

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 24, 1997

Ms. Edith Bernard, Manager Mertes Enterprises, Inc. 4640 Southeast Robertson Stuart, Florida 34997

Re: Regency Cleaners

Facility No.: 0850122

Dear Ms. Bernard:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 18, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Bruce Offord, Southeast District

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

#0850122
Regency Cleaners
- spoke with Edith Bernard- 5/15/97 - and gas company-
5/15/97—and gas company— 5/16/97—uses ~5,700 gallyr small boiler—under limits
P.13 7. add firm
P.14 1. complete - purchased date- Dec. 8, 1991 - add "X" to 1.(c)
D. 15 4. mark out "X"
5. add "propane" 5.(c) not required, mark out "V" and initial
"V" and initial

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MERTES ENTERPRISES INC.
2. Site Name (For example, plant name or number):
KEGENCY CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 24/0 S.F. FED. HUOG.
4. Facility Location: Street Address: 3410 S.E. FED. HWY. City: STUART County: MARTIN Zip Code: 34994
5. Facility Identification Number (DEP Use ONLY : do not fill in):
79.1.2. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Responsible Official
6. Name and Title of Responsible Official:
Name: EDITH BERNARD Title: MANAGER
Responsible Official Mailing Address:
Organization/Firm: Street Address: 4640 SE ROBENTSON
City: Ctuart County: MARTIN/ Zip Code: 34997
8. Responsible Official Telephone Number: Telephone: (561) 283 - 3259 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
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Pbb 18 18
AFR Monitoring

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Bureau of Air Monitoring & Mobile Sources

Facility Information

(1) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase from the manufacturer, 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	X								
(1) w/ ref. condenser									
(2) w/ carbon adsorber								,	
(3) w/ no controls									<u>'</u>
Washer Unit	黎豐							<u> </u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls	L				<u> </u>				
Dryer Unit									
(7) w/ ref. condenser	L	·		<u> </u>			┖		
(8) w/ carbon adsorber	L_			_			_		
(9) w/ no controls	06505000	in orderenno o decombe diction	BOOL OF STORY STORY BASERS A GUESTON	Tribbleder	CONNERS ANNESS A VIDALAGO	Authorities a strain in thirty is a second	1 CONTROLLER	CONTRACTOR OF THE PROPERTY AND A	
Reclaimer Unit	75.00		T	10.00					
(10) w/ ref. condenser	┞			! —		-	▙	· ·	1
(11) w/carbon adsorber	 	ļ		┡			┞	_	
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is les	are r quant gallo	equired to be ity of perchlons (You mu ow many? [e installed (exporoethylene (ast fill this in	(perc)	g small area	or consumed			
3. What is the facility's so (Indicate with an "X". Existing small as	Sele	ct one classif	ication only.)	initions foun		(3) of	Part II?	
Existing large ar	ea so	urce []	N	ew la	rge area sour	rce [1		

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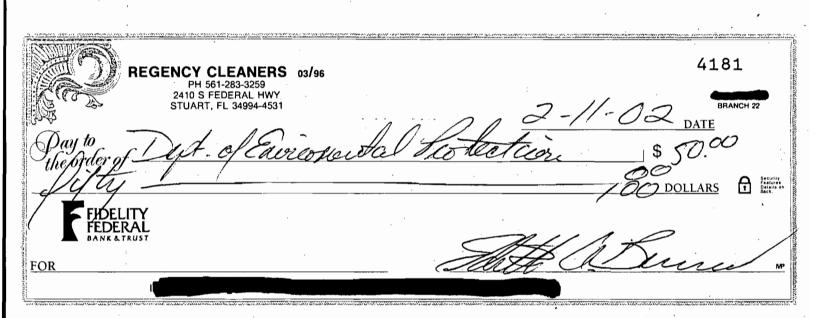
(Indicate with an "X".)	ired on machines	pursuant	to section (5) of Part	t II of this notification form?	?
Existing large area source Carbon adsorber		OR	Refrigerated conde	nser [X]	
New small area source Refrigerated condenser					
New large area source Refrigerated condenser				•	
		. 1	1 41 -11-11		
(5) A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such the contains and the contains and the contains and the contains are contained as the contains and the contains are contained as the conta	that all steam an	d hot wat			ınt
All steam and hot water generatin boiler HP or less) and are fired by sulfur.	_			•	
All steam and hot water generating No such units on-site	units exempt			· · · · · · •	
		•			
					•
Equipm	ent Monitoring a	and Reco	rdkeeping Informa	tion	
Check all logs which are required t	to be kept on-site	in accord	ance with the requir	ements of this general permi	it:
(a) Purchase receipts and solvent p	urchases		[
(b) Leak detection inspection and r	epair		[
(g) Refrigerated condenser tempera	ature monitoring		[
(d) Carbon adsorber exhaust perc c	concentration mor	nitoring	[
(e) Instrument calibration			}		
(f) Start-up, shutdown, malfunction	n _. plan		[

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Surrender of Existing Air Permit(s)

Pleas	se indicate	with an "X" the appropriate selection: I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
.1		No air permits currently exist for the operation of the facility indicated in
!		this notification form.
		Responsible Official Certification
•	this notifi statement maintain	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
	I will prod	mptly notify the Department of any changes to the information contained in this notification.
, ,	Signature	33/-97 Date

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



0850122

RECEIVED FEB 1 8 Edui? Bureau of Air Monitoring

BEST AVAILABLE COPY	INSPECTI	-	ARY REPOR			
TYPE OF INSPECTION:	ANNUAL 🗡	COMPLA	INT/DISCOVER	RY 🗌	RE-INSPEC	TION [
TIME IN: 10: 00 TYPE OF FACILITY: 10 FACILITY NAME: 11 FACILITY LOCATION: 12	TIME OUT: RY CLEANE -GENCY C. 246 S. FEDE	LEANET		S ID#:_ <i>O</i> & S	SC127 DATE: 4//	24/97
RESPONSIBLE OFFICIAL:	DITH BERTY	ARD	PHONE	NUMBER:	283-	32.55
compliance with DEP		Administrative	Code (F.A.C.).		ing complianc	e
						_
	•					
			-			
	· _					
					`.	
COMMENTS:	**	,				
The Annual Compliance Certif	//	198		the inspector.	YES	NO
INSPECTION CONDUCTED	DBY: LOUIS		ximate) RENGHT	_		
INSPECTION CONDUCTED	0.16		Print)	E NUMBER:;	561/681-	-(d;2)
	•	/ Pageo	··		/	Revised 10/96

, 4 AIRS ID#: 0850122

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: REGE	ENCY COLEAN	ERS		DATE:	4/24/47
FACILITY LOCATION: _3710	S. FEDERA	AL H	WY		/
5+11/	RT, FL	,	•		
Annual Reporting Period:	PRIL	_19 <u>97</u>	то <u>А</u> 1	PRIL	19_98
Based on each term or condition of the 62-213.300, Florida Administrative Co. If NO, complete the following:			7_	4	P Rule
#1. Term or condition of the general p	ermit that has not been in o	continuous co	empliance during the	reporting perio	d stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance			·.		
Method used to demonstrate compliance	ce:		<u> </u>		
#2. Term or condition of the general p	ermit that has not been in o	continuous co	ompliance during the	reporting perio	d stated above:
Exact period of non-compliance: from	<u> </u>		to		
Action(s) taken to achieve compliance	·				
Method used to demonstrate compliance	ce:				<u> </u>
As the responsible official, I hereby ce made in this notification are true, accupon rolling averages of purchase recyear for transfer or combination facili RESPONSIBLE OFFICIAL:	irate and complete. Furthe eipts, does not exceed 2,10	er, my annua	l consumption of perd	chloroethylene.	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 Cleaning Facility Notification

(keep a copy of the completed form on-site) Facility Name and Location

1. Facility, Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
KEGENCY CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 3410 S.E. FED. HLOG.
City: STUART County: MARTINI Zip Code: 34994
5: Facility Identification Number (DEP Use ONLY do not fill in):
7 C650/22
Responsible Official
6. Name and Title of Responsible Official:
Name: EDITH BERNARD Title: MONAGEK
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 4640 SE ROBERTSON
City: C+LOX+ County: 100 2-7 2 Zip Code: 21/997
City: C+LLRX+ County: Max Time Zip Code: 34997
8. Responsible Official Telephone Number:
Telephone: (56-1), 56-7-56-56-56-56-56-56-56-56-56-56-56-56-56-
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact.(For example, plant manager):
7. Name and Thie of Facility Contact. (For example, plant manager).
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
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Bureau of Air Monitoring & Mobile Sources

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM CELVED

AIRS ID#0850122
MERTES ENTERPRISES INC
EDITH BERNARD
4640 SE ROBERTSON
STUART FL 34997

JAN 2 9 1998

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

		_		
Annual Reporting Period:	Jau · 1	_19 _97 TO	Jan	1 19 <u>9</u> 8
Based on each term or condition of the T 62-213.300, Florida Administrative Code	-	•	/	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general per	mit that has not been in co	ntinuous compliance	during the reporting per	iod stated above:
Exact period of non-compliance: from	<u> </u>	to_	<u>.</u>	AN 2
Action(s) taken to achieve compliance:				7 00.0
Method used to demonstrate compliance	:			
#2. Term or condition of the general per	mit that has not been in co	ntinuous compliance	during the reporting per	iod stated above:
Exact period of non-compliance: from		to	_	
Action(s) taken to achieve compliance:	<u> </u>			
Method used to demonstrate compliance:	<u> </u>	· 		
As the responsible official, I hereby certify, notification are true, accurate and complete does not exceed 2,100 gallons per year for d	2. Further, my annual consu	mption of perchloroeth	ylene solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: Bugu	Name (Please Print)	o. BRIGITT	E MERTES Signature	<u>/-/9-98</u> 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.

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:10 TIME OUT: TYPE OF FACILITY: VRV CLEA	NER AIRS ID#: 0850122
FACILITY NAME: REGENCY	CLEANERS DATE: 6/18/98
FACILITY LOCATION: 2410 S. FEDD	nal they
RESPONSIBLE OFFICIAL: PDITH BERTH	PHONE NUMBER: 5/283-3259
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Ad	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	ts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
	·
	-
COMMENTS:	
	·
The Annual Compliance Certification form has been prope	erly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	6/99 (Approximate)
INSPECTION CONDUCTED BY: LOUIS / V	IAICA PENGHI
INSPECTOR'S SIGNATURE Jours Valeur	PHONE NUMBER: 561/283-3259
•	Page of . Revised 10/96

/

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TBD01030

TYPE	OF	INSPE	CTION:
------	----	-------	--------

ANNUAL

X.

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 1D#: 0850/2	DATE: 4/24/97 TIME IN: 10:00 TIME OUT: 10:5	5
,	EGENCY CLEANERS	
FACILITY LOCATION: _	2416 S. FEDERAL HUY	
_	STUART, ID 34994	_

PART 1:	NOTIFICATION

(check appropriate box)

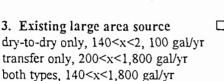
- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

A.

1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)

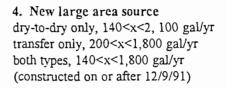


This is a correct facility classification

(constructed before 12/9/91)



2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)



AA

Y 🗆 N

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN				
2. Examining the containers for leakage?	DY ON				
3. Closing and securing machine doors except during loading/unloading?	NO KK				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	(V □N				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איוא אם צם				
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 refri (complete A below).	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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated 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?	NO YE				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVIC NO YES				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON MANA				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	M DN				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AY ON				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ĎÝ ON				

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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	ated
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ол ой
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?	OY ON
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)	
Has the responsible official:	ALY ON
Has the responsible official: (check appropriate boxes)	AY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	\mathcal{G}^{-}
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	\mathcal{G}^{-}
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	\mathcal{G}^{-}
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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	AN ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?	4 ON 4 ON 6 ON 6 ON 6 ON 6 ON 6 ON 6 ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	DY ON DAWA
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DN/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DY ON DY/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only**) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	DY ON DY ON DY ON DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	47 0 N 4 N N N N N N N N N N N N N N N N N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	47 0 N 4 N N N N N N N N N N N N N N N N N

2.	Which method of detection is used by t	he respon	sible offi	cial?	ŗ.	
	Visual examination (condensed s	olvent on	exterior s	surfaces)	.	
	Physical detection (airflow felt th	rough gas	kets)		Ĺ	
	Odor (noticeable perc odor)			· ·	ĝ	
	Use of direct-reading instrument	ation (FID	/PID/cal	orimetric tubes)		0117
	If using direct-reading instrum	entation,	is the eq	uipment:		/ 1
	a. Capable of detecting	perc vapo	r concen	trations in a range of 0-500 ppm?	ΠY	\square N
	b. Calibrated against a (PID/FID only)?	standard g	gas prior	to and after each use	ΠY	□N
	c. Inspected for leaks a	nd obviou	s signs of	f wear on a weekly basis?	ΩΥ	ΠN
	d. Kept in a clean and	secure are	a when n	ot in use?	ΠY	□N
1	e. Verified for accuracy	by use of	duplicat	e samples (calorimetric only)?	DΥ	□N
3.	. Has the facility maintained a leak log?	•			ĽΥ	□N
4.	. Does the responsible official check the	following	g areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	ŽŶ	□N	Muck cookers	Ţģ¥	□N
	Door gaskets and seating	Y	ΠN	Stills	ĐΎ	ΠN
	Filter gaskets and seating	- ÚY Y	□N	Exhaust dampers	ФХ	□N
	Pumps	. [□¥	ПЙ	Diverter valves	B Y	-DN-FH
	Solvent tanks and containers	-DY	ΩN	Cartridge filter housings	η'n	□N
	Water separators	ДУ	□N		<u>. </u>	
_	Edth Benard Name of Responsible Office	cial				
				4/24/87		
-	VALCAREHOIF Vaspector's Name (Please R	rint)	•	Date of Inspe	ection	

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	TION:		
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·	•		
:			
·	•		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID#: 0850122 DATE: 61899 FACILITY NAME: REGENCY FACILITY LOCATION: 240 S. F STUART RESPONSIBLE OFFICIAL: EDITH T	TIME IN: 10: 10 TIME OUT: 10.49 CLEANERS
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general per PART II: CLASSIFICATION	ermit 7
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) Yell $y \in Y$
facility exceeds above lin	ication: energy permit as number above above mits and is not eligible for a general permit curchased 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?



Y ON WILL

- 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?

(Ny on on/a

OY ON ON

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?



□N □N/A

DY ON 🗱

XY ON

Y ON ON/A

NO Y

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY DN
2. Maintained rolling monthly averages of perc consumption?	ow □n
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	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?	OY ON MAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN WN/A
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	DY DN DN/A
Problem corrected?	DY DN ISSNA
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official	conduct a weekly (for	small sources, b	i-weekly) leak detection ar	nd repair		
inspection?			· · · · ·	M□ M		
2. Has the facility maintained a	leak log?			N□ ¥€		
3. Does the responsible official	check the following a	reas for leaks?		1		
Hose connections, fitti couplings, and valves		□N/A	Muck cookers	AY ON ON/A		
Door gaskets and seati	ng 🗀 Y 🗆 N	□N/A	Stills	Y ON ON/A		
Filter gaskets and seat	ing DY DN	√ □N/A	Exhaust dampers	DY DN DN/A		
Pumps	אם צם	□N/A	Diverter valves	DY ON ON/A		
Solvent tanks and con	tainers DY DN	I □N/A	Cartridge filter housings	DN/A		
Water separators	TY ON	I □N/A				
4. Which method of detection	is used by the responsi	ble official?				
Visual examination (c	ondensed solvent on e	xterior surfaces)		X.		
Physical detection (air	flow felt through gask	ets)		*		
Odor (noticeable perc	Odor (noticeable perc odor)					
Use of direct-reading	nstrumentation (FID/	PID/calorimetric	tubes)	,		
Halogen leak detector	,					
If using direct-re	ading instrumentatio	n, is the equipm	ent:	X I/A		
a. Capable o	f detecting perc vapor	concentrations is	n a range of 0-500 ppm?	OY ON		
b. Calibrated (PID/FID	l against a standard ga only)?	s prior to and aff	ter each use	□Y □N		
c. Inspected	for leaks and obvious	signs of wear on	a weekly basis?	□Y □N		
d. Kept in a	clean and secure area	when not in use?	•	□Y □N		
e. Verified fo	or accuracy by use of d	luplicate samples	(calorimetric only)?	□Y □N		
• ,						
	<u> </u>					
LOVIS VALCA	RENGHI		6/18/98			
Inspector's Name	(Please Print)		Date of Inspe	ection		
Laus Valen	enchi.					
Inspector's Si	gnatyre		Approximate Date of	Next Inspection		

1. Enter all the data on the colonder forms Discord cold forms-

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

•	· ·		ALCIMIC I		8 8	19
TYPE OF INSPECTION:	ANNUAL	<u> </u>	COMPLAINT/DISC	COVERY	eau & Air g. Mobile	2
	RE-INSPECTION	N D			Air Mon	این شر
		<u></u>			Sol	90
AIRS 1D#: <u>08501</u> 22_1	• 1	• _		ME OUT:	0 2	Hadan B
FACILITY NAME:R	EGENCY	CLEAD	HERS			
FACILITY LOCATION:	/	FEDER	Ar HWY			_
	STYART	FL	31994			
RESPONSIBLE OFFICIAL:		7	(283-	3259	<u>2</u>
CONTACT NAME:			PHONE:			_
PART I: NOTIFICATION						
(check appropriate box)					•	. 1
1. New facility notified DARM	30 days prior to star	tup			×	
2. Facility failed to notify DARY	M to use general per	mit				
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)	on form that it is:		☐ No notification f☐ Drop store/out o		petroleum	ı
A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	γτ .	transfer only, a both types, x <	y, x < 140 gal/yr x < 200 gal/yr	ja P		
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yr 0 gal/yr	transfer only, 2 both types, 140	area source y, $140 \le x \le 2,100 \text{ gal/}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91)$: :	
5. This is a correct facility cl	assification	XY DN	□Can not determin	ne	•	
If no, please check the : ☐ facilit	appropriate classific ty qualified for a gen		number abo		·	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

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

PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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)

Equipped all machines with the appropriate vent controls?
 Equipped dry-to-dry machines with a closed-loop vapor venting system?
 Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
 Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
 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?	ΠY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	□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?	\Box Y	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	PΥ	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A

The state of the s

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ATY ON
2. Maintained rolling monthly averages of perc consumption?	NO Y
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVA DA DAVA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אישל אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	AVAG NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AND NO YO
6. Maintained startup/shutdown/malfunction plan?	ACA ON
7. Maintained deviation reports?	ANA NO YO
Problem corrected?	OY ON KNA
8. Maintained compliance plan, if applicable?	AVA NO YO

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, A'YO NO XA Muck cookers ON ON/A couplings, and valves DY DN **Ö**NN/A DY DN DN/A Stills Door gaskets and seating Filter gaskets and seating AYAD AD YO Exhaust dampers DY ON ON/A Diverter valves Pumps DY DN DN/A AYNO NO YA Solvent tanks and containers Cartridge filter housings AVA UN TAB Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector ANA If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Louis Valer en sui

Inspector's Signature

Date of Inspection

. /

Approximate Date of Next Inspection

Need to bury forward Peac data from last year an their calender entry

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM.



FACILITY NAME:	KEGENCY C	LEHNERS		DATE:	4/15/99
FACILITY LOCATION:	2410 S.F	EDERAL	HWY	·	2.1
	STUART, FL	34994			
		/			
Annual Reporting Period:	5-JAN	19 <i>98</i> to	<u> </u>	DEC	19 <u>98</u>
	on of the Title V general air porative Code (F.A.C.), during t		<u> </u>	•	P Rule NO
If NO, complete the following	;				ス
#1. Term or condition of the	general permit that has not be	en in continuous complia	ance during the re	porting pezig	distated above.
<u> </u>	<u>. </u>			Mobile	PR PR
Exact period of non-complian	ice: from	<u> </u>	to	e Source	1 5 E
				≒	999 Ton
Action(s) taken to achieve con	mpliance:	•		ces	
Action(s) taken to achieve con Method used to demonstrate of		•		ces	2 3 1999 Air Monitoring
Method used to demonstrate of #2. Term or condition of the	compliance: general permit that has not be	en in continuous compli		<u></u>	
#2. Term or condition of the Exact period of non-complian	general permit that has not be	en in continuous compli	ance during the re	<u></u>	
Method used to demonstrate of #2. Term or condition of the	general permit that has not be	en in continuous compli		<u></u>	
#2. Term or condition of the Exact period of non-complian	general permit that has not be note: from mpliance:	en in continuous compli		<u></u>	
#2. Term or condition of the Exact period of non-complian Action(s) taken to achieve co Method used to demonstrate As the responsible official, I made in this notification are	general permit that has not be ace: from mpliance: compliance: hereby certify, based on infortrue, accurate and complete. chase receipts, does not exceetion facilities.	mation and belief formed Further, my annual con	toto d aster reasonable sumption of perch	e inquiry, tha	od stated above:

*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.

Page of

TYPE OF INSPECTION:	NNUAL 🔀 CO	OMPLAINT/	DISCOVERY	RE-INSP	PECTION
TIME IN: 10:30 TYPE OF FACILITY: TRY FACILITY NAME: REC	TIME OUT: 11.15 CLETHYER ZEVICY CLE	AHER	AIRS ID#:	0850/2	1/15/99
FACILITY LOCATION: 24/	OS FEDER	AX Hu 1994	VÝ		
RESPONSIBLE OFFICIAL: EDI	TH' BERNARI	>	PHONE NUMB	er: <u>561/28</u>	3-3259
Based on the results of the compliance with DEP Rule Based on the results of the	62-213.300, Florida Admin	istrative Code	e (F.A.C.).		
discrepancies were noted:	compliance requirements ev		g titis mispection, trie	Tottowing compile	ince
COMPLIANCE REQUIF	REMENT/PROBLEM	F	OLLOW-UP AC	CTION REQU	IRED
	·				
			·		,
į !			-		
COMMENTS:					
· · · · · · · · · · · · · · · · · · ·					
The Annual Compliance Certificati	on form has been properly c	ertified and s	ubmitted to the inspe	ector. YES	NO D
DATE OF NEXT INSPECTION:		0/2000	•)		
INSPECTION CONDUCTED BY	LOUS VI	(Approxima JLCAR J(Please Prin	EFNGHI		
INSPECTOR'S SIGNATURE:	Tows Vale	count	h phone nume	BER: 561/6	81-6627
	Pas	geof	·	1	Revised 10/96

Department of Environmental Protection Cash Receiving Application (CRAR028) Cash Listing by Deposit #: 200533 Summary

Printed: 15-MAR-2000 - Page: 4

Cashlstng

Description

Contact

Date Deposited

23291

3755

DIV OF AIR RESOURCES

MGMT. PATTY ADAMS

07-MAR-2000

Object Code Description

2273 TITLE V GENERAL PERMIT

Total 50.00

2275 TITLE V MAJOR SOURCE

3,225.12

Cashlisting Total:

3,275.12

Bureau of Air Monitoring & Mobile Sources

Sandy Bournar Borbaia Bortwell HS 5505

REGENCY CLEANERS 03/96

PH 561-283-3259
2410 S FEDERAL HWY
STUART, FL 34994-4531

DATE

PHOPOGRAPH OF THE STUART STUART STUART STUART FL 34994-4531

PROPERTY STUART STUAR

THE VAIR GENERAL

Pamits Receipts

POB 3070

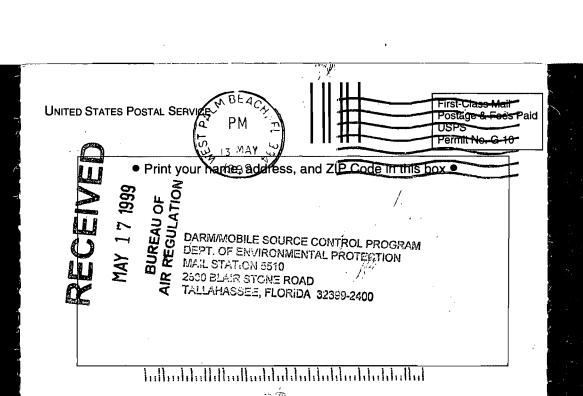
	Z 333 (67 Ol4
	US Postal Service Receipt for Cer No Insurance Coverage	tified Mail Provided. 0850/22
	Do not use for Internation	nal Mail (See reverse)
	REGENCY CLEA.	WERS (EDITH BARN)
	Street & Number 2410 S.E. FE	VERS (EDETH BURN) DERAL HWY
		34994
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
ړ	Restricted Delivery Fee	
86	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800, April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
<u>ا</u>	Postmark or Date	
5	,	
3		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not a number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	elpt Service.
URN ADDRESS completed of	AIRS ID # 0850122 REGENCY CLEANERS EDITH BERNARD 2410 SE FEDERAL HWY STUART, FLORIDA 34994 5. Received By: (Print Name)	4b. Service Registere Express Return Re 7. Date of De	Type ad	nk you for using Return Rec
Is your RET	6. Signature MAddressee or Agent X LOW LOW TO THE STATE OF THE STAT	and fee is		Thank

102595-97-B-0179

Domestic Return Receipt

PS Form **3811**, December 1994



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57B		<u>, Amerika ya Majariya .</u>	
[] []	Postage	\$	
78	Certified Fee		Postmark
12	Return Receipt Fee (Endorsement Required)		Here
00	Restricted Delivery Fee (Endorsement Required)		
	•	AIRS II	D# 0850122
70	REGENCY CLEA	NERS	<u></u>
	EDITH BERNAR		
700	STUART FL 3499		************

SENDER: SSHDER: SHDER: SSHDER: SSHDER: SHDER: SSHDER: SHDER: SSHDER: SSHDER: SHDER: SSHDER: SSHDER:	STICK ON DELIVERY
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 7825	5 5 78 5"
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Dome ic Mail Only; No Insurance Coverage Provided)			
8.5	i de la destada de	<u> </u>		
74				
디	Postage	\$		
4.7.	Certified Fee		Postmark	
-	Return Receipt Fee (Endorsement Required)		Here	
9200	Restricted Delivery Fee (Endorsement Required)	,		
0090	Total Doctors & Esse	AIRS ID # 0850122		
7	REGENCY CLEA			
ш,	EDITH BERNAR	D		
7000	2410 SE FEDERA	L HIGHWAY		
	STUART FL		;	
~	34994		;	
			rse for Instructions	

				, ,
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SE	CTION ON DELI	VERY
 Complete items 1, 2, and 3. Also complet item 4 if Restricted Delivery is desired. Print your name and address on the rever so that we can return the card to you. Attach this card to the back of the mailpie or on the front if space permits. 	rse	A. Received by (Please Print Clearly) C. Signature X Touth Line Land Agent Addressee D. Is delivery address different from item 1? Yes		
Article Addressed to:		If YES, enter deliver		
AIRS ID # 0850122 REGENCY CLEANERS EDITH BERNARD 2410 SE FEDERAL HIGHWAY				
STUART FL	T	Service Type Certified Mail	□ Everess Mail	
34994		☐ Registered ☐ Insured Mail	☐ Express Mail☐ Return Rece☐ C.O.D.	ipt for Merchandise
		4. Restricted Delivery	y? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label)	4128	7485		
PS Form 3811, July 1999 Do	mestic Retur	n Receipt		102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

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

TALLAHASSEE, FLORIDA 32399-2400

FEB 1 4 2002
Bureou of Air Monitoring
Mebile Sources

U.S. Postal Service CERTIFIED MAIL REC (Domestic Mail Only; No Ir	EIPT nsurance Coverage Provided)
C F I C I	ALUSE
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
Total Postage 10 A Sent To EDITH BERNAI REGENCY CLE 2410 SE FEDER City, State, Zip STUART FL 349 PS Form 3800. May 2000 SSSBUGOV NUMBER 30 INDIA 3H1 OF	ANERS AL HIGHWAY
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0850122001AG	A. Deceived by (Please Print Clearly) A. Deceived by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
EDITH BERNARD REGENCY CLEANERS 2410 SE FEDERAL HIGHWAY STUART FL 34994	3. Service Type Certified Mail
2. Article Number (Copy from service label)	HERE THE HEAT OF THE SECOND SE
PS Form 3811, July 1999 Domestic	Return Receipt 102595-00-M-0952



THIS PORTION MUST BE ATTACHED TO REMIN OR PROVER HANDLAND

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0850122

REGENCY CLEANERS EDITH BERNARD 2410 SE FEDERAL HIGHWAY STUART FL 34994

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: AI

Fund: 20-2-035001 Obj.: 002273

	Z 333 E US Postal Service Receipt for Cert No Insurance Coverage	.9'
E	EGENCY CLEANERS DITH BERNARD 410 SE FEDERAL HIG TUART FL 34994	
١	rostage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

SENDER: COMPLETE T OI ƏdOJƏA	Pold at line over top of en
 Complete items 1,-2, and 3., Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits. 	ce, MAYIYYUARE 2/2/00 Agent Addressee
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 08501 REGENCY CLEANERS EDITH BERNARD	22
2410 //E FEDERAL HIGHWAY STV - T FL 34994	3. Service Type Certified Mail Registered Insured Mail C.O.D.
Z 333 667 086	4. Restricted Delivery? (Extra Fee) ☐ Yes
S.z. Article Number (Copy from service label)	and the same of th
PS Form 3811, July 1999 Dor	nestic Return Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301076

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0850122

MERTES ENTERPRISES INC EDITH BERNARD 4640 SE ROBERTSON STUART FL 34997 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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	Certified Fee		
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199	Return Receipt Showing to Whom & Date Delivered		
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800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

SENDER: oner top of envelope to	18 blog section on delivery
■ Complete items 1, 2, and 3. Also complete item.4-if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	A Paceiver by Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 17 Yes If YES, enter delivery address below:
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

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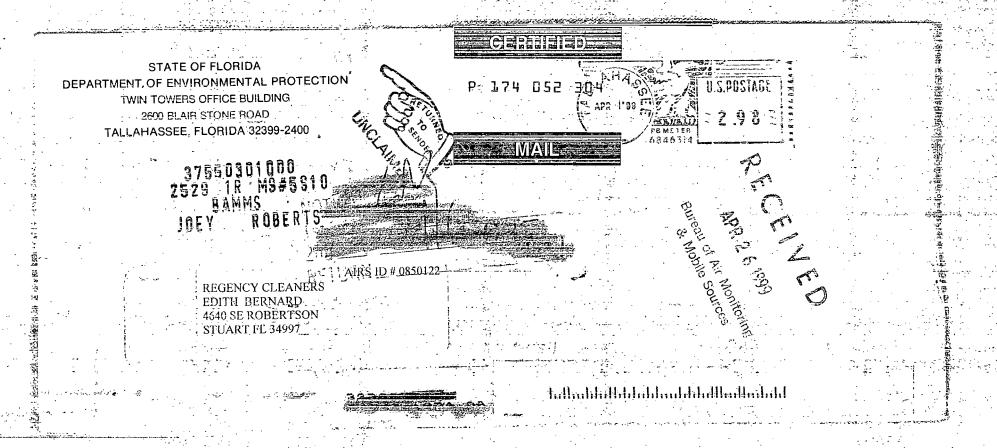
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STUART, FLORIDA 34994

FOR GOVERNMENT USE ONLY

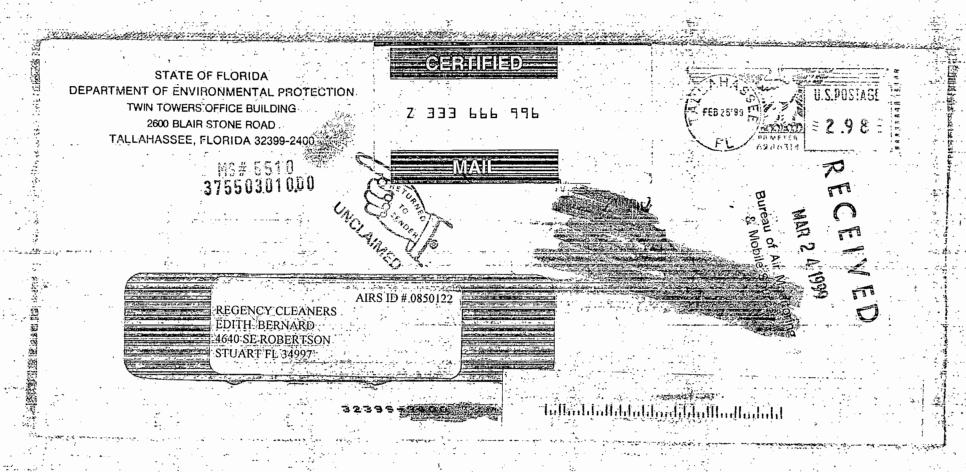
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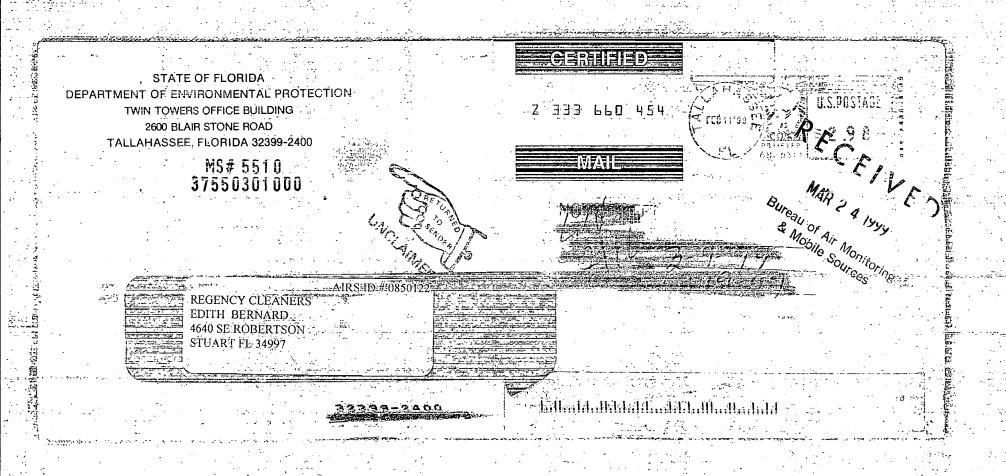


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