FILTERS - SA
PART IV: PROCESS VENT CONTROLS He DISTILLS EVERYT	Hing .
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 refrig (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	⊠Y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N ØN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ØN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Øу □и

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	\Box Y	\square_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?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠÄ	ŪΝ	□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?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDREEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	QA ON
2. Maintained rolling monthly averages of perc consumption?	DY ØN
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ØN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON G N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MYA
6. Maintained startup/shutdown/malfunction plan?	QY DN
7. Maintained deviation reports?	oy on a n/a
Problem corrected?	OY ON MIN/A
8. Maintained compliance plan, if applicable?	OY ON ØN/A

TAKI VI. LEAK DETECTION AND I	CELVINO.				
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection as	nd repa	air	
inspection?			ØΥ	ПN	
2. Has the facility maintained a leak log?			ΩY	ØИ	
3. Does the responsible official check the	following areas for leaks				
Hose connections, fittings, couplings, and valves	Øy On On/a	Word of mouth Muck cookers	ØY	□N □N/A	
Door gaskets and seating	ØY ON ON/A	Stills	ØY	□N □N/A	
Filter gaskets and seating	DY ON ONA	Exhaust dampers	₫Y	□N □N/A	
Pumps	OY ON ON/A	Diverter valves	ΠY	DN/A	
Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	ØΥ	A/NO NO	
Water separators	DY ON ON/A				
4. Which method of detection is used by the	he responsible official?	•			
Visual examination (condensed so	olvent on exterior surface	es)	Ø		
Physical detection (airflow felt the	rough gaskets)		₽		
Odor (noticeable perc odor)		,	Ø		
Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)			
Halogen leak detector					
If using direct-reading instr	If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting p	perc vapor concentrations	s in a range of 0-500 ppm?	\Box Y	ПИ	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	ωy	□и	
c. Inspected for leaks an	d obvious signs of wear of	on a weekly basis?	ΟY	ПN	
d. Kept in a clean and so	ecure area when not in us	se?	ΟY	ПN	
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	ΩY	ПИ	
				·	
	1,	•			
Inspector's Name (Please Prin		Daté of Inspe	ction		
Anspector's Frame (Fredse Fift	••/	Date of Hispe			
Inspector's Signature		<u> </u>			
// Inspector's Signature		Approximate Date of	Next I	nspection	

COMPLIAN

OETHYLENE DRY C TANERS	,
TITLE V GENERAL PERMIT	'
TANCE INSPECTION CHECKLIST	

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY C
	98 TIME IN: 12:45 TIME OUT: 13:25
facility location: <u>22/5 G</u>	Winkler Ave
FT MYCI	cs, FL 33901
RESPONSIBLE OFFICIAL: GARY + HASE	оики PATEL PHONE: 941 649-2680
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup RECEIVED 🗹
2. Facility failed to notify DARM to use general pe	ermit \square
	DEC 1 7 (7)77
PART II: CLASSIFICATION	Bureau of Air Monitoring
Facility indicated on notification form that it is:	o no Maine Bon sem
Facility indicated on notification form that it is: (check appropriate box)	
Facility indicated on notification form that it is:	o no Maine Bon sem
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	☐ No Motification/16fm ☐ Drop store/out of business/petroleum 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
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) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	□ No Motification/16fm □ Drop store/out of business/petroleum 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 $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
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 $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classif facility qualified for a general source appropriate classification.	□ No Motification/16fm □ Drop store/out of business/petroleum 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 $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) □ Can not determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZY DA DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MA DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY EN DNA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY UN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ØN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY UM verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מם צם
2. Maintained rolling monthly averages of perc consumption?	אם אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ב/אם אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	מם עם
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART	VI: LEAK DETECTION AND F	REPAIRS		<u> </u>				
I. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	ection?			DY DN				
2. Has	the facility maintained a leak log?			OY ON				
3. Does	s the responsible official check the	following areas for leaks?		•				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	בי ב				
	Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A				
	Filter gaskets and seating	DY DN DN/A	Exhaust dampers	DY DN DN/A				
	Pumps	באום אם אום	Diverter valves	DY ON ON/A				
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A				
	Water separators	OY ON ON/A						
4. Whi	ch method of detection is used by t	he responsible official?						
	Visual examination (condensed s	olvent on exterior surfaces)						
	□N/A							
	DY DN							
	(PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	DY DN							
	מם עם							
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?							
L								
	•	1,						
			•					
·	Inspector's Name (Please Pri	nt)	Date of Inspe	ection				
	Inspector's Signature		Approximate Date of	Next Inspection				

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST



RE-INSPEC	· • • • • • • • • • • • • • • • • • • •					
55 m ON MACHINE REC	11517					
5-2- AIRS ID#: <u>67/6/76</u> DATE: <u>5-/-</u>	-00 TIME IN: 12:20 TIME OUT: 12:30					
FACILITY NAME: H. Techy	OF CAPE COCAL					
FACILITY LOCATION:	MANGER Bridge PROY					
CARO CO	CAL, FL 3399/					
RESPONSIBLE OFFICIAL:	BACAUTO PHONE: 941 574-3851					
CONTACT NAME:	PHONE:					
<u> </u>						
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30 days prior to	o startup					
2. Facility failed to notify DARM to use genera	al permit					
PART II: CLASSIFICATION						
Facility indicated on notification form that it (check appropriate box) A.	t is: No notification form Drop store/out of business/petroleum					
٠ مدي						
1. Existing small area source diy-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	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)					
1. Existing small area source diy-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	transfer only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\frac{1}{100}$					
1. Existing small area source diy-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area 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	transfer only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr					
1. Existing small area source diy-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area 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) 5. This is a correct facility classification If no, please check the appropriate cla facility qualified for	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)					

	•					
100				72	75.00	
PART'III: GEN	IERAL CONTROL REQ	UIREMENTS		Puncen ·	TAMEA	BAY
Is the responsib (check appropria	ie official of the dry clean te boxes)	ing facility:				
1. Storing perch	loroethylene in tightly scal	ed and impervious container	rs?	1;	מם עם	ØN/A
2. Examining th	e containers for leakage?				□Y □N	DN/A
3. Closing and s	ecuring machine doors exc	ept during loading/unloadin	ıg?		QY ON	
	ridge filters in their housin prior to disposal?	g or in sealed containers for	at		אם עם	Øn/a
	solvent-to-carbon ratios and g to the manufacturer's spo	d steam pressure for carbon a ecifications?	adsorber		אם אם	ØN/A
PART IV: PRO	CESS VENT CONTROL	.S				
In Part II-A:	•					
If class	fication 1 has been check	ed, no controls are require	d. Proceed	to Part V.		
	fication 2 has been check etc A below).	ed, the machine should be	equipped w	ith a refrige	erated con	denser.
conden	fication 3 has been check ser or a carbon adsorber d prior to September 22, 1	ed, the machine should be (complete A and B below).	equipped w Carbon ad	ith either a sorber must	refrigerat have been	ĉd
	ification 4 has been check ete A and B below).	ed, the machine should be	equipped w	ith a refrige	erated con	denser
A. Has the res	ponsible official of all nate boxes)	ew sources and existing la	arge area s	ources:		
1. Equipped all	machines with the appropr	iate vent controls?			QA On	
2. Equipped dry	-to-dry machines with a clo	osed-loop vapor venting syste	em?	. ,	MY ON	DN/A

DY DN QNA

MY ON record

DY DN ØN/A

QY ON

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:				•
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	••	ПΥ	DИ	□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?		o OY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?		ΠY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contractio or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	n,	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?		ΟY	ЙП	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	•
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	DY ØN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN ØN/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON QN/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואס מט אם אס
5. Maintained exhaust duct monitoring data on pere concentrations?	DY DN QN/A
6. Maintained startup/shutdown/malfunction plan?	QY OK
7. Maintained deviation reports?	OY ON QN/A
Problem corrected?	OY ON ONA
8. Maintained compliance plan, if applicable?	אואס אם אם אים

PART	VI: LEAK DETECTION AND F	EPATRS						
1. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	ocction?			QY DN .				
2. Has	the facility maintained a leak log?	•		QY ON				
3. Doe	s the responsible official check the	following areas for leaks	5?					
, i di	Hose connections, fittings, couplings, and valves	dy on ona	Muck cookers	QA ON ONY				
	Door gaskets and seating	da on ona	Stills	QA ON ONY				
	Filter gaskets and seating	DY ON ONIA	Exhaust dampers	פא טע טעיע				
	Pumps	GA ON ONY	Diverter valves	QA ON ONIY				
	Solvent tanks and containers	אואם אם אוא	Cartridge filter housings	אואם אם אוא				
	Water separators	QY ON ONA						
4. Wh	ich method of detection is used by t	ne responsible official?						
	Visual examination (condensed so	olvent on exterior surfac	es)	ल				
	Physical detection (airflow felt the	rough gaskets)	,	ø,				
	Odor (noticeable perc odor)			න්				
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)	A Ser				
1	Halogen leak detector							
	If using direct-reading instr	umentation, is the equi	pment:	DN/A				
	מם עם							
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	מם עם				
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	DY DN				
	d. Kept in a clean and se	ecure area when not in t	ise?	OY ON				
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON				
				· .				
		•	•					
	WAYNE LEWIS		5-2-	2000				
	Inspector's Name (Please Prin	nt)	Date of Inspe	ction				
	Clame Leurs.		5-15-	2001				
	Vanastar's Cianatura		Aviata Data of	Nove Transation				

4 of 5

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	.	COMPLAINT/DIS	COVERY & N	UN JUN	RECH
AIRS ID#:				ME OUTS AI	9/1999 Moni	_
FACILITY LOCATION:	106-AI 4A	Neock			ikorine	-
RESPONSIBLE OFFICIAL:	Tony BARA	BOTO	PHONE: 97/	<i>574-3</i> 53	<i>i</i>	_ _ _
PART I: NOTIFICATION		<u> </u>				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARM		-			Q	
PART II: CLASSIFICATIO	ν					
Facility indicated on notificat (check appropriate box) A.	ion form that it is:		☐ No notification f☐ Drop store/out of		roleum	
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/ут	transfer only, both types, x	у, x < 140 gal/ут x < 200 gal/ут	र्ज		
3. Existing large area south dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$)	,100 gal/yr 00 gal/yr · gal/yr	transfer only, both types, 14	area source y, $140 \le x \le 2,100 \text{ gal/y}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$)) T		
5. This is a correct facility of	lassification	⊠Y □N	□Can not determin	e		
	ity qualified for a gene	eral permit as:	number abovigible for a general per			
B. The total quantity of perchl facility was <u>57.6</u> gallons		chased within	the preceding 12 mont	hs by this dry	cleaning	, ,

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

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
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?	d OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	
or expansion, and downstream from no other miet;	ar an ann
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY DN 2. Maintained rolling monthly averages of perc consumption? DY WN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY DN ØN/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN ØN/A and parts installed w/in 5 days of receipt? DY DN ØN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY DN 6. Maintained startup/shutdown/malfunction plan? DY DN ØN/A 7. Maintained deviation reports? DY DN ANA Problem corrected? DY DN ØN/A 8. Maintained compliance plan, if applicable?

PART	71: LEAK DETECTION AND R	EPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspe	ection?				ØΥ	(□И .
2. Has t	he facility maintained a leak log?				ΠY	[অ প
3. Does	the responsible official check the f	ollowing a	reas for leaks?				
	Hose connections, fittings,			word of mouth	-4- ·	-	
	couplings, and valves	ØY ON	⊔N/A	Muck cookers	ØΥ	ΠN	□N/A
	Door gaskets and seating	ØY □N	□N/A	Stills	ØY	ΠN	□N/A
	Filter gaskets and seating	QY ON	□N/A	Exhaust dampers	ØY	ПΝ	□N/A
	Pumps	ØY DN	□N/A	Diverter valves	ΩY	ŒΝ	□N/A
	Solvent tanks and containers	ØY ON	□N/A	Cartridge filter housings	QY	ПN	□N/A
	Water separators	QY ON	□N/A				
4. Whic	ch method of detection is used by th	e responsil	ble official?				
	Visual examination (condensed so	lvent on ex	cterior surfaces)	•	ⅎ		
	Physical detection (airflow felt three	ough gaske	ets)		□		
	Odor (noticeable perc odor)			,	Œ		
	Use of direct-reading instrumentat	ion (FID/P	ID/calorimetric	tubes)			
	Halogen leak detector						
If using direct-reading instrumentation, is the equipment:						/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						ПN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						ΠN	
	c. Inspected for leaks and	l obvious s	igns of wear on	a weekly basis?	ΩY	ΩN	
	d. Kept in a clean and se	cure area v	when not in use?		ΟY	ПΝ	
	e. Verified for accuracy b	y use of di	iplicate samples	(calorimetric only)?	ПY	ΠN	
					,		
	•	٠,					
1.	James B. L.			6.1. 00			
	Inspector's Name (Please Print	t)		Date of Inspe	ction		
- /							
	James 65 Lang			6 - 2000			
	// Inspector's Signature			Approximate Date of 1	Next I	nspec	ction



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as per Sandia Bownson

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EOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



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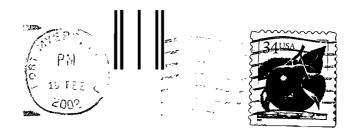
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FOR GOVERNMENT USE ON Org.: 37550101060 FO: AS Fund: 20-2-0350 () S Obj.: 002273

Hi Tech Cleaners 108-A1 Hancock Bridge Pkwyl Caps Coral, FL 33991 574-3581

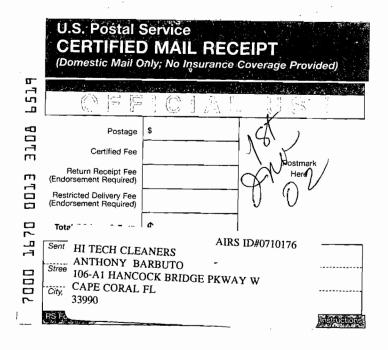


TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315+3070 33

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TO THE RIGHT OF RETURN ADDRESS.	
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 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. 	A. Signature Agent Addressee
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	4. Restricted Delivery (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 000 16 7	0 0013 3108 6519
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Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0710176 HI TECH CLEANERS ANTHONY BARBUTO 106-AI HANCOCK BRIDGE PKWAY W CAPE CORAL FL 33990	3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 7825 5	969
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HI TECH CLEANERS ANTHONY BARBUTO 106-A1 HANCOCK BRIDGE PKWAY W CAPE CORAL FL 33990 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

the right of the return address Fold at line over top of envelope to SENDER: I also wish to receive the ■ Complete items 1 and/or 2 for &dditional 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 following services (for an extra fee): 1. Addressee's Address Attach this office from of the manipiece, of on the back it 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. 2. Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number completed AIRS ID # 0710176 4b. Service Type HI TECH CLEANERS ☐ Registered Certified ANTHONY BARBUTO Thank you for using ☐ Insured □ Express Mail 106-A1 HANCOCK BRIDGE PKWAY W RETURN ADDRESS ☐ Return Receipt for Merchandise ☐ COD CAPE: CORAL FL 33990 7. Date of Delivery 8. Addressee's Address (Only if requested 5. Received By: (Print Name) and fee is paid) ee or Agent 102595-98-B-0229 Domestic Return Receipt PS Form 3811, December 1994

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

Obj.: 002273

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	ve can return this	I also wish to rec following service: extra fee):	
■ 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.		Addressee's Address Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: AIRS ID # 0710176 HI TECH CLEANERS ANTHONY BARBUTO 106-A1 HANCOCK BRIDGE PKWAY W CAPE CORAL FL 33990	4a. Article N 2 33 4b. Service Registere Express Return Ret	umber 67/2 Type od Mail ceipt for Merchandise	Certified
5. Received By: (Print Name) Sulviu Burdelle 6. Sighature: (Addressee or Agent)	8. Addressed and fee is	e's Address (Only i paid)	if requested

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