

Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 June 30, 1998

Virginia B. Wetherell Secretary

Mr. Louis R. Maritato Classic Cleaners 3307 Southeast Federal Highway Stuart, Florida 34997

Facility No.: 0850128 Re:

Dear Mr. Maritato:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 26, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Bruce Offord, Southeast District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|----------|--|
| | LML EMERPRISES OF FLORIDA INC. |
| 2. | Site Name (For example, plant name or number): |
| | CLASSIC CLEANERS |
| 3. | Hazardous Waste Generator Identification Number: |
| | FLO 982 163 669 |
| 4. | FLO 982 163 669 Facility Location: 3307 S.E. FEDERAL HWY. |
| | City: STUART County: MARTIN Zip Code: 34997 |
| 5. | Facility Identification Number (DEP Use): |
| | 0ESC1825 |
| | Responsible Official |
| | |
| 6. | Name and Title of Responsible Official: |
| | Louis R. MARITATO PRES. |
| | |
| 7. | Responsible Official Mailing Address: |
| 7. | |
| 7. | Responsible Official Mailing Address: Organization/Firm: |
| 7. 8. | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: |
| | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: |
| | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: |
| | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: (561) 220-1807 Fax: (X) NONE |
| 8. | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: (561) 220-1807 Fax: (X) NONE Facility Contact (If different from Responsible Official) |
| 8. | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: (561) 220-1807 Fax: (X) NONE Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): |
| 8. | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: (561) 220-1807 Fax: (X) NONE Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): |
| 8. | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: (561) 220-1807 Fax: (X) NONE Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address: |
| 9. | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: (561) 220-1807 Fax: () NONE Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address: Street Address: City: County: Zip Code: |
| 9. | Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code: Responsible Official Telephone Number: Telephone: (561) 220-180 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): SAME Facility Contact Address: Street Address: City: County: Zip Code: |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 Mach Initia | | Date Control Device | | Date Machine Initially | Date Control Device | | Date Machine Initially | Date Control Device |
|---|--------|------------------------|--------|---------------------------|--------|------------------------------|---------------------------|--------|------------------------------|---------------------------|
| Type of Machine | ID | Purch | | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-0 | CT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | | |
| (1) w/ ref. condenser | | 11 | 196 | 11/96 | Ī | T | | | | |
| (2) w/ carbon adsorber | | | 1 | | | | | | | |
| (3) w/ no controls | | | | | | | | | | |
| Washer Unit | | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | | |
| Dryer Unit | | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | | |
| (9) w/ no controls | | | | | | | , | | | |
| Reclaimer Unit | | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | | |
| (b) Control devices are | _ | | | | | | | | | |
| 2.(a) What was the total [50] | | | perchl | oroethylene (| (perc) |) purchased i | n the latest 1 | 2 mo | nths? | |
| (b) If less than 12 mon Check why it is les | | | | | | _] New store | e: [] Did | i not | keep records | : |
| 3. What is the facility's so (Indicate with an "X". | | | | | | initions foun | d in section | (3) of | 'Part II? | |
| Existing small a | rea so | ource[| | Ne | w sn | nall area sou | rce [X |] | | |
| Existing large area source New large area source | | | | | | | | | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| What control technology is required on machines (Indicate with an "X".) | s pursuant to section (5) of Part 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 pursuant to Rule 62-213.300, F.A.C. Verify that al following exemption criteria or that no such units e | l steam and hot water generating units on-site meet the |
| | have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Equipment Monitoring | and Recordkeeping Information |
| Check all logs which are required to be kept on-site permit: | in accordance with the requirements of this general |
| (a) Purchase receipts and solvent purchases | LXI |
| (b) Leak detection inspection and repair | $i \times i$ |
| (c) Refrigerated condenser temperature monitoring | ιXi |
| (d) Carbon adsorber exhaust perc concentration mo | nitoring \(\sum_{\sum_{\sum_{\substack}}} \sum_{\substack} \) |
| (e) Instrument calibration | L) /4/A |
| (f) Start-up, shutdown, malfunction plan | |

DEP Form No. 62-213,900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

gnature

Date

0/18/98

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

OS50129 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

NU

| facility name: O/AS | SIC Dry | Olganer | | DATE: OUL 29 |
|---|--|--|---------------------------------------|--------------------------|
| FACILITY LOCATION: 33 | 07 SE FE | D SHWY | | 7-9- |
| 67 | Heart, II | 34987 | · · · · · · · · · · · · · · · · · · · | |
| | 1 | | | |
| Annual Reporting Period: | ly | 19 <u>9</u> 2 to | July | 19\] |
| Based on each term or condition of the T | itle V general air pern | uit, my facility has rem | nained in compliance | with DEP Rule |
| 62-213.300, Florida Administrative Cod | e (F.A.C.), during the | period covered by this | statement. XYES | S |
| If NO, complete the following: | | | (| |
| #1. Term or condition of the general per | rmut that has not been i | n continuous complia | nce 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 pe | rmit that has not been | | | 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 cermade in this notification are true, accurupon rolling averages of purchase receivear for transfer or combination faciliti RESPONSIBLE OFFICIAL: | ate and complete. Fui pts, does not exceed 2 es. | rther, my annual const 100 gallons per year | umption of perchloro | ethylene solvent, based |
| | | | | |
| *This form is made available to you as a discretion of the responsible official to u | an aid in order to meet use this form. | your annual compliar | ice certification requi | ENCLOSE At the |
| | Page _ | of | AUG | 1 1997 |
| • | | : | | |

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

| 995 | In | OF |
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|-------|--|
| A | |

TYPE OF INSPECTION:

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

RE-INSPECTION

CO

| MPLAINT/DISCOVERY | |
|-------------------|--|
| | |

| MPLAINT/DISCOVERY | |
|-------------------|--|
| | |

| & ed & ed & ed | يے |
|--|----------|
| AIRS ID#: 0850128 DATE: June 28 TIME IN: 10:10 TIME OUT: 10. | _ |
| FACILITY NAME: CLASSIC DRY CLEANERS | |
| FACILITY LOCATION: 3307 SE. FEDERAL HWY | <u>;</u> |
| STUART, FL 34997 | - |
| · · | - |
| CONTACT NAME: SAME PHONE: | - |
| FACILITY LOCATION: 3307 SE FEDERAL HWY SE STUART, FL 34997 RESPONSIBLE OFFICIAL: LOUIS MARITATO PHONE: 56/ 220-1807 | - - |

| PART I: | NOTIFICATION |
|---------|--------------|
|---------|--------------|

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

| TIME M. CMMDDATCHARON | PART II: | CLASSIFICATION |
|-----------------------|----------|----------------|
|-----------------------|----------|----------------|

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

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

A.

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91)
- 2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, x < 200 gal/yr

both types. x < 140 gal/yr(constructed on or after 12/9/91)

- 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)
- 5. This is a correct facility classification
- $\square N$ □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number ___
- 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.

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

PART III: GENERAL CONTROL REQUIREMENTS

| 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? | ΩY | ПΝ | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΠY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ΠY | ПN | □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 | □и | □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? | ΟY | □И | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | Ωи | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ΩΝ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|--------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | Хоч ом |
| 2. Maintained rolling monthly averages of perc consumption? | XY □N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | ANN NO YO |
| 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 XIN/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON V N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | OY ON XINA |
| 6. Maintained startup/shutdown/malfunction plan? | X1Y ON |
| 7. Maintained deviation reports? | אוע אל אם אם אם |
| Problem corrected? | AY ON ON/A |
| 8. Maintained compliance plan, if applicable? | AVE 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? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A DY ON ON/A Muck cookers couplings, and valves Door gaskets and seating DY DN DN/A Stills MY ON ON/A DY ON ON/A Exhaust dampers Filter gaskets and seating Pumps -DY ON ON/A Diverter valves OY ON Cartridge filter housings **M**Y □N □N/A Solvent tanks and containers DY ON ONA DN DN/A 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 If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

d. Kept in a clean and secure area when not in use?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Name (Please Print)

Our Olcany

Inspector's Signature

(PID/FID only)?

Date of Inspection

DY DN

OY ON

DY DN

OY ON

Approximate Date of Next Inspection

| ADDITIONAL SITE INFORMATION: | |
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| TYPE OF INSPECTION: ANNUAL X | MPLAINT/DISCOVERY RE-INSPECTION |
|--|---|
| TIME IN: 10:10 TIME OUT: 10:50 | AIRS ID#: 0850128 |
| TYPE OF FACILITY: DRYCLEADER | |
| FACILITY NAME: CLASSIC DRY CLAANS | ERS DATE: Den 29, 98 |
| | |
| | 11 |
| | - 100 B |
| RESPONSIBLE OFFICIAL: LOUIS MARITATO | PHONE NUMBER: 561/220-1867 |
| Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administ Based on the results of the compliance requirements evaluated the compliance requirements. | trative Code (F.A.C.). |
| discrepancies were noted: | served coming and improved, the tenering compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| COM BIANCE REQUIREMENTA ROBBEM | TODDOW-OF ACTION (ACQUIRED) |
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| Permit Linally approved | |
| | |
| The Annual Compliance Certification form has been properly certification. | tified and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: 7/9 | 9 |
| —— — (A | Approximate) |
| INSPECTION CONDUCTED BY: LOUIS VALCAR | ENGHI |
| | Please Print) |
| INSPECTOR'S SIGNATURE: Donis la Carey n | PHONE NUMBER: 561/681-6627 |
| | |
| Page | of Revised 10/96 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL | □ , COMPLAINT/DISCOVERY □ |
|--|--|
| RE-INSPECTIO | ON C |
| #BD 0/1/1/ AIRS ID#: 0850128 DATE: July 2 | G TIME, IN: TIME OUT: |
| FACILITY NAME: Classic T | Zy Co Loreners |
| FACILITY LOCATION: 3307 S | Fed. Hwy |
| Stuart | Fl 34997 |
| | |
| PART I: NOTIFICATION | |
| (check appropriate box) | |
| 1. Existing facility notified DARM by 9/1/96 | ۵ |
| 2. New facility notified DARM 30 days prior to sta | urtup |
| 3. Facility failed to notify DARM to use general pe | ermit |
| <u> </u> | |
| 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) | 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) |
| 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="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,> | 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,> |
| This is a correct facility classification | X _Y ON |
| If no, please check the appropriate classification: | (|
| facility qualified for a general pe facility exceeds above limits and | rmit as number above is not eligible for a general permit |
| B. The total quantity of perchloroethylene (perc) perchloroethylene (pe | ourchased 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? 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? \square Y \square N 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: | |
|--|-------------------------------------|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | OY ON |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | מם צם |
| Is the temperature differential equal to or greater than 20° F? | DY DN |
| 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? | □Y □N □N/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: | DY ON |
| Has the responsible official: (check appropriate boxes) | NO AG |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? | DY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? | 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: | |
| 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 | 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? | 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) | 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? | DY ON DY ON DAYA OY ON NA |
| 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 ON DAYA OY ON NOT |
| 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? | DY ON DY ON DY ON DY ON DY ON DY ON |
| Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere 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 pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? | DY ON DY ON 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? | DY ON DY ON DY ON DY ON DY ON DY ON |

| 2. Which method of detection is used by the | ne respons | ible official? | | | |
|---|---|---------------------|---------------------------|---------|--|
| Visual examination (condensed so | Visual examination (condensed solvent on exterior surfaces) | | | | |
| Physical detection (airflow felt thr | Physical detection (airflow felt through gaskets) | | | | |
| Odor (noticeable perc odor) | | ′, | | | |
| Use of direct-reading instrumenta | tion (FID/ | PID/calorimetric | tubes) | □ 'N/A- | |
| If using direct-reading instrume | entation, i | s the equipment: | | ′ | |
| a. Capable of detecting p | perc vapor | concentrations in | a range of 0-500 ppm? | QY ON | |
| b. Calibrated against a s (PID/FID only)? | tandard g | as prior to and aft | er each use | OY ON | |
| c. Inspected for leaks an | d obvious | signs of wear on | a weekly basis? | DA DN | |
| d. Kept in a clean and s | ecure area | when not in use? | | □Y □N | |
| e. Verified for accuracy | by use of | duplicate samples | (calorimetric only)? | מם צם | |
| 3. Has the facility maintained a leak log? | | | | XY DN | |
| 4. Does the responsible official check the following areas for leaks? | | | | / | |
| Hose connections, fittings, couplings, and valves | фх | ПN | Muck cookers | DY ON | |
| Door gaskets and seating | ΦX | □N | Stills | BY ON | |
| Filter gaskets and seating | d√ | □N | Exhaust dampers | NON | |
| Pumps | □XY | □N | Diverter valves | DN M | |
| Solvent tanks and containers | dx | ПИ | Cartridge filter housings | MY ON | |
| Water separators | QX. | ПИ | : | · | |

| LOUIS MARITATO |
|---------------------------------|
| Name of Responsible Official |
| LOUIS VAICARETICATI |
| Inspector's Name (Please Print) |
| Lews Valcary |
| Inspector's Signature |

Date of Inspection

Approximate Date of Next Inspection

BEST AVAILABLE COPY

INSPECTION SUMMARY REPORT

| THIS ECTION SOME | PLAINT/DISCOVERY RE-INSPECTION |
|---|--|
| TIME IN:TIME OUT:TYPE OF FACILITY: Pry Classic, PET FACILITY NAME: Classic, D11 Classic, T211 Class | AIRS ID#: TBODIIII RC Dang DATE: They 29 WY PHONE NUMBER: 561/220 - 1807 |
| Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM | ative Code (F.A.C.). |
| | |
| • | |
| | |
| COMMENTS: | |
| The Annual Compliance Certification form has been properly certification. | fied and submitted to the inspector. YES NO |
| INSPECTION CONDUCTED BY: LOUIS VAL | Sproximate) LCARETIGHT lease/Print) MW PHONE NUMBER: 56/661-6627 |

Page___of___.

Revised 10/96

* PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | <u> </u> | COMPLAINT/DISCO | 2 3 196 obile So |
|--|--|---|--|---------------------|
| AIRS ID#: <u>0850128</u> FACILITY NAME: <u>C</u> L | DATE: April 15 9 | 77 TIME I | »: <u>9:30</u> тімі | 5 2 30 |
| | | | | |
| FACILITY LOCATION: | | | | |
| | STYART, F | -L 30 | <u> 1</u> 997 | |
| RESPONSIBLE OFFICIAL : | LOUIS MARI | TATO | phone: <u>56/</u> /2 | 20-1807 |
| CONTACT NAME: SAM | 15 | | PHONE: | |
| | | · · | | |
| PART I: NOTIFICATION | · · · · · · · · · · · · · · · · · · · | | | |
| (check appropriate box) | | | | |
| 1. New facility notified DARM | 30 days prior to startup | | | |
| 2. Facility failed to notify DAR | M to use general permit | | | |
| | | | | |
| | | | | |
| PART II: CLASSIFICATION | ٧. | | | |
| Facility indicated on notificati (check appropriate box) | | | ☐ No notification for ☐ Drop store/out of b | |
| Facility indicated on notificati | rce 2. I /yr dry tran botl | usfer only, x types, $x < 1$ | ☐ Drop store/out of b rea source x < 140 gal/yr < 200 gal/yr | |
| 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 | rce 2. I /yr dry trar botl (cor rce 4.] ,100 gal/yr dry gal/yr botl | to-dry only, asfer only, x in types, x < instructed on New large a to-dry only, asfer only, 20 in types, 140 | ☐ Drop store/out of b rea source x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91) | usiness/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 | rce | to-dry only, asfer only, x to types, x < nstructed on New large a to-dry only, asfer only, 20 to types, 140 instructed on structed on | Drop store/out of b rea source x < 140 gal/yr < 200 gal/yr .40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ | usiness/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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facilit | rce | to-dry only, x in types, x < in types, x < instructed on New large a to-dry only, asfer only, 20 in types, 140 instructed on IN | Drop store/out of b rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ $= 100 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine The imber above | usiness/petroleum |

į

Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at Y 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? ANNE NO YOU 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? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 MO M verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

| B. | Has the responsible official of an existing large or new large area source also: | | |
|----|---|-----------|-----|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | OY ON | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON ON/ | A |
| | Is the temperature differential equal to or greater than 20° F? | OY ON ON/ | 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? | | |
| | if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? | | ۱ . |
| Ï | is the perc concentration equal to or less than 100 ppm: | | ^ |
| 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? | | Α |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | | Ά |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | עם עם אט | Α |

| AY ON |
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| / |
| AND NO YA |
| OY ON X |
| AND NO YOU |
| DY DN AN/A |
| XY DN |
| AVA NO YO |
| DY DN CON/A |
| 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 | | | | | | |
|---|---|-----------------------------|---------------------------|-------------|--|--|--|
| | inspection? | | | ga □n | | | |
| 2. | Has the facility maintained a leak log? | | | NO AND | | | |
| 3. | Does the responsible official check the fo | llowing areas for leaks? | | 1 | | | |
| | Hose connections, fittings, couplings, and valves | ANO NO YA | Muck cookers | AVO NO Y | | | |
| | Door gaskets and seating | DY ON ON/A | Stills | DAY ON ON/A | | | |
| | Filter gaskets and seating | אוחם חם צם | Exhaust dampers | A/MALIA TO | | | |
| | Pumps | DY ON ON/A | Diverter valves | DY DN DNA | | | |
| | Solvent tanks and containers | A/אם אם צים | Cartridge filter housings | XX DN DN/A | | | |
| | Water separators | YOY ON ON/A | | | | | |
| 4. | Which method of detection is used by the | e responsible official? | , | • | | | |
| Visual examination (condensed solvent on exterior surfaces) | | | | | | | |
| | Physical detection (airflow felt through gaskets) | | | | | | |
| Odor (noticeable perc odor) | | | | | | | |
| | Use of direct-reading instrumentati | <u>_</u> | | | | | |
| | Halogen leak detector | | | | | | |
| | If using direct-reading instru | mentation, is the equipm | ent: | AMIA | | | |
| | a. Capable of detecting pe | erc vapor concentrations in | n a range of 0-500 ppm? | אם אם | | | |
| | b. Calibrated against a state (PID/FID only)? | andard gas prior to and aft | ter each use | OY ON ' | | | |
| | c. Inspected for leaks and | obvious signs of wear on | a weekly basis? | OY ON | | | |
| | d. Kept in a clean and sec | cure area when not in use? | , | OY ON | | | |
| | e. Verified for accuracy b | y use of duplicate samples | (calorimetric only)? | OY ON | | | |
| | | | | | | | |

Inspector's Name (Please Print)

June Meanon

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

| | ADDITIONAL SITE INFO | RMATION: | | |
|-----|----------------------|----------|---|-----|
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

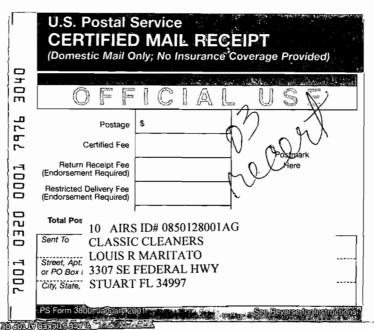


| FACILITY NAME:CLASS | IC DRY CLEANER | RS DATE: 4/15/09 |
|---|---|---|
| facility location: 3307 | SE. FEDERAL HU | by 11' |
| STUART, | · · · · · · · · · · · · · · · · · · · | <i>♣</i> . |
| | | |
| Annual Reporting Period: 5JAM | 19 49 | 30 VEC 1998 |
| Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A If NO, complete the following: | - | * |
| #1. Term or condition of the general permit the | hat has not been in continuous compliance | during the reporting period stated above: |
| | | 7 0 |
| Exact period of non-compliance: from | to | |
| Action(s) taken to achieve compliance: | | R 2 3 |
| Method used to demonstrate compliance: | | Monito Sources |
| #2. Term or condition of the general permit t | hat has not been in continuous compliance | |
| 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 a upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Louis Name | and complete. Further, my annual consum, does not exceed 2,100 gallons per year for | ption of perchloroethylene solvent, based |

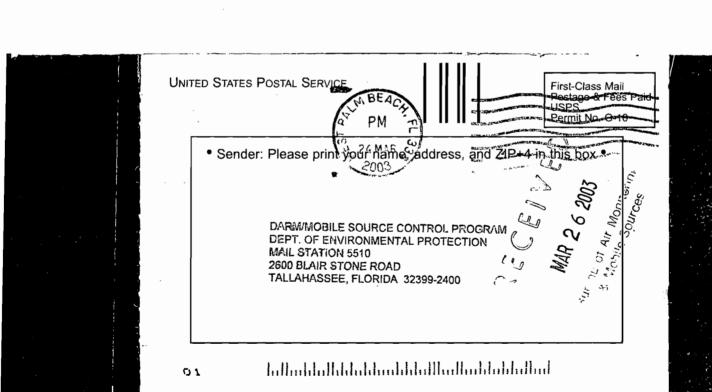
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

Page _____ of.____

| TYPE OF INSPECTION: | ANNUAL | СОМРІ | LAINT/DI | SCOVERY | | RE-INSPECT | пои 🗌 |
|--|--------------------------|---------------|-------------|----------------|-----------------|---------------|-------------------------|
| TIME IN: 4.30 TYPE OF FACILITY: DR | TIME OUT: | 10.5 R | 25 | AIRS ID | 0#: 082 | 50/28 | , |
| FACILITY NAME: C// | ASSIC DI | EDEO | OLEH MI- | HNER | D | ATE: | 5/98 |
| FACILITY LOCATION: 3 | | 3459/ |) | | | | |
| RESPONSIBLE OFFICIAL: | OUIS MARIT | TATO | | _PHONE NU | MBER: <u>5</u> | 61/220- | -1807 |
| Based on the results of th compliance with DEP Ru | le 62-213.300, Florida A | Administrati | ve Code (I | F.A.C.). | | | |
| Based on the results of the discrepancies were noted | | nts evaluate | d during t | his inspection | , the followi | ng compliance | |
| COMPLIANCE REQU | IREMENT/PROBI | LEM | FO | LLOW-UP | ACTION | REQUIRE | <u>D</u> |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | _ | |
| | | | | - | | | |
| | | | | | | | |
| | , | | | | | | |
| COMMENTS: | | | | | - | | |
| The Annual Compliance Certification | ation form has been prop | erly certific | ed and sub | mitted to the | inspector. | YES | ио[] |
| DATE OF NEXT INSPECTIO | N: | | proximate | | | | · |
| INSPECTION CONDUCTED | BY: hours | <u> </u> | PENO | | - | | |
| INSPECTOR'S SIGNATURE: | Johns Ill | carery | of . | _PHONE N | UMBER: <u>Ć</u> | 561 [681- | -66 27 Revised 10/96 |



| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | | |
|--|--|--|--|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee | | |
| 1. Article Addressed to: 0 AIRS ID# 0850128001AG CLASSIC CLEANERS OUIS R MARITATO | D. Is g elivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No | | |
| 307 SE FEDERAL HWY TUART FL 34997 | 3. Service Type B Certified Mail | | |
| | 4. Restricted Delivery? (Extra Fee) | | |
| 2. Article Number (Copy from service label) 7001 0320 0001 7976 30 | 40 | | |
| PS Form 3811, July 1999 Domestic Retu | urn Receipt 102595-00-M-0952 | | |





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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



424337 MAR 32003

Do NOT Remove Label

CLASSIC CLEANERS LOUIS R MARITATO 3307 SE FEDERAL HWY

STUART FL 34997 AIRS 1D#0850128

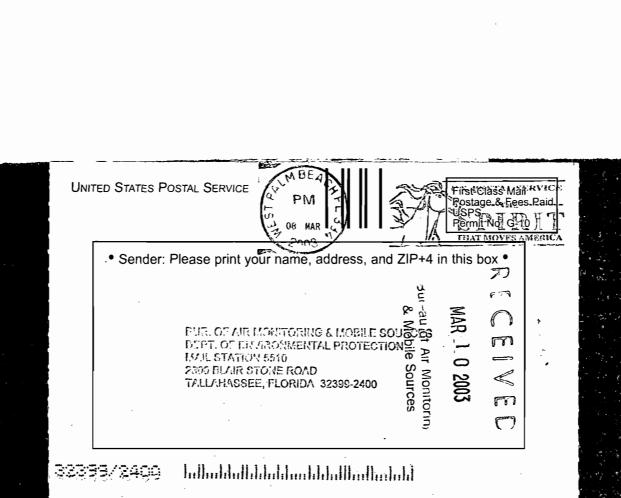
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

| | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provide | d) |
|------|--|-------------|
| 6950 | OFFICIALL USE | |
| 7975 | Postage \$ Certified Fee | 700 |
| 1000 | Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID#0850128 | |
| 0350 | Total Po: Sent To | |
| 7001 | or PO Box 1 STUART FL City, State, 34997 | , |
| | PS Form 3800. January 2001 See Reverse for In | structions, |

| TOP TO SERVE LOS THE GIGHT! | OEJUHAL BELIEFANI |
|--|---|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Pelivery Signature Agent Addressee |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| AIRS ID#0850128 CLASSIC CLEANERS LOUIS R MARITATO | |
| 3307.SE FEDERAL HWY STUART FL 34997 | 3 Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7001 0320 0001 | 7975 6950 |
| PS Form 3811, July 1999 Domestic Re | eturn Receipt 102595-99-M-1789 |





(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING $412196\ \ DEC242\%1$

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 # 0850128 CLASSIC CLEANERS LOUIS R MARITATO 3307 SE FEDERAL HWY STUART FL 34997

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 Stuart of 34997



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

32315+3070 33

| | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | |
|------|---|--|-----------|--|--|--|
| 먑 | A 3 8 W . 37 K. | real of the sale o | at the to | | | |
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| 80 | Postage | s \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | |
| 370 | Certified Fee | Postmark | ./ | | | |
| m | Return Receipt Fee (Endorsement Required) | Here | | | | |
| 007 | Restricted Delivery Fee (Endorsement Required) | v v | | | | |
| 2 | Total ~ ~ - | A TRO TRO | | | | |
| 1670 | Sent 7 CLASSIC CLI | AIRS ID#0850128 EANERS | | | | |
| 1 | LOUIS R MAI | | | | | |
| | Street 3307 SE FEDI | ERAL HWY | | | | |
| 7000 | City, § 34997 | | | | | |
| | PS FÖ | | namedala | | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature Addressee B. Received by (Printed Name) ISA MAY TEXTO C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: |
| AIRS 1D# 68 50128 CLASSIC CLEANERS LOUIS R MARTIATO | |
| 3307 SE FEDERAL HWY STUART FL 34997 | 3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Transfer from service label) 7000 14 | 070 0013 3108 6526 |
| PS Form 3811 August 2001 Demostic Pot | urn Possint |

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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 •

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

<u>հունահուների անական անձին հունանի</u>



CLASSIC CLEANERS

3307 FEOFRAL IYMY

STURET 18L. 34997

GENERAL PERMITS SECTION

BUREAU of AIR MONITORING & MODILE SALLES MS 5510

Dept of ENVIRORMENTAL PROTECTION

LOO BLAIR STONE Rd

TALLAHASSEE, FL 32399-2400

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THIS PORTION MUST BE ATTACHED . .

R PROPER HANDLING 407067 MAR 9 2001

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

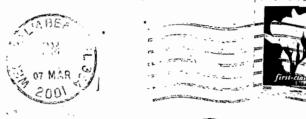
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0850128

CLASSIC CLEANERS LOUIS R MARITATO 3307 SE FEDERAL HWY STUART FL 34997

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



Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassel, of 30315-

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| | 475 | Postage \$. Certified Fee | Postmark |
| | 0026 | Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | Here |
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| | 7000 | Street, Apt. 3307 SE FEDERAL HWY STUART FL 34997 City, State, | |
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| item 4 if Restricted Print your name are so that we can ret | d Dend a urn o the | divery is desired. address on the reverse the card to you. back of the mailpiece, | Agent Agent Addressed |
| 1. Article Addressed to: | - | · II | very address different from item 1? ☐ Yes , enter delivery address below: ☐ No |
| CLASSIC CLEANERS LOUIS R MARITATO 3307 SE FEDERAL H |) | ., | · · · · · · · · · · · · · · · · · · · |
| STUART FL 34997 | | Reg | e Type rtified Mail |
| 000 06000 | de | 2641259154 4. Restric | cted Delivery? (Extra Fee) |
| 2. Article Number (Cop) | y froi | m service label) | |
| PS Form 3811, July | 199 | 9 Domestic Return Receipt | 102595-99-M-1789 |

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| • | E 33 | ASSIC CLEANERS DUIS R MARITATO 07 SE FEDERAL HW | AIRS 1D # 0850128 | iler) |

| HE BICHT OF RETURN ADDRESS. | SECTION ON DELIVERY | | | | |
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| Complete litems 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) C. Signature C. Signature D. Is delivery address different from item 1? | | | | |
| Article Addressed to: | If YES, enter delivery address below: | | | | |
| AIRS ID # 0850128 CLASSIC CLEANERS LOUIS R MARITATO | | | | | |
| 3307 SE FEDERAL HWY STUART FL 34997 | 3. Service Type | | | | |
| · | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | | |
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N MAR - 8 CUUU

Bureau of Air Monitoring
& Mobile Sources M

LML ENTERPRISES OF FLORIDA INC.

DBA CLASSIC CLEANERS
3307 SE. FEDERAL HWY. PH. 561-220-1807
STUART, FL 34997

63-8413/2670

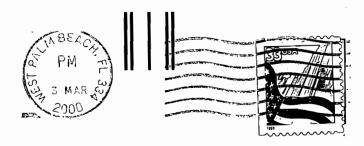
PAY TO THE ORDER OF

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DOLLARS Decare features

Washington Mutual
Washington Mutual Bank, FA
Stuart/Monterry Financial Center 1695
2280 S. Federal Highway
Stuart, Fl. 34994
1.600-788-7000
24 hour Customer Service

FOR AIRS # 0850/28



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

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US Postal Service-Receipt for Certified Mail

AIRS ID # 0850128

CLASSIC CLEANERS LOUIS R MARITATO 3307 SE FEDERAL HWY STUART FL 34997

| | Postage | \$ |
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| | Certified Fee | |
| | Special Delivery Fee | |
| 1995 | Restricted Delivery Fee | - |
| | Return Receipt Showing to Whom & Date Delivered | _ |
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| se 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 | I also wish to receive the following services (for an extra fee): | | اُ | |
| reverse | aAttach this form to the front of the mailpiece, or on the back if space does not permit. | | 1. Addressee's Address | | Service |
| the r | ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date | | Restricted Delivery Consult postmaster for fee. | | |
| 5 | delivered. 3. Article Addressed to: | 4a. Article N | lumber | - 2 : | eceipt |
| completed | ************************************** | 200 | 14 212 | 186 | œ |
| ם | AIRS ID # 0850128 CLASSIC CLEANERS | 4b. Service | | Certified | Return |
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| ₽ P | _ | · · | 2-26-6 | 2 | you f |
| URN | 5. Received By: (Print Name) | 8. Addresse and fee is | e's Address (Only | if requested | 놀 |
| HET | 6. Signature: (Addressee or Agent) | and lee is | paiu) | | Thank |
| ± ± | o. Signature. (Aboressee of Agent) | | | | 1 |
| s y | PS Form 3811 December 1994 102 | 595-98-B-0229 | Domestic Retu | ırn Receint | - } |

| US Postal S Receip CLASSIC LOUIS R M | AIRS ID # 0850128 CLEANERS MARITATO EDERAL HWY |
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| Whom & Dat | elivery Fee elivery Fee ipt Showing to e Delivered Showing to Whom, see's Address age & Fees \$ |
| ot adole SENDER: COMPLETE THIS SECTIONS. 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 mailpie or on the front if space permits. | C. Signature Ce, Covis R. MARITATO Agent Addressee Is delivery address different from item 1? Yes |
| AIRS ID # U85UI CLASSIC CLEANERS LOUIS R MARITATO 3307 SE FEDERAL HWY STUART FL 34997 | 3. Service Type Certified Mail |
| 2. 333 667 08 2. Article Number (Copy from service label) PS Form 3811, July 1999 Do | 4. Restricted Delivery? (Extra Fee) Yes mestic Return Receipt 102595-99-M-1789 |

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

AIRS ID # 0850128

CLASSIC CLEANERS
LOUIS R MARITATO
3307 SE FEDERAL HWY
STUART FL 34997

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

| on the reverse side? | Ot adolanua to dot uano ault to plod SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your items and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. | | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | ceipt Service. |
|------------------------|---|-----------------------------------|--|-------------------------|
| N ADDRESS completed of | LOUIS R MARITATO 3307 SE FEDERAL HWY STUART FL 34997 | 4b. Service ☐ Registere ☐ Express | Type ed Ø Certified Mail Insured ceipt for Merchandise □ COD | you for using Return Re |
| Is your RETUF | 5. Received By: (Print Name) 6. Signature (Addressee or Agent). Y PS Form 3811, December 1994 | 8. Addresse and fee is | e's Address (Only if requested paid) Domestic Return Receipt | Thank |

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| Z 333 660 | 1 452 N |
| Receipt for Certified No Insurance Coverage Provid | d Mail |
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| 07 SE FEDERAL HWY | |
| UART FL 34997 | |
| | • |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees \$ | |
| Postmark or Date | |
| | Receipt for Certified No Insurance Coverage Provided to not use for International Management of the Market Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom & Addressee's Address TOTAL Postage & Fees Receipt for Certified Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Receipt for Certified Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Receipt for Certified Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees |

| | ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print you, 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. | 1. □ Addressee's Address 2. □ Restricted Delivery | | |
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| ADDRESS completed | | 4a. Article N 2 333 4b. Service Registere Express Return Ret 7. Date of D | Type ed | you for using Return Receipt |
| Is your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994 | 8. Addressee and fee is | e's Address (Only if requested paid) Domestic Return Receipt | Thank |



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0364480

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

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0850128

CLASSIC CLEANERS LOUIS R MARITATO 3307 SE FEDERAL HWY STUART FL 34997

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273