

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Douglas E. Stockbridge President Capitol Cleaners 3813 North Monroe Street Tallahassee, Florida 32303

Re: Facility I.D. No. 0730077

Dear Mr. Stockbridge:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

		#0730077
		Capitol Cleaners
	P.14	1. (c) mark out "X" and initial 3. Should be new small area
	75/5	Source 5/d/not required mark out
	- P.IJ	5.(d) not required, mark out
,	:	· ·
	,	

. -

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#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

Cility Owner/Company Name (Name of corporation, agency, or individual owner):  TOCKSON ENTERPRISES, INC (APITOL CLEANER te Name (For example, plant name or number):  APITOL CLEANERS  Azardous Waste Generator Identification Number:  SCD 981865611  Cility Location:  TY: TALLAHASSEE County: LEON Zip Code: 32303  Cility Identification Number (DEP Use):  37/9500641 OM300777  Responsible Official  The Control of Responsible Official:
A PITOL CLEANERS azardous Waste Generator Identification Number:  SCD 981865611  acility Location: areet Address: 3813 N. Monrof St.  ty: TALLAHASSEC County: LEON Zip Code: 32303  acility Identification Number (DEP Use):  37 9500644 0430047  Responsible Official
A PITOL CLEANERS azardous Waste Generator Identification Number:  SCD 981865611  acility Location: areet Address: 3813 N. Monrof St.  ty: TALLAHASSEC County: LEON Zip Code: 32303  acility Identification Number (DEP Use):  37 9500644 0430047  Responsible Official
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Responsible Official:
Responsible Official  The state of Responsible Official:
Responsible Official  ame and Title of Responsible Official:
ame and Title of Responsible Official:
•
DOUGLAS F. STOCKBRIDGE, PRESIDENT
responsible Official Mailing Address: reganization/Firm: CAPITOL CLEANERS reet Address: 3813 N. MONROF ST.  ty: TALLA HASSEE  County: LEON  Zip Code: 32303
esponsible Official Telephone Number:
Elephone: $(904)$ 562-2138 Fax: ( ) -
Facility Contact (If different from Responsible Official)
ame and Title of Facility Contact (For example, plant manager):
cility Contact Address:
reet Address:
ty: County: Zip Code:
cility Contact Telephone Number:
lephone: ( ) - Fax: ( ) -
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SEP 3 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									* ** 21 K +
(1) w/ ref. condenser	1	MAY 94	MA9 94						
(2) w/ carbon adsorber		, ,							
(3) w/ no controls									
Washer Unit	1.7	The Contract of	y a Hough						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	7				sector)				er by a
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				. :			:	na an air	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of [ /20 ]  (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene ( ] months	perc)	purchased in				[]
(3) What is the facility's so (Indicate with an "X".  Existing small ar	Selec	et one classifi	cation only.)	)	nitions found		3) of	Part II?	
Existing large are	ea so	urce []	Ne	ew lai	rge area sour	ce [	]		

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4. What control technology is required on machines (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Maritoning	nd Recordkeeping Information
	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	لكا
	LX.
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	
(e) Instrument calibration	( <u>X</u> )
(f) Start-up, shutdown, malfunction plan	
•	
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#### Surrender of Existing Air Permit(s)

Please indicat	e 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)								
X	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the 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.								
•	mptly notify the Department of any changes to the information contained in this notification.  S-22-96								

Corrected 2.6.97 Best Available Copy

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name o	of corporati	on, agency, or inc	lividual owner):
	Site Name (For example, plant name or no	2PRI	SES, INC	C / CAPITOL CLEANER
2.	Site Name (For example, plant name or no	umber):	·	
	CAPITOL CLEANS Hazardous Waste Generator Identification	ERS		
3.	_			
	SLD 9813656			
4.	Street Address: 2813 Ni W	JUNRO	of St.	_
	City: TALLAHASSEE	County: Z	LEON	Zip Code: 3 2 3 0 3
5.	Facility Identification Number (DEP Use	): 12.45		
	37\	9500	0641	0430077
(izer i je				
	I	Responsibl	le Official	
6.	Name and Title of Responsible Official:			
	DOUGLAS F. STE	CKB	RIDGE,	PRESIDENT
7.	Responsible Official Mailing Address:		<u>'-</u>	
	Organization/Firm: CAPITOL C Street Address: 3813 N. MONR	DE AN	Ti	
	City: TALLAHASSEE	County:	LEON	Zip Code: ろ2みの3
8.	Responsible Official Telephone Number:			
	Telephone: $(904)$ 562-213	3 J	Fax: (	) -
	Facility Contact (I	f different	from Responsib	le Official)
9.	Name and Title of Facility Contact (For e	xample, pl	ant manager):	
10.	Facility Contact Address:			
	6			
	Street Address: City:	County:		Zip Code:
	-	County.		Dip code.
11.	Facility Contact Telephone Number:			
	Telephone: ( ) -		Fax: (	) -
		_		

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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.

		Date	Date	Ι΄	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	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	· ·	MAY 94	MA9 94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		-1		•	•	•		•	
(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		•	•			•	<b></b>		
(10) w/ ref. condenser							_		
(11) w/carbon adsorber									
(12) w/ no controls					-				
(b) Control devices are  (c) No control devices  2.(a) What was the total of [ /20 ]  (b) If less than 12 mont Check why it is less	are r quant gallo	equired to be tity of perchlo ons ow many? [_	installed [_oroethylene (	/perc)	) purchased in	n the latest 12	2 moi		
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	et one classifi	ication only.	) ew sr		rce [X		Part II?	97
Daisting large an	Ju 30		14	C ** 14	. 50 m ca 30 m	ι	Į		

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Effective: 6-25-96

4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section	n (5) of Part II	of this notification form?
Existing large area source Carbon adsorber	:	Refrigerated con	denser [	
New small area source Refrigerated condenser	X			
New large area source Refrigerated condenser				
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such	that all steam and	d hot water genera		
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil c	d exclusively by n	atural gas except	for periods of	natural gas curtailment
All steam and hot water generating No such units on-site	g units exempt	X Da	1-6-97	
Equipm	ent Monitoring a	ınd Recordkeepii	ig Informatio	n
Check all logs which are required to	to be kept on-site	in accordance with	the requirem	ents of this general permit
(a) Purchase receipts and solvent p	ourchases		Ĺ	<u>د</u>
(b) Leak detection inspection and i	repair		<u>[×</u>	Ú
(c) Refrigerated condenser temperated	ature monitoring			$\Box$
(d) Carbon adsorber exhaust perc	concentration mon	itoring	ĹX	$\hookrightarrow$
(e) Instrument calibration				$\subseteq$
(f) Start-up, shutdown, malfunction	on plan		12	<b>\</b> 1

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

#### Surrender of Existing Air Permit(s)

Please indicate	e 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)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 prov	mptly notify the Department of any changes to the information contained in this notification.  2-6-97  Lockbridg  8-22-96  Date
Signature	Date

AIRS 1D#: <u>073 0077</u>

Revised 10/10/96

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Op, to 1 Oben N-ers	date: <u>2 · 6 · 97</u>
FACILITY LOCATION: 3813 N. Monroe ST	
Tallashassece FL 32303	
Annual Reporting Period: Sep 3 1996 TO Feb	<u>6</u> 19 <u>97</u>
Based on each term or condition of the Title V general air permit, my facility has remained in com	pliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	□yes □no
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
ADD NOT REDT months perc purchase rounds AND &	empor charles.
Exact period of non-compliance: from Sep 3 1996 to Fe Action(s) taken to achieve compliance: Will start beging report on free	N 6. 1997
Action(s) taken to achieve compliance: // lill start begins a good on Ace	have I tem cha
	war Charles
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: fromto	:
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonal	
made in this notification are true, accurate and complete. Further, my annual consumption of per upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry	
year for transfer or combination facilities.	TI
RESPONSIBLE OFFICIAL: Doub LAS F. STOCKBR 106E Mouglan 7. Star  Name (Please Print)  Signature	2-6-97
Name (Please Print) Signature	Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 💢	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9/5 AM TIME OUT: 104	S/AM AIRS ID#: 07	39077
Cagan	(1) Clein	DATE: 2.6.97
FACILITY NAME:  FACILITY NAME:  78 17 1) Was	mrae St.	_DATE. <u>&amp; () / /</u>
FACILITY LOCATION: 38/3 N. YVLo	FL 30303	<del>-</del>
RESPONSIBLE OFFICIAL: No ug las F. Stock		562-2138
Based on the results of the compliance requirements of compliance with DEP Rule 62-213.300, Florida Adm		ty is found to be in
Based on the results of the compliance requirements of discrepancies were noted:	evaluated during this inspection, the follo	wing compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTIO	ON REQUIRED
Did Not record of performe region t temp. Cheels.	Leg is on hand for start logging.	J
Did Not knop rolling totals	ive Loto to d du	ring inspection.
Compated.	contra log - rec	coveling monthly,
		. •
• .		
comments: Good clean/orders 5 to enter outer juntines.	12p - good 105 s d	ent Need
The Annual Compliance Certification form has been properly DATE OF NEXT INSPECTION:	certified and submitted to the inspector.	YES NO
INSPECTION CONDUCTED BY:	(Approximate)  Nerma	
INSPECTOR'S SIGNATURE:	(Please Print)  PHONE NUMBER:	904-444 ×361
Pa	, ,	Revised 10/96

## X

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	© COMPL	.AINT/DISCOVERY	0
AIRS ID#: 6730077DA  FACILITY NAME: Quy  FACILITY LOCATION: 381	Fol Clear	er.	TIME OUT:	
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM	by 9/1/96			- 70
2. New facility notified DARM 30	days prior to startup			
3. Facility failed to notify DARM t	o use general permit			<u> </u>
PART II: CLASSIFICATION		· ·		· · · · · · · · · · · · · · · · · · ·
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 (constructed="" 12="" 140<x<1,800="" 9="" 91)="" a="" all<="" appropriate="" before="" both="" check="" classification,="" correct="" exceeds="" facility="" gal="" is="" it="" please="" qualified="" th="" the="" this="" types,="" yr=""><th>dry trai bot (co al/yr dry yr trai bot (co ion D) classification: for a general permit a</th><th></th><th>l/yr r 2/9/91) e</th><th></th></x<2,100>	dry trai bot (co al/yr dry yr trai bot (co ion D) classification: for a general permit a		l/yr r 2/9/91) e	
B. The total quantity of perchloroe facility was 1.22 gallons.	thylene (perc) purcha	sed within the preceding	ng 12 months by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS	<u> </u>
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	NO YE
2. Examining the containers for leakage?	NO AG
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	NO YES
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	. —
If classification 1 has been checked, no controls are required. Proceed to Part	t V.
If classification 2 has been checked, the machine should be equipped with a re (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	efrigerated 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?	SY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ÐY □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	NED YO
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON
verifying that the coolant had been completely charged?	

В	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY 94
	Is the temperature differential equal to or greater than 20°F?	DY DW
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?	
	Is the perc concentration equal to or less than 100 ppm?	DY ZIN
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,	$\checkmark$
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)	<u>-</u>					
1. Maintained receipts for perc purchased?	NO AB					
2. Maintained rolling monthly averages of perc consumption?	DY DIN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	YBY ON					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אם צם					
4. Maintained calibration data? (for direct reading instruments only)	□Y □N ØN/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	עם און אין					
6. Maintained startup/shutdown/malfunction plan?	NO AG					
7. Maintained deviation reports?	OY ON					
Problem corrected?	DY DN (VI)					
8. Maintained compliance plan, if applicable?	A/מובל מם צם					

P	ART VI: LEAK DETECTION AND	REPAIR	S				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				ΏY	□N	
2.	Which method of detection is used by	the respo	nsible off	ficial?			
	Visual examination (condensed	solvent or	n exterior	surfaces)	\ D		
	Physical detection (airflow felt	through ga	askets)	. \	<u>_</u> _		
	Odor (noticeable perc odor)					~	
	Use of direct-reading instrumen	tation (FI	D/PID/ca	lorimetric tubes)		(IFV	
4 m	If using direct-reading instru	_					
	a. Capable of detecting	g perc vap	or concer	ntrations in a range of 0-500 ppm?	ΦÝ	□N	
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	a standard	gas prior	to and after each use	ПY	□N	
	c. Inspected for leaks	and obviou	ıs signs o	of wear on a weekly basis?	$\Box$ Y	□N	
	d. Kept in a clean and	secure are	ea when i	not in use?	$\Box$ Y	□N	
	e. Verified for accurac	y by use o	f duplica	te samples (calorimetric only)?	$\Box$ Y	□N	
3.	Has the facility maintained a leak log	g?			ПY	□N	
4.	Does the responsible official check th	e followin	g areas fo	or leaks?			
	Hose connections, fittings, couplings, and valves	ΩY	□N	Muck cookers	<b>₽</b> Y	□N	
	Door gaskets and seating	DY	□N	Stills	∑ Y	□N	
	Filter gaskets and seating	√QY	□N	Exhaust dampers	□Y	□N	
	Pumps	√ <b>Q</b> Y	□N	Diverter valves	<b>⊠</b> Y	□N	
	Solvent tanks and containers	υY	□N	Cartridge filter housing	gs 🗖 Y	□N	
	Water separators	ΟY	ПИ				
` ,	Name of Responsible Office  Name of Miller man	1	<u>e</u>				
/	Inspector's Name (Please P	rint)		Date of Ins	pection		

Approximate Date of Next Inspection

Inspector's Signature

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM 50

AIRS ID#0730077

STOCKSON ENTERPRISES INC DOUGLAS F STOCKBRIDGE 3813 NORTH MONROE STREET TALLAHASSEE FL 32303 Bureau of Air Monitoring

FEB 2 6 (998

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n of Air Monitorins

Do NOT Remove Label

Annual Reporting Period:/_/_		19 <u>97</u> то	12-31-	·19 <u>9</u> 7
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I		· ·	· /	EP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in cont	inuous compliance duri	ng the reporting per	od stated above:
· · · · · · · · · · · · · · · · · · ·		<del></del>		
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:			· - · · _ ·	
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in cont	inuous compliance durin	ng the reporting peri	od stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	·			
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-	Further, my annual consum	ption of perchloroethylen	e solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: D.F. S	TOCKBRIPGE	S. F. Stor	Horelge	2-18-98
Na	me (Please Print)	Signa	iture	Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

#### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🖳	COMPLAII	NT/DISCOVERY .	RE-INSPECTION	
TIME IN: /030	TIME OUT:	1115	AIRS ID#:	0730077	
TYPE OF FACILITY:	New Small				
FACILITY NAME:	PAPITOL CLEANET	28		DATE: 3/10/98	
FACILITY LOCATION:	3813 Nonta	MONROE S	T		
7.	Allahassee, Fi	32303			
RESPONSIBLE OFFICIAL:	Doug Stocks	Iridge	PHONE NUMBI	ER: 850 -562 - 2138	
LVZ	the compliance requireme Rule 62-213.300, Florida A			facility is found to be in	
Based on the results of discrepancies were not	the compliance requireme	nts evaluated du	ring this inspection, the	following compliance	
COMPLIANCE REQ				TION REQUIRED	
None. Records A Sloppy And is the	marginally adeque	te,	Consider 6 m	o revisit instead	/
look for it. Be	hard I no imp	in - of	12 mo.		
None. Records of sloppy, Info is the look for it. Be ment for next	visit!				
	-				
			-		
				urea &	<b>*</b>
				Mog.	R
					~~
				Mo Sou:	<b>5</b>
				e Sources	<u> </u>
COMMENTS:				ָ֟ <b>֓</b>	
	<del></del> ,				
The Annual Compliance Certific	cation form has been prope	erly certified and	I submitted to the inspec	tor. YES NO	}
DATE OF NEXT INSPECTIO	ON: Sept	OCT 98 (Approxim			<u>.</u>
		(Approxim	mate)		
INSPECTION CONDUCTED	BY: KAP	h Stap	//w	_	
INSPECTOR'S SIGNATURE	: Ola A	Saplin	rint) PHONE NUMBI	ER: 850 ·488-370	+
		Page of_	<u>/</u> .	Revised	d 10/96

# RECEIVED

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISCO	OVERY	
AIRS ID#: <u>0730077</u> FACILITY NAME:	,				•
					<del></del>
FACILITY LOCATION:					<b> </b>
	TAlla hassee	Fr 32	303	•	
RESPONSIBLE OFFICIAL	: Doug Stocks.	ridge	PHONE: _ 850 - 5	562-21	138
CONTACT NAME:					
PART I: NOTIFICATION					
(check appropriate box)			,		
1. New facility notified DAR			N/A		
2. Facility failed to notify DA	RM to use general perm	it 			
DADERY OF A COMPLOADED	NY.				
PART II: CLASSIFICATIO					
Facility indicated on notification (check appropriate box)  A.	ation form that it is:		☐ No notification fo☐ Drop store/out of		iroleum
1. Existing small area so dry-to-dry only, x < 140 ga transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr d yr t: b	2. New small a lry-to-dry only, ransfer only, x both types, x < 1 constructed on	x < 140 gal/ут < 200 gal/ут	Ø	8
3. Existing large area so dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1$ , both types, $140 \le x \le 1,80$ (constructed before $12/9/9$	2,100 gal/yr 6 800 gal/yr t 0 gal/yr b	ransfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ 00  after  12/9/91)	r	Bureau of Air Monitoring & Mobile Sources
5. This is a correct facility	classification	<b>¤</b> Y □N	□Can not determine	2	iitorir ces
	ne appropriate classificat		.1		æ
	cility qualified for a gene cility exceeds above limit			-	

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(		)
ſ	Τ	1
-	_	_
	< _	<u> </u>
	7	
(	J	J

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?	MY ON ON/A			
2. Examining the containers for leakage?	₽Y ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	ey on			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ey on on/a			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	oy on em/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) DY TIN 1. Equipped all machines with the appropriate vent controls? MY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Electric solenoit w/ timen DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Missed a comple of entries 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

	Has the responsible official of an existing large or new large area source also:	N/A
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?	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?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least & 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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN DN/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?	OY ON			
1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption? m coupt  3. Maintained leak detection inspection and repair reports for the following:	om de			
3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or; List them on weekly form	⊕Y ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Same as above	ey on on/a			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON CHA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan? Op Manual	DY ON			
7. Maintained deviation reports? home neg	DY ON ON/A			
Problem corrected?	BY ON ON/A			
8. Maintained compliance plan, if applicable?	OY ON PROVA			

1 7	ART VI. LEAR BETECHON AND REFAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ON YO			
2.	Has the facility maintained a leak log?	all on one form		DY ON			
	Does the responsible official check the	· · · · · · · · · · · · · · · · · · ·					
	Hose connections, fittings, couplings, and valves	ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	PY ON ON/A	Diverter valves	☐Y □N □N/A			
	Solvent tanks and containers	BÝ ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	₽Y □N □N/A		I			
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed s	olvent on exterior surface	es)	9			
	Physical detection (airflow felt th	rough gaskets)					
	Odor (noticeable perc odor)			9			
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	<del></del>			
	Halogen leak detector		-	<del></del> /			
   	If using direct-reading instr	rumentation, is the equi	pment:	₽N/A			
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	□Y □N			
U	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	□Y □N			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and s	seeure area when not in u	se?	□Y □N			
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□Y □N			

Manch 10, 1998

Date of Inspection

Man - Apr 99

Approximate Date of Next Inspection

Obile Sources

Revised 8/11/97

Et Firbinatic MP.32-32 machine Capacity Itas electric solenoid controlling down opening Computerized centrals Have Zero Waste unit - small Mistit S/S model Purchase perc in large contrurie, transfer to tanks by hand pump Unit door should be closed routinely when not in use Provided into / handout on training for Environ mentally Sensitive Dry Cleaners. Discussed new tero Waste Type Perc purchase records available Leak checks performed neckly; missed logging temp cryptery times Floor area behind machine, where perc is stored, does not appear to be painted with impervious paint. May be a hay waste issue. Front portion is juinted. Owner wasn't sure he had been contacted by DEP (DARM) for annual renewal, submission of annual cert, etc. Had no copies - no way to cross check. DAM needs to send coptes of all yelfur + general correspondence to appropriate Compliance office

Bureau of Air Monitorio



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	VERY		
AIRS ID#: <u>073007</u> D  FACILITY NAME: <u>Af</u> FACILITY LOCATION:	PITOL CL	CANCK	25			
RESPONSIBLE OFFICIAL : \( \int \)	)oug Stac	,	PHONE: 850 (	562	213	8
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 3	0 days prior to startup					ľ
2. Facility failed to notify DARM	to use general permit				۵	
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·	·		<del></del> -	<del></del>	<del></del> -
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification for ☐ Drop store/out of b		etroleui	m
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	dry tra bo	$\begin{array}{l} \text{only, } x < 0 \\ \text{oth types, } x < 1 \\ \end{array}$	x < 140 gal/yr < 200 gal/yr 40 gal/yr	ed m		70 m
<ul> <li>(constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)</li> <li>5. This is a correct facility class</li> </ul>	4. 00 gal/yr dr gal/yr tra	ansfer only, 20 oth types, 140		Bureau of Air Monitoring & Mobile Sources	MAR - 7 2000	CEIVED

#### 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? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/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) 1. Equipped all machines with the appropriate vent controls? 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? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	מם עם
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?	DY DN DN/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?	DY DN DN/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?	OY ON ON/A

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

Door gaskets and seating	
inspection?  2. Has the facility maintained a leak log?  3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Door gaskets and seating  Pumps  Pumps  Pumps  Oly ON ON/A  Stills  Pumps  Oly ON ON/A  Diverter valves  Oly ON ON/A  Solvent tanks and containers  Oly ON ON/A  Cartridge filter housings  Water separators  A Which method of detection is used by the responsible official?	
2. Has the facility maintained a leak log?  3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Door gaskets and seating  Pumps  Pumps  Gy ON ON/A  Stills  Gy ON ON/A  Exhaust dampers  Pumps  OY ON ON/A  Solvent tanks and containers  OY ON ON/A  Cartridge filter housings  Water separators  Which method of detection is used by the responsible official?	. DN
3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y N N N/A  Stills  Y N N N/A  Filter gaskets and seating  Y N N N/A  Exhaust dampers  Y N N N/A  Pumps  OY N N/A  Solvent tanks and containers  Y N N N/A  Cartridge filter housings  Water separators  Which method of detection is used by the responsible official?	ПN
Hose connections, fittings, couplings, and valves  Door gaskets and seating  Door gaskets and seating  Pumps  Pumps  Solvent tanks and containers  Water separators  Door gaskets and seating  Door gask	
Filter gaskets and seating	IN ON/A
Pumps  OY ON ON/A  Diverter valves  OY ON  Solvent tanks and containers  OY ON ON/A  Water separators  OY ON ON/A  4. Which method of detection is used by the responsible official?	IN DN/A
Solvent tanks and containers  OY ON ON/A  Cartridge filter housings  OY ON  Water separators  OY ON ON/A  4. Which method of detection is used by the responsible official?	IN □N/A
Water separators  Y \( \sum N \) \( \sum N \) A  4. Which method of detection is used by the responsible official?	IN DAYA
4. Which method of detection is used by the responsible official?	N □N/A
,	
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:	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	N.
b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?	]N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	IN .
d. Kept in a clean and secure area when not in use?	אנ
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	אנ
· · · · · · · · · · · · · · · · · · ·	<del></del>

Inspector's Nignature

O3/01/2000

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:	
	•	
	•	· 36-
		. ·
	· .	

#### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:50 TIME OUT:	AIRS ID#: 0730077
FACILITY NAME: PAPITOL CLEANERS	DATE: 2/29/00
FACILITY LOCATION: 3013 N. MONRUE G	
RESPONSIBLE OFFICIAL: DOUG Stockberry	PHONE NUMBER: 850.5107 2138
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
INADEQUATE RECORD KEEPING	Use 2000 compliance Chlendar
	CHIENDAR
	Bure &
	MAR - 7 in Mobile Sci
, de .	Onitoring urces
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	,
INSPECTION CONDUCTED BY: AND	proximate)
INSPECTOR'S SIGNATURE: (PIC	ease Print)  PHONE NUMBER: \$200 LIGHT 198.370
no/o	of Paviced 10/06

Revised 01/18/00

Acc

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

H	ANNUAL C	OMPLIANC:	E CERTI	IFICATION	N FORM	u cf Mob	33	
FACILITY NAME:	APITOL CI	leavers	)	,		DATE: O M	(42)m	
FACILITY LOCATION: _	3813 N.	MONRO	e she	reet		DATE: Sources	<b>E</b>	<u></u>
					MAY 2	ਟੋ 2000		_
Annual Reporting Period:	April	1999	20	то	April	UN HABSEF DEFICE	20 <i>_0</i> 0	_
Based on each term or condit 62-213.300, Florida Adminis		_			-			
If NO, complete the following	g:		•			<b>A</b>	i	
#1. Term or condition of the	general permit that	has not been in	continuous	compliance du	uring the report	ing period state	Above:	
Exact period of non-complian	nce: from			to		Con		
Action(s) taken to achieve co	mpliance:					DIE TE		1
Method used to demonstrate	compliance:					Jourc's Onlitoring		<u> </u>
#2. Term or condition of the	general permit that	has not been in	continuous	compliance du	aring the report	ing period stated	i above:	
Exact period of non-complian				to	_			
Action(s) taken to achieve co	mpliance: <u></u>	ne 20	00 (	COMPLI	IANCE	CALAN	DER	
Method used to demonstrate	compliance: <u>C</u>	HECK	REG	LAAR	14			
As the responsible official, I i in this notification are true, a purchase receipts, does not e combination facilities.	accurate and comple	ete. Further, my	annual con	sumption of p	erchloroethylei	ne solvent, based	d upon	nde

RESPONSIBLE OFFICIAL: POUGLAS F. STOCK BRIDGE 4-12-2000

Name (Please Print) X 2 / Signature Date

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 9:00	TIME OUT:	AIRS ID#: 0730077						
TYPE OF FACILITY:  FACILITY NAME: CAPI	TOL CLEANER	S DATE: 05 SAN 01						
FACILITY LOCATION: 3813 NORTH MONROF STREET								
	unhassee, FL	32303						
RESPONSIBLE OFFICIAL: Deuglas F Stockbeitige PHONE NUMBER: 850-562-2138								
<del></del>		ts evaluated during this inspection, the facility is found to be in dministrative Code (F.A.C.).						
	the compliance requirement	ts evaluated during this inspection, the following compliance						
COMPLIANCE REQ	UIREMENT/PROBLI	EM FOLLOW-UP ACTION REQUIRED						
temperature	's Not	NONE.						
Recorde	D	Went over During inspection						
•								
		<del>70</del>						
·		JAN (C						
		0 7						
		es to the same of						
COMMENTS:								
The Annual Compliance Certific	cation form has been proper	ly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTIO	IN: JAN.	Feb 2002						
INSPECTION CONDUCTED	BY: ) ANDRULE	(Approximate)						
and zerion compocies	1 100	(Please Print)						
INSPECTOR'S SIGNATURE	: Jarrello St.	PHONE NUMBER: 488 3109						
		D'110/06						

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	<b>☑</b>	COMPLAINT/DISCOVERY	
/	RE-INSPECTION	1 🗆	•	
AIRS 10#: <u>0730077</u>	DATE: 05 SAA	J 61 TIME	100 - 9.00 time out	:
FACILITY NAME:	PITOL C/4	EANERS	)	
FACILITY LOCATION:	3813 NOR	Ah Mo.	NROP SHREET	
9	AUA hass	ee, FL	32303	
RESPONSIBLE OFFICIAL :	Douglas S	lockheing	Pphone: <u>850-567</u> -	2138
CONTACT NAME: YOU	SACKSON	/	PHONE: SAME	
PART I: NOTIFICATION				
(check appropriate box)				70
1. New facility notified DARM	30 days prior to start	up	Bu	<del>[ ]</del>
2. Facility failed to notify DAR	M to use general perr	nit	JA! Bureau & N	
	<del></del>		of obj	[CK]
PART II: CLASSIFICATION	N		e r o	
Facility indicated on notificat	ion form that it is:		□ No notification form	7
(check appropriate box)		•	☐ Drop store/out of business	/petroleum
A.	rce 🗅	2 None and all	ag /	$\mathbf{O}$
1. Existing small area sour dry-to-dry only, x < 140 gal.	•	2. New small	area source v, x < 140 gal/ут	
transfer only, x < 200 gal/yr		transfer only,		
both types, x < 140 gal/yr		both types, x <	<b>.</b>	
(constructed before 12/9/91)	)	(constructed or	n or after 12/9/91)	·
3. Existing large area sour	rce 🗆	4. New large	area source	
dry-to-dry only, $140 \le x \le 2$			$x$ , 140 $\leq$ x $\leq$ 2,100 gal/yr	
transfer only, $200 \le x \le 1.8$			200 ≤ x ≤ 1,800 gal/yr	
both types, $140 \le x \le 1,800$			$0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)	)	(constructed or	n or after 12/9/91)	
		MA ON	□Can not determine	
5. This is a correct facility of	classification			•
If no, please check the ☐ facil	e appropriate classifica ity qualified for a gen	ation: eral permit as i	number above igible for a general permit	•
If no, please check the ☐ facil	e appropriate classifica ity qualified for a gen ity exceeds above lim foroethylene (perc) pu	ation: eral permit as r its and is not el	igible for a general permit	s dry cleaning

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

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?	ΟY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПП	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΠ	□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	ПП	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ИП	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПП	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS							
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					ØΥ	ПИ	
2.	Has the facility ma	aintained a leak log?				ΠY	□и	
3.	Does the responsible official check the following areas for leaks?							
		ctions, fittings,		•	€ The state of the state of th			
٠,	couplings,	and valves	MY ON	□N/A	Muck cookers		1 D/N/A	
	Door gaskets	s and seating	MO NO	□N/A	Stills	QY ON	N/A □	
	Filter gasket	ts and seating	DY ON	□N/A	Exhaust dampers		N □N/A	
	Pumps		DY ON	□N/A	Diverter valves	CY ON	V MINA	
	Solvent tank	cs and containers	DY ON	□N/A	Cartridge filter housings	ום צים	N/A□ N	
	Water separa	ators	QA ON	□N/A				
4.	Which method of	detection is used by the	e responsib	le official?				
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (notice	eable perc odor)				<b>1</b>		
	Use of direct	t-reading instrumentat	ion (FID/PI	D/calorimetric	tubes)			
	Halogen leal	k detector				ū,		
	If using	direct-reading instru	mentation	, is the equipm	ent:	DN/A		
	<b>a</b> .	Capable of detecting p	erc vapor c	oncentrations in	a range of 0-500 ppm?		И	
		Calibrated against a st (PID/FID only)?	andard gas	prior to and aft	er each use		N	
	c.	Inspected for leaks and	l obvious si	gns of wear on	a weekly basis?		N	
	d.	Kept in a clean and se	cure area w	hen not in use?		OY O	N	
	e.	Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?		N	

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

temperatures Not Recorded

AIRS 1D#: <u>0730077</u>

Kin

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	· ·
FACILITY NAME: CAPITOL CLEANERS	DATE: 05 SAN 01
FACILITY LOCATION: 3813 NORTH MONROE STREET	l .
YALLAHASSEE FL 32303	
Annual Reporting Period: Fcb 2000 TO Jun	20 6 (
Based on each term or condition of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit, my facility has remained in comformation of the Title V general air permit has a second of the Title V genera	pliance with DEP Rule  YES  NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	reporting period stated above:
Templace Not Recorded	
Exact period of non-compliance: from Morch 2000 to Je	an 2001
Action(s) taken to achieve compliance: Record temp. a5	should
Method used to demonstrate compliance:	
	R
#2. Term or condition of the general permit that has not been in continuous compliance during the	
C. Mol Of	
Exact period of non-compliance: from to	0
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	torian O
	·
As the responsible official, I hereby certify, based on information and belief formed after reasonab	le inquiry, that the statements made
in this notification are true, accurate and complete. Further, my annual consumption of perchloropurchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons	pethylene solvent, based upon
combination facilities.	li a
RESPONSIBLE OFFICIAL: BE+h L. Stockbridge Beth S. Signature  Name (Please Print)  Signature	tockhidge 1-5-01
Name (Please Print) / Signature	Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

100003

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** 

12-15-00754

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AIRS ID # 0730077

CAPITOL CLEANERS DOUGLAS F STOCKBRIDGE 3813 NORTH MONROE STREET TALLAHASSEE FL 32303

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FOR GOVERNMEN	T USE O	NEY
Org.: 37550101000	EO:-A1	1
Fund: 20-2-035001	S	20
Obj.: 002273	0_	8E
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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.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  10 AIRS ID # 0730077001AG DOUGLAS F STOCKBRIDGE CAPITOL CLEANERS	A. Received by (Please Print Clearly)  C. Signature  X Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
3813 NORTH MONROE STREET TALLAHASSEE FL 32303	3. Service Type  Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
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CAPITOL CLEANERS BETH L STOCKBRIDGE 3813-1 N MONROE STREET TALLAHASSEE FL 32303

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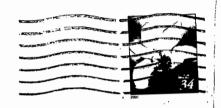
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Fund: 20-2-035001 Obj.: 002273



Mrs. Beth Stockbridge 3328 Piping Rock St Tallahassee, FL 32309





2 itle V Air General Permits Receipts P. D. Box 3070 Dallahassee, Fl 32315-3070

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Z210662 279	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
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AIRS ID # 0730077

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FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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- ■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. A Restricted Delivery Consult postmaster for fee.

$\overline{}$	A minut	Addrass	od to

AIRS ID-0730077

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4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Însured Express Mail
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

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

5. Received By: (Print Name)

6. Signature: (Addressee or

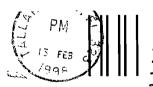
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