

Department of Environmental Protection

08/0/65.

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

Virginia B. Wetherell Secretary

August 26, 1996

Mr. John W. Woodard III Village Cleaners 6324 U.S. Highway 301 North Ellenton, Florida 34222

Dear Mr. Woodard:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Sorty Suet

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District



Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

June 15, 2001

Mr. John Woodard Village Cleaners 6324 US Highway 301 North Ellenton, Florida 34222

Dear Mr. Woodard:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 12.

In reviewing your submittal, it was noted that Village Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0810165-001). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosure

cc: Bill Proses, Southwest District

"More Protection, Less Process"

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

JOHN WOODARD DE DRA VILLAGE CLEANERS

	Site Name (For example, plant name or number):
	VILLAGE CLETABLS
	Handra Was Course Hariffeet Number
3.	Hazardous Waste Generator Identification Number:
	FLD 982 089 260
4.	7
	Street Address: 6324 WS HWY 301 N
	City: ELLENTON County: MATHATEE Zip Code: 34222
5.	Facility Identification Number (DEP Use):
	08/0/65
	Responsible Official
	·
6.	Name and Title of Responsible Official:
	Nesponsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: 1/1 LLATE CLEANSS
	Street Address: 6324 US Hwy 301 N.
	City: ELLEWTON County: MANATEE Zip Code: 34222
8.	Responsible Official Telephone Number:
	Telephone: (94) 722-8252 Fax: ()
	Facility Contact (If different from Personnible Official)
	Facility Contact (If different from Responsible Official)
9.	Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):
9.	Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):
	Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):
	Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:
	Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:
	Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code:
10.	Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code:
10.	Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code: Facility Contact Telephone Number: Telephone: Telephone: Fax: () -

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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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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-
Dry-to-Dry Unit	_								
(1) w/ ref. condenser	į	7-26-93	7-26.9	13					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit						•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber							-		
(6) w/ no controls									
Dryer Unit		•			•				
(7) w/ ref. condenser									1
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			•		•	•			
(10) w/ ref. condenser	_								
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total q [uanti gallo	equired to be ity of perchlons ow many? [_	installed [=	perc)	purchased in				
3. What is the facility's son (Indicate with an "X". S Existing small are	Selec	t one classifi	cation only.)		nitions found	,	3) of	Part II?	
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []]		

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(Indicate with an "X".)	
Existing large area source Carbon adsorber [] Refrigerated of	condenser
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water gen exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total hed boiler HP or less), and (2) are fired exclusively by natural gas exce during which propane or fuel oil containing no more than one percent	pt for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
······································	
Equipment Monitoring and Recordkee	ping Information
Check all logs which are required to be kept on-site in accordance v	with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

lease indica	ate with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and in 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	omptly notify the Department of any changes to the information contained in this notification.
Signature	Willing Date Date 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
_	JOHN W. WOODARDIE DBA VILLAGE CLEANERS
2.	Site Name (For example, plant name or number):
	VILLAGE CLETANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 982 089 260
4.	
	Street Address: 6324 US HWY 301 N City: ELLENDN County: MANATEE Zip Code: 34222
	City: ELLENDN County: MANATEE Zip Code: 54222
5.	Facility Identification Number (DEP Use):
	08/0/65
giği si	
	Responsible Official
6.	Name and Title of Responsible Official:
	JOHN W. WOODARD III
7.	
	Organization/Firm: VILLAGE CLEANERS Street Address: 6324 US HWY 301 N.
	City: ELLENTON County: MANATEE Zip Code: 34222
8.	Responsible Official Telephone Number: Telephone: (94) 771-9152 Fax: () -
	Telephone: (94) $722-8252$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	Taching Contact / Iddicss.
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

0810165 Spoke to John Woodard 8/22/96. His title is owner. Change on Form: p.13 6 - add title 1(a) - write date p. 14 control device installed 1(c) - does not need to be checked 3 - New small area source Should be marked p. 15 H - Mark new Small (f) - should be marked

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 Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit	#1 /	Purchased	Control Device Installed 12-NOV-93	#2	Machine Initially Purchased 08-DEC-91	Control Device Installed	#3	Machine Initially Purchased 02-MAR-92	Control Device Installed 02-MAR-
Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls		Purchased 03-OCT-93	Installed		Purchased			Purchased	Installed
Example Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls		03-OCT-93	-		L	Installed			
Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls	<i>i</i>	7-26-93		/					
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls		7-26-93		/					
(2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls		170015		/					
(3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls									
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls									
(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							-		
(5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls									
(6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls									
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls								•	
(8) w/ carbon adsorber (9) w/ no controls						,			
(9) w/ no controls									
. /							-		
					1				<u>l</u>
(10) w/ ref. condenser									
(11) w/carbon adsorber			<u> </u>						
(12) w/ no controls									
(b) Control devices are (c) No control devices a 2.(a) What was the total question of the control devices a (b) If less than 12 month Check why it is less	re re uanti gallo	equired to be ity of perchlo ins ow many? [_	installed [perc)	purchased in				[]
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large area	elec a soi	t one classific	cation only.) Ne	w sn	nitions found nall area sour ge area sourc	ce []	3) of	Part II?	

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Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".)	'art II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (l) have a total heat input of l boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	`

DEP Form No. 62-213.900(2)

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)							
ك	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notific statements maintain i	ersigned, 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 pollutant emissions units and air pollution control equipment described above so as to the thin the air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will proi	I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	WWorker 7-25-96 Date							

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	INSPECTION	SUMMARY REPORT	
TYPE OF INSPECTION:	ANNUAL D	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	0810165
TYPE OF FACILITY: VILL	AGE CLEANE	RS	
FACILITY NAME:)C		DATE: 4-15-97
FACILITY LOCATION:	0324 US 30	<u> </u>	
<u> </u>	LENTON FL		
RESPONSIBLE OFFICIAL:	OHN WOODARD	PHONE NUMBER	941-722-8252
	the compliance requirements Rule 62-213.300, Florida Adm	evaluated during this inspection, the faction inistrative Code (F.A.C.).	ility is found to be in
Based on the results of discrepancies were not		evaluated during this inspection, the fol	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M FOLLOW-UP ACT	ON REQUIRED
·			
		·	NED
		REC	E 1 1991 Monitorine
	<u>. </u>		Bureau of Air Monitoring
COMMENTS:			
đ			
The Annual Compliance Certific	ation form has been properly o	certified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N:	(Approximate)	
INSPECTION CONDUCTED	BY: MARGAR	(Approximate) ANGRO (Please Print)	· .
INSPECTOR'S SIGNATURE:	Margaret Co	PHONE NUMBER:	8/3.744-6100
	Pag	geof	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Þ	COMPLAINT/D	ISCOVERY	
	RE-INSPECTION	o`			
	, ;		_		
AIRS 10#: 0810165			: <u> </u>	TIME OUT:	
FACILITY NAME: VIL			1		
FACILITY LOCATION:	6324 U	S 30	i N		
	Ellenton,	FL 3	4222		
:	<u> </u>				
PART I: NOTIFICATION			_		
(check appropriate box)					
1. Existing facility notified DA	RM by 9/1/96				à
2. New facility notified DARM	30 days prior to startup				
3. Facility failed to notify DAR	M to use general permit				
PART II: CLASSIFICATION	٧				
Facility indicated on notificati	ion form that it is:			ECEIV	ED
(check appropriate box)			R	FCr,	
A. 1. 75 -:		Name and House		PBB 51	1997
1. Existing small area sour dry-to-dry only, x<140 gal/y		New small are y-to-dry only, x	ea source <140 gal/yr		MODITORINE
transfer only, x<200 gal/yr	tra	nsfer only, x<2	00 gal/yr	Bureau of Air & Mobile S	Sources
both types, x<140 gal/yr (constructed before 12/9/91)		th types, x<140 onstructed on or	gal/yr	& Mos.	
(constructed before 12/3/31)	(00	nisa acted on or	atter 12/3/31)		
3. Existing large area sour dry-to-dry only, 140 <x<2, 10<="" td=""><td></td><td>New large are</td><td>a source 40<x<2, 100="" <="" gal="" td=""><td></td><td></td></x<2,></td></x<2,>		New large are	a source 40 <x<2, 100="" <="" gal="" td=""><td></td><td></td></x<2,>		
transfer only, 200 <x<1,800< td=""><td></td><td></td><td><x<1,800 gal="" td="" yr<=""><td>yı</td><td></td></x<1,800></td></x<1,800<>			<x<1,800 gal="" td="" yr<=""><td>yı</td><td></td></x<1,800>	yı	
both types, 140 <x<1,800 gal<="" td=""><td>/yr bot</td><td>th types, 140<x< td=""><td><1,800 gal/yr</td><td></td><td>ļ</td></x<></td></x<1,800>	/yr bot	th types, 140 <x< td=""><td><1,800 gal/yr</td><td></td><td>ļ</td></x<>	<1,800 gal/yr		ļ
(constructed before 12/9/91)	(co	instructed on or	after 12/9/91)		
This is a correct facility classifi	cation	v д и			
If no, please check the appropri	ate classification:				
facility qualific	ed for a general permit a	s number	above		
	s above limits and is not			,	
B. The total quantity of perchlo facility was gallons.	roethylene (perc) purcha	used within the	preceding 12 mo	nths by this dry o	cleaning

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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 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:	
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?	□Ү □И
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON
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?	מם עם
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)	Y
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	DAY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØX □N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON
4. Maintained calibration data? Gor direct reading instruments only)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY UN WA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	XQX □N
Problem corrected?	MY ON
8. Maintained compliance plan, if applicable?	באיא או אם אם
PART VI: LEAK DETECTION AND REPAIRS	

2. Which method of detection is used by	-			/	
Visual examination (condensed			urfaces)		
Physical detection (airflow felt to	hrough ga	askets)	· •	Di≪	
Odor (noticeable perc odor)					
Use of direct-reading instrument	-				
If using direct-reading instrum		_	-		_
	-		rations in a range of 0-500 ppm?		ПN
b. Calibrated against a (PID/FID only)?	□Y (□N			
c. Inspected for leaks a	□Y (. מ⊏			
d. Kept in a clean and	secure are	ea when no	t in use?	□Y (ИΓ
e. Verified for accuracy	y by use o	f duplicate	samples (calorimetric only)?	□Y (ИΓ
3. Has the facility maintained a leak log?			•	PY I	ΖИ
4. Does the responsible official check the	followin	g areas for	leaks?	,	
Hose connections, fittings, couplings, and valves	XX	ПN	Muck cookers	βÝ	□и
Door gaskets and seating	Ďλ	ПN	Stills	æχ	□И
Filter gaskets and seating	Έ ∂ Υ	ПΝ	Exhaust dampers	Δ¥	ПΝ
Pumps	ÉTY	ПΝ	Diverter valves	æiY	ПΝ
Solvent tanks and containers	Y	ПN	Cartridge filter housings	s Æ(Y	□N
Water separators	TY	ΠN			
JOHN WOODARD I	I		•	•	
Name of Responsible Offici	al	-			·
Margaret Cangro			4-15	-97	
Inspector's Name (Please Pri	nt)		Date of Insp	ection	···
Margaret Carray			April	98	
Inspector's Signature	-		Approximate Date of	Next Ins	pection
			ľ		
•		1	(orp		
0	Ne	nut	U		
hammel	1				
100	#				
Star	1				
Marvel Star Scrial I	-125	.25			
		of 4		Davisa	d 10/28/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DIS	COVERY	Ġ
AIRS ID#: 08/0165	· ·			ME OUT: _	
FACILITY NAME: VICI	AGE (LE	ANER	5	<u>. </u>	
FACILITY LOCATION:	6324 U	<u>S</u> 3	01 N		
	Ellenton,	FL	34222		
PART I: NOTIFICATION					·
(check appropriate box)	-				
1. Existing facility notified DAI	RM by 9/1/96	•			p X
2. New facility notified DARM	30 days prior to startup				۵
3. Facility failed to notify DARI	M to use general permit				a
PART II: CLASSIFICATION			· 		
Facility indicated on notification (check appropriate box) A.	on form that it is:			,	:
1. Existing small area sourd 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)	dry tra bo	nsfer only, x th types, x<1	, x<140 gal/yr <200 gal/yr	٥	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>O gal/yr dry al/yr tra yr bot</td><td>nsfer only, 2 th types, 140</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>a</td><td>,</td></x<2,>	O gal/yr dry al/yr tra yr bot	nsfer only, 2 th types, 140	rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	a	,
This is a correct facility classific	ation 🔲	N M			
If no, please check the appropria	te classification:				
	d for a general permit a above limits and is not		above a general permit		
B. The total quantity of perchlor facility was gallons.	oethylene (perc) purcha	sed within the	ne preceding 12 month	ns by this dry	cleaning

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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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 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?

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?	ΟY	□и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ
	Is the temperature differential equal to or greater than 20° F?	ΠY	□N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY	ON ON/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	И
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΔÝ	ON ON/A
=			=======================================
_			
PA	ART V: RECORDKEEPING REQUIREMENTS		
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	ν.	
H; (c)	as the responsible official:	E Y	□N
H: (cl	as the responsible official: heck appropriate boxes)	ZY ZY	
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	Ax 1	_ N
H: (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	Ax 1	_ N
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt?	DX I	מם אם
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only)	DX DX DX	
H: (cl 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?		ON O
H: (cl 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only)	DAY DAY	on on on Dava on Dava
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	MAY	ON
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DAY DAY	ON
H: (cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DAY CONTRACTOR OF THE CONTRACT	ON
H: (cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	DAY CONTRACTOR OF THE CONTRACT	

	-			<u> </u>	
2.	Which method of detection is used by t	the respo	nsible official?	• •	/
	Visual examination (condensed s	olvent o	n exterior surfaces	. ,	10
	Physical detection (airflow felt th	rough ga	askets)		Cong.
	Odor (noticeable perc odor)				, X
	Use of direct-reading instrumenta	ation (FI	D/PID/calorimetric	c tubes)	
	If using direct-reading instrum	entation	, is the equipment	:: .	
	a. Capable of detecting	perc vap	or concentrations i	in a range of 0-500 ppm?	ОУ ОИ
	b. Calibrated against a s (PID/FID only)?	standard	gas prior to and at	fter each use	OY ON
	c. Inspected for leaks ar	nd obviou	us signs of wear on	a weekly basis?	OY ON .
	d. Kept in a clean and s	ecure are	ea when not in use	?	מם צם
	e. Verified for accuracy	by use o	f duplicate sample	s (calorimetric only)?	OY ON
3.	Has the facility maintained a leak log?				/SXY ON
4.	Does the responsible official check the	followin	g areas for leaks?		
	Hose connections, fittings, couplings, and valves	XY	ПN	Muck cookers	ØÝ □N
	Door gaskets and seating	5 Å	□и .	Stills	SA □N
	Filter gaskets and seating	BA	□и	Exhaust dampers	DOY □N
	Pumps	₽¥Y	□и	Diverter valves :	AN □N
	Solvent tanks and containers	ĕ Y	□и	Cartridge filter housings	Æ(Y □N
	Water separators	TY	□N _{n (we}	. 1000 - 40	ilia di 14 la
					a la diservición
	JOHN WOODARD II	<u></u>		•	$E + \langle a \rangle_{\mathbb{R}^{2}}$
_	VOI. 4 10111615 11				

		Section of the Park of the Control
JOHN WOODARD III		e de la companya della companya della companya de la companya della companya dell
Name of Responsible Official	•	
Margaret Cangro		4-15-97
Inspector's Name (Please Print)		Date of Inspection
Margaret Canazo		April 98.
Unspector's Signature		Approximate Date of Next Inspection
.*		
	(y b

Marvel Manuf Star Fl Serial Fl 2525

Revised 10/28/96

AIRS 1D#: 0810165

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: VILLA GE	CLEANERS	DATE: 4/15/97
FACILITY LOCATION: 6324	US 301 N	
ELLENTO	N, EL 3422:	2
Annual Reporting Period: SEPT	1996 то	ARRIL 15 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from	to)
Action(s) taken to achieve compliance:	<u>.</u>	
Method used to demonstrate compliance:		
#2. Term or condition of the general permit	that has not been in continuous compliance	e during the reporting period stated above:
Exact period of non-compliance: from	_ to_	RE APR'S AL Moritors
Action(s) taken to achieve compliance:		ortegn Wopile
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, of year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	nd complete. Further, my annual consump does not exceed 2,100 gallons per year for a	tion of perchloroethylene solvent, based
•		

^{*}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.

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0810165

VILLAGE CLEANERS JOHN W WOODARD III 6324 US HWY 301 N ELLENTON FL 34222

Do NOT Remove Label

•		
Annual Reporting Period:	19 TO	19
Based on each term or condition of the Title V genera	l air permit, my facility has remained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), du	uring the period covered by this statement. YES	\square NO
If NO, complete the following:		
#1. Term or condition of the general permit that has a	not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	<u> </u>	
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has r	not been in continuous compliance during the reporting	
_Exact period of non-compliance: from	to Bureau of Air	Monitoring
Action(s) taken to achieve compliance:	& Mobile :	Sources
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on infornotification are true, accurate and complete. Further, my does not exceed 2,100 gallons per year for dry-to dry facility.	annual consumption of perchloroethylene solvent, based ities or 1,800 gallons per year for transfer or combination	upon purchase receipts,
Name (Please	Print) Signature	

^{*}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.

	no1611	
AIRS ID#:	0810165	

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Revised 10

	NER AIR QUALITY GENER L'COMPLIANCE CERTIFICATION	
FACILITY NAME: Village C	leaners	DATE: 473/28
facility location: <u>6324</u>		toring toring
Ellerion,	FC 34222	
Annual Reporting Period:	4-15- 19 <u>97</u> to _	4-13- 1998
Based on each term or condition of the Title		
62-213.300, Florida Administrative Code (F	·.A.C.), during the period covered by this st	atement. Skies Livo
If NO, complete the following:		
#1. Term or condition of the general permit	t that has not been in continuous complianc	e during the reporting period stated above:
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 permit	t that has not been in continuous compliance	e during the reporting period 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annual consump does not exceed 2,100 gallons per year for	ption of perchloroethylene solvent, based

*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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INS	FECTION	HECKLIST	z aŭ
TYPE OF INSPECTION:	ANNUAL	Æ	COMPLAINT/DISCON	VERY DE S
	RE-INSPECTION	o		ir Ne Si
				non)
AIRS ID#: 08/0/65	DATE: 4/13/9	& TIME I	N: () 35 TIME	
1/./	$0 \qquad (c \ 0) =$			
FACILITY NAME:	eage cease			
FACILITY LOCATION:	<u>10324 301</u>	\sim		
	Ellenton	3422	2	·
RESPONSIBLE OFFICIAL :				2-8252
CONTACT NAME:				
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startup)		
2. Facility failed to notify DAI	RM to use general permit	t		
				•
PART II: CLASSIFICATIO				
Facility indicated on notificat	ion form that it is:		☐ No notification form	
(check appropriate box)			☐ Drop store/out of bu	siness/petroleum
A. 1. Existing small area sou	rce 🛭 2.	New small:	area source	al .
dry-to-dry only, x < 140 ga	/yr dr		r, x < 140 gal/yr	
transfer only, x < 200 gal/yr		ansfer only, x		
both types, x < 140 gal/yr (constructed before 12/9/91		oth types, x <	140 gal/yr 1 or after 12/9/91)	
(**************************************	,		2.5,7,2,5	
3. Existing large area sou		New large		-
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,8$			x' , 140 $\le x \le 2$,100 gal/yr x' , 00 $\le x \le 1$,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	-		or after 12/9/91)	
5. This is a correct facility o	lassification	Y ON	□Can not determine	•
If no, please check the	appropriate classification	on:		
II .	lity qualified for a genera		umber above	

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

facility was <u>85</u> gallons.

facility exceeds above limits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS 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? 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 AY ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN 2011/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

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

A. Has the responsible official of all new sources and existing large area sources:

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

2 of 5

prior to September 22, 1993

(check appropriate boxes)

(complete A and B below).

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY ON ONA

B. Has the responsible official of an existing large or new large	ge area source also:
Measured and recorded the exhaust temperature on the outlet on dry-to-dry, reclaimer, and dryer machines on a weekly basis.	
2. Measured and recorded the washer exhaust temperature at the inlet and outlet weekly?	condenser OY ON ON/A
Is the temperature differential equal to or greater than 20	°F?
Measured and recorded the perc concentration in the exhaust s at the end of the final drying cycle while the machine is ventire.	g to the adsorber,
if machines are equipped with a carbon adsorber?	☐Y ☐N ☐N/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust perc concentrations is at least 8 duct diameters downstream of	any bend, contraction,
or expansion; is at least 2 duct diameters upstream from any b or expansion; and downstream from no other inlet?	end, contraction,
5. Equipped transfer machines (dryers, reclaimers, and washers) condenser coils?	with individual
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y ON ON/A 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 and parts installed w/in 5 days of receipt? DY DN PNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO ABO 6. Maintained startup/shutdown/malfunction plan? DY DN DNA 7. Maintained deviation reports? DY DN PN/A Problem corrected? DY DN ÁN/A 8. Maintained compliance plan, if applicable?

D	ART VI: LEAK DETECTION AND	DEDAIDC		
_				
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection at	nd repair
	inspection?			MÝ ON
2.	Has the facility maintained a leak log?			May □N
3.	Does the responsible official check the	following areas for leaks	?	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY 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	אואם אם אוא
	Pumps	אואם אם צף	Diverter valves	DY DN DN/A
	Solvent tanks and containers	אואם אם אוא	Cartridge filter housings	DY DN DN/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		•
	Visual examination (condensed solvent on exterior surfaces)			
	Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)			
	Odor (noticeable perc odor)			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	Halogen leak detector			
	If using direct-reading instr	rumentation, is the equip	oment:	Ø(N/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			
	,	nd obvious signs of wear	on a weekly hasis?	OY ON
	·		·	DY DN
	·			•
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	DY DN
_				

MARGARET CANGRO	4-13-98
Inspector's Name (Please Print)	Date of Inspection
Muguet Carque Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
FACILITY LOCATION: 6324	
	1 34222 Doodard III PHONE: 941-722-8252 PHONE:
PART I: NOTIFICATION	
 (check appropriate box) New facility notified DARM 30 days prior to Facility failed to notify DARM to use general 	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it i (check appropriate box)	s: No notification form Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
☐ facility exceeds above	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 (constructed on or after 12/9/91) Y O Can not determine general permit as number above a limits and is not eligible for a general permit purchased within the preceding 12 months by this dry cleaning

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? MOY □N □N/A 2. Examining the containers for leakage? □N □N/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) ØY □N 1. Equipped all machines with the appropriate vent controls? 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated : condenser on a weekly/bi-weekly basis? \square Y \square N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the æY □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:	
ì.	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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			Ø Y □N		
2.	Has the facility maintained a leak log?	ØY □N			
3.	3. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DOY ON ON/A	
	Door gaskets and seating	-ÓY □N □N/A	Stills	ØŶ □N □N/A	
ļ	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	BEY ON ON/A	
	Pumps	ÆY □N □N/A	Diverter valves	Ø Y □N □N/A	
,	Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	ØY ON ON/A	
	Water separators	DY ON ON/A		·	
4.	Which method of detection is used by	the responsible official?			
Visual examination (condensed solvent on exterior surfaces)					
Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor)				A	
	Odor (noticeable perc odor)			Æ	
	Use of direct-reading instrument	tation (FID/PID/calorimetr	ric tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equip	oment:	M/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				מם צם	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			אם עם	
	d. Kept in a clean and	secure area when not in us	e?	OY ON	
	e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	OY ON	

· · · · · · · · · · · · · · · · · · ·	
MARGARET CANGRO Inspector's Name (Please Print)	4-7-99 Date of Inspection
Margaret Canons	April 2000
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 08/0165

$\frac{\omega_0}{}$

ANN	UAL COMPLIANCE CERTIFICA	ATION FORM
FACILITY NAME: Villag		DATE: <u>4-7-99</u>
FACILITY LOCATION: 632	14 US 301 N	
Ellent	on, FC 34222	
Annual Reporting Period:	4-14- 19 <u>9</u> 8 to	<u>4-7-</u> 19 <u>99</u>
	Title V general air permit, my facility has inde (F.A.C.), during the period covered by the	h - A
If NO, complete the following:		` .
#1. Term or condition of the general p	ermit that has not been in continuous comp	liance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance	ee:	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general p	ermit that has not been in continuous comp	liance during the reporting period stated above:
Exact period of non-compliance: from		APR C
Action(s) taken to achieve compliance:		to Mobile Sou
Method used to demonstrate compliance	œ:	1999 Monitoring
made in this notification are true, accu	trate and complete. Further, my annual con cipts, does not exceed 2,100 gallons per yea	ed after reasonable inquiry, that the statements insumption of perchloroethylene solvent, based for for dry-to dry facilities or 1,800 gallons per 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.

AIRS ID#: 0810165

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Village C	Claners		DATE: 4 4 00
FACILITY LOCATION: 6324	US 301 N		' '
Ellenton	FC 34222		
	1		
Annual Reporting Period:	4 8 /1999 TO		4/4/2000
Based on each term or condition of the Title V	general air permit, my facility has	remained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.	A.C.), during the period covered by	this statement.	s 🗖 NO
If NO, complete the following:		•	
#1. Term or condition of the general permit t	hat has not been in continuous com	pliance during the report	ing period stated above:
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 permit t	hat has not been in continuous com	pliance during the report	ing period 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, be made in this notification are true, accurate as upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Further, my annual co	onsumption of perchloro	ethylene solvent, based
RESPONSIBLE OFFICIAL: JOHN Nam	Uoodard till yla	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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERY	
AIRS ID#: 08/0/65	, ,		N: 12:25 TIME OUT:	1:00
FACILITY NAME:	lage Clea	ners		
FACILITY LOCATION:	1-1	S 301	N.	·
	Ellenton		- / -	
RESPONSIBLE OFFICIAL:	John Woo	rdard	PHONE: 941/722-8	252
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	l 30 days prior to startup)		
2. Facility failed to notify DAR	tM to use general permit	t		
<u> </u>				
D. DON'T OF LOCKETO LOCK				
PART II: CLASSIFICATION		·		
Facility indicated on notificati			☐ No notification form	
		·	☐ No notification form ☐ Drop store/out of business/	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	ion form that it is:	. New small a	Drop store/out of business/	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	ion form that it is: rce	ry-to-dry only,	Drop store/out of business/parea source x < 140 gal/yr	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	ion form that it is: rce		Drop store/out of business/jarea source x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ion form that it is: rce	ry-to-dry only, ansfer only, x oth types, $x <$	Drop store/out of business/jarea source x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: rce	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth types, 140 ≤ x ≤ 1,800 goth	ion form that it is: rce	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of business/parea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility cl	ion form that it is: rce	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on	Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $< x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility clud of the second of	ion form that it is: rce	ry-to-dry only, ansfer only, x oth types, x < constructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 constructed on	□ Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source □ 140 ≤ x ≤ 2,100 gal/yr ○ 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine	petroleum

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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □N □N/A Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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) N□ YDN 1. Equipped all machines with the appropriate vent controls? ÁY □N □N/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 Y ON ON/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 MY DN 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?	DY DN
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?	DY DN DN/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
	ls the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
	or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON 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?	ØYY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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?	OY ON MIN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	A/AND YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	DY DN QXVA			
Problem corrected?	A/אלקק אם צם			
8. Maintained compliance plan, if applicable?	אועבע אם צם			

PA	PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				(Z)	ПN
2.	Has the facility maintained a leak log?				XY	□N
3.	Does the responsible official check the fe	ollowing	areas for leaks?			
	Hose connections, fittings, couplings, and valves	AY D	N □N/A	Muck cookers	P Y	□N □N/A
	Door gaskets and seating	Y D	N □N/A	Stills	þΥ	□N □N/A
	Filter gaskets and seating	JY O	N DN/A	Exhaust dampers	by	□N □N/A
	Pumps	A O	N □N/A	Diverter valves	þγ	□N □N/A
	Solvent tanks and containers	MY O	N DN/A	Cartridge filter housings		ON ON/A
	Water separators	фур	N □N/A			•
4.	Which method of detection is used by th	e respons	sible official?			
	Visual examination (condensed so	lvent on e	exterior surfaces)		8	·
	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 .
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	\Box Y	ΠN
	b. Calibrated against a sta (PID/FID only)?	andard ga	s prior to and afte	er each use	ΠY	□N
	c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	ΠY	ΠN
	d. Kept in a clean and sec	cure area	when not in use?	•	ΠY	□И
	e. Verified for accuracy b	by use of	duplicate samples	s (calorimetric only)?	ΠY	חח
	·					

MARGARET CANGRO	\$/4/00
Inspector's Name (Please Print)	Date of inspection
Margaret Cangro	APR 200/
Inspector's Signature	Approximate Date of Next Inspection

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Fund: 20-2-035001 ОЫ.: 002273



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Fund: 20-2-035001 Obj.: 002273

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ELLENTON FL 34222

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Obj.: 002273

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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. Article Addressed to: AIRS ID # 0810165001AG JOHN W WOODARD III VILLAGE CLEANERS 	A. Received by (Please Print Clearly) C. Signature X. Superior Signature X. Superior Signature D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
6324 US HWY 301 N ELLENTON FL 34222	3. Service Type A Collified Mail/, D Express Mail D Register 1/2 Deput Receipt for Merchandise Insured Mail 4. Restricted Delivery? (Extra Fee)		
O Article Number (Consultrem consider tabell	· · · · · · · · · · · · · · · · · · ·		
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