Perchloroethylene Dry Cleaning Facility Notification

JUL _ 7 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

ł.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
N	Nassan Dry Cleaning Inc. D.B.A. One Hour Martinizing 2. Site Name (For example, plant name or number):					
2.						
	ONE Hour Martin 121NG Hazardous Waste Generator Identification Number:					
3.	Hazardous Waste Generator Identification Number:					
4.	Facility Location: 2156 Sadler Rd. Street Address:					
	City: Fernandina 13ch County: Nassan Zip Code: 32034					
5.	Facility Identification Number (DEP Use):					
	19 p. 1 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:					
)	Responsible Official Mailing Address: Organization/Firm: Nassan Dry Clearing Inc Street Address: 1829 Printes Pt Rds					
7.	Responsible Official Mailing Address:					
	Street Address: 1829 Pilates Pt Rd					
	City: Yulte County: Nassan Zip Code: 32097					
8.	Responsible Official Telephone Number:					
	Telephone: (904) 277 3884 Fax: ()					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10	Facility Constant Addition					
10.	Facility Contact Address:					
	Street Address:					
	City: Zip Code:					
1.1	Facility Contact Telephone Number:					
	Telephone: () - Fax: () -					
•						

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

0890045

•	and date control clevice installed
1.6)	Should not be marked Mark out and initial
	and unual
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•	
	<u> </u>
•	
<u> </u>	

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	<u>.</u>	12-NOV-93	#2	08-DEC-91	·	#3	02-MAR-92	1
Dry-to-Dry Unit	#	1-2 Ju	(16 9)						
(1) w/ ref. condenser	X								
(2) w/ carbon adsorber	, ,					-			
(3) w/ no controls									
Washer Unit		4 .				_ 1		<u> </u>	-t
(4) w/ ref. condenser									
(5) w/ carbon adsorber									-
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser								,	T
(8) w/ carbon adsorber									+
(9) w/ no controls				i					
Reclaimer Unit									
(10) w/ ref. condenser								I	1
(I1) w/carbon adsorber						-		-	
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are re	equired to be ity of perchlo	oroethylene (perc)	purchased in			•	[]
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sn	nall area sour	rce [X	3) of	Part II?	
Existing large are	ea sou	irce []	Ne	ew lai	rge area sour	ce	J		

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 What control technology is required on machines pursu (Indicate with an "X".) 	uant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Ref	rigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	-
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	l gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
 .	
Equipment Monitoring and F	ecordkeeping Information
Check all logs which are required to be kept on-site in acc	cordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	<u> </u>
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	ng (<u>×</u>) (<u>×</u>) (<u>×</u>)
(e) Instrument calibration	<u> </u>
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) R E C E I V E D
	JUL 7 1997
. <u>[X]</u>	No air permits currently exist for the operation of the facility indicated in this notification form. Bureau of Air Monitoring & Mobile Sources
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Hanu Signature	Date 7/3/97

AIRS ID#: 0890045

RECEIVED

FEB 2 6 1998 Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMINDITION FORM Sources

FACILITY NAME: ONE HOUR	MARTINIZ	ING	α	ATE: <u>Z-24-9</u> 8
FACILITY LOCATION: 2156	Sadler Ro	ad		
	iding Bea	•	32034	
			:	
Annual Reporting Period:	eb	19 <u>97</u> TO _	Feb	19 <u>98</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	•	•	· A	rith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in con	ntinuous compliand	æ during the reportin	g period stated above:
Exact period of non-compliance: from		1	lo	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	· -			····
#2. Term or condition of the general permit	that has not been in cor	ntinuous compliand	ce during the reporting	g period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	·			
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further,	my annual consum	ption of perchloroeth	ylene solvent, based
RESPONSIBLE OFFICIAL: Harring +	on Marison ne (Please Print)	22 W M	Signature	Z-24-9 § Date

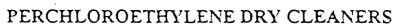
^{*}This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10.30TIME OUT: 11.30	AIRS ID#: 0890045
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: ONE HOUR MARTINIZING	DATE: 2-24-98
FACILITY LOCATION: 2156 Sadler Rd.	
Fernandina Beach 3	2034
RESPONSIBLE OFFICIAL: HARRINGTON MORRIS	PHONE NUMBER: 904-261-2077
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/99	auguimata)
INSPECTION CONDUCTED BY: Christopher	proximate) L. Scott Vaso Print) PHONE NUMBER: 448-4310 x 253

Page___of_

Revised 10/96



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCO	OVERY D
FACILITY NAME: ONE HOUR M	•	E OUT: ///30
Fernand.	a Beach FL. 320	34
PART I: NOTIFICATION		
(check appropriate box)		·
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to s	startup	Ø
3. Facility failed to notify DARM to use general	permit	۵
PART II: CLASSIFICATION		· ·
Facility indicated on notification form that it is (check appropriate box) A. 1. Existing small area source Ury-to-dry only, x<140 gal/yr	s: 2. New small area source dry-to-dry only, x<140 gal/yr	Ø
transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	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=""><td></td></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=""><td></td></x<2,>	
This is a correct facility classification	yay on	
If no, please check the appropriate classification:		
facility qualified for a general portion of facility exceeds above limits and	d is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) facility was 100 gallons.	purchased within the preceding 12 months	by this dry cleaning

1 of 4 Revised 10/28/96

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ØY □N 1. Storing perchlorocthylene 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 scaled 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? □N □N/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) DN CAR 1. Equipped all machines with the appropriate vent controls? AND NO YOU 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 אמם מם צעל condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated **D**Y DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? \mathbf{A} Y \square N 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO AM 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?	ΠY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	
	Is the temperature differential equal to or greater, than 20° F?	DУ	ПΝ	
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?	ΠY	מם	∵ □N/A
	Is the perc concentration equal to or less than 100 ppm?	DY	ПИ	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ЦŅ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A
	·			

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	A DN
2. Maintained rolling monthly averages of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	אם צישע
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ZO Y □N
4. Maintained calibration data? (for direct reading instruments only)	ANN NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	Øy □n
6. Maintained startup/shutdown/malfunction plan?	DY DN.
7. Maintained deviation reports?	DY DN
Problem corrected?	BY DH
8. Maintained compliance plan, if applicable?	AND NO YE

1. Does the responsible official conduct a weekly leak detection and repair inspection?

PART VI: LEAK DETECTION AND REPAIRS

DY DN

2.	Which method of detection is used by	the respo	nsible officia	1?				
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt the	•	ත්					
	Odor (noticeable perc odor)	Ø						
	Use of direct-reading instrument							
	If using direct-reading instruct	entation	, is the equip	ment:				
	a. Capable of detecting	perc vap	or concentrat	ions in a range of 0-500 ppm?	DΥ	N		
	b. Calibrated against a (PID/FID only)?	standard	gas prior to a	and after each use	OY ON			
	c. Inspected for leaks a	nd obviou	is signs of we	ear on a weekly basis?	DY DN			
	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		
3.	Has the facility maintained a leak log?	•			FY	מם		
4.	Does the responsible official check the	followin	g areas for le	aks?	•			
	Hose connections, fittings, couplings, and valves	ØΥ	□K.	Muck cookers	ďΥ	מם		
	Door gaskets and scating	A Y	□N	Stills	P Y	ПN		
	Filter gaskets and seating	20 Y	□и	Exhaust dampers	Y	מם		
	Pumps	$\Delta_{J_{\rm L}}$	מ□	Diverter valves	Ø ^Y	ПΝ		
	Solvent tanks and containers	40 Y	NO	Cartridge filter housing	s 🚧 Y	ИП		
	Water separators	20 Y	ПИ					

tarington Murrison	
Name of Responsible Official	
Christopher L. Scott	2-24-98
Inspector's Name (Please Print)	Date of Inspection
UAL. CO	2-99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORM	ATION:		
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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DI	SCOVERY	
	RE-INSPECTION	<u> </u>	Bure	7 0	
AIRS ID#: 0890045	DATE: 2/12/	199 TIME IN	N: 200 T	IMEOUT: _	1:15
FACILITY NAME:	E HOUR V	MARTINI	286 5		
FACILITY LOCATION: 2	156 S ADLER ERNANDINA	RD	nitohir 'ces		
RESPONSIBLE OFFICIAL :	HARRINGTOI	N MORREON	ИРНОNE: <u>(90</u>	04) 261	- 2017
CONTACT NAME:			PHONE:		
DANGE MONTH OF THE PARTY OF THE					
PART I: NOTIFICATION					
(check appropriate box)	20.1				_
1. New facility notified DARM	•				
2. Facility failed to notify DAR	M to use general permi	t 		<u></u>	
PART II: CLASSIFICATION	<u> </u>				
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification☐ Drop store/out		roleum
A.			La Diop store/out	or ousmess/per	Toleum
1. Existing small area sour		New small ar		×	
dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr		ry-to-dry only, : ansfer only, x <			
both types, $x < 140$ gal/yr		oth types, $x < 1$			
(constructed before 12/9/91)	= :				
(60.134.20.04.00.01.27.77.77)	(0		or after 12/9/91)		
3. Existing large area sour 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 $12/9/91$)	ce	onstructed on one of the constructed on one of the constructed on one of the construction of the construct	or after 12/9/91)		
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ §	ce	onstructed on one of the constructed on one of the constructed on one of the construction of the construct	or after 12/9/91) The casource $140 \le x \le 2,100 \text{ gal/y}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	Vyr r	
3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 to th types, 140 ≤ x ≤ 1,800 to (constructed before 12/9/91) 5. This is a correct facility classification of the facility of the fa	ce	New large arry-to-dry only, cansfer only, 200 oth types, 140 sconstructed on only. The structed on only only on the structed on only on the structed on the s	or after $12/9/91$) The contract of the cont	l/yr rr ine	

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?

XY	DИ	□N/A
X	DИ	□N/A
YZY	מם	

AND NO NA

אואם אם עאם

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?

DY ON

Y DN

AND NO ANA

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DAY DK

DAY ON ON/A

AND NO

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?	ΠY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	□N/A
	ls the temperature differential equal to or greater than 20° F?	\Box Y	□и	□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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΠY	□N	□n/a
_				
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	מם	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY X			
2. Maintained rolling monthly averages of perc consumption?	DY BO			
3. Maintained leak detection inspection and repair reports for the following:	, ,			
a. documentation of leaks repaired w/in 24 hrs? or;	DY X DN/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?	DY SON DN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DOWNA			
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DN XXVA			
6. Maintained startup/shutdown/malfunction plan?	01 30 C.S.			
7. Maintained deviation reports?	DY DIN DN/A			
Problem corrected?	OY DIN ON/A			
8. Maintained compliance plan, if applicable?	AND MED YO			

PART V	I: LEAK DETECTION AND R	EPAIRS)			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspe	ection?				DY XV	
2. Has t	he facility maintained a leak log?				DY SW	
3. Docs	the responsible official check the f	ollowing	areas for leaks?	,	, , ,	
	Hose connections, fittings, couplings, and valves	□Y ù	N □N/A	Muck cookers	AINO NO YO	
	Door gaskets and scating	DY 6	N □N/A	Stills	DY DOWN DNIA	
	Filter gaskets and seating	OY D	N □N/A	Exhaust dampers	באוחם אלם אם	
	Pumps	DY P	N □N/A	Diverter valves	אואם אוֹשְׁ צם	
	Solvent tanks and containers	DA 9	N □N/A	Cartridge filter housings	באמם אלם צם	
	Water separators	DY ф	N □N/A		/	
4. Whic	th method of detection is used by th	e respon	sible official?			
	Visual examination (condensed so	lvent on	exterior surfaces)	,		
	Physical detection (airflow felt thr	ough gas	kets)		.Z	
	Odor (noticeable perc odor)			_		
	Use of direct-reading instrumentat	ion (FID	/PID/calorimetric	tubes)	C	
	Halogen leak detector					
	If using direct-reading instru	mentati	on, is the equipm	ent:	W/A	
	a. Capable of detecting p	erc vapor	r concentrations in	a range of 0-500 ppm?	אם צם	
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to and afte	er each use	OY ON	
	c. Inspected for leaks and	i obvious	signs of wear on a	a weekly basis?	DY DN	
	d. Kept in a clean and se		_	•	DY DN	
	e. Verified for accuracy t				מם עם	
	,	•		(······		
<u></u>						
				2/12	100	
PRE	Inspector's Name (Please Prin					
•	Inspector's Name (Please Prin	t)		Date of Inspe	ction	
	MMM	3		2/2	900	
1	Inspector's Signature			Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION	ADI	DITION	AL SITE	INFORM	ATION:
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BOWE PASSAT 1350

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢	COMPLAINT/	DISCOVERY [RE-IN	SPECTION
TIME IN: 10:30	TIME OUT:	1:15	AIRS ID#:	089004	15
TYPE OF FACILITY: DRY					
FACILITY NAME: ONE		PIVIZING		DATE:	2/12/19
FACILITY LOCATION: 2	156 SADLER	Rd			
	ERNAMOINA B	EACH P	-L 32039	7	
RESPONSIBLE OFFICIAL:	ALRINGTON MOR	USON	PHONE NUM	BER: (904)	261-2077
—	the compliance requirement tule 62-213.300, Florida Ad		- -	he facility is found	I to be in
Based on the results of t discrepancies were note	the compliance requirement d:	s evaluated durin	g this inspection, t	he following com	pliance
COMPLIANCE REQU	JIREMENT/PROBLE	M FO	OLLOW-UP A	CTION REQ	UIRED
Stored Perc NOT	IN SECONDARY	PLA	CE SHORE	ED PERC	IN Secondo
CONTAINMENT			ntainmen		
ALL Record keep.	ng requirement	5 Keep	Per Purch refrigerate	hase log,	leak log,
NOT BEING P	ERFORMED	and	reference	al conde.	~~
COMMENTS:					
		٠.,			
The Annual Compliance Certific	cation form has been proper	y certified and su	ibmitted to the ins	pector. YES	у по
DATE OF NEXT INSPECTIO	N: FE	3 200	00		
		(Approximate	~		
INSPECTION CONDUCTED	BY: FROD ALV	AREZ		TOPHER S	COST
INSPECTOR'S SIGNATURE:	<u> [[] [] [] [] [] [] [] [] [] [] [] [] []</u>	(Please Print) PHONE NUM	<i>ЦЦ</i> 8 век:	4310 XT 240
	Pá	ge(of/			Revised 10/96

AIRS ID#: 08 90045

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: QNE - ITOUR MARTINIZING DATE: 2/12/49
FACILITY LOCATION: 2156 SAPLER RD
FERNANDINA BEACH FL 32034
Annual Reporting Period: FG3 1998 TO 1758 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Perc Not in Secondary Containment
Exact period of non-compliance: from Feb 98 to Feb 99
Action(s) taken to achieve compliance: Keep price in Secondary Containment
Method used to demonstrate compliance: Annual Inspect / Follow up Insp
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Record Keeping requirements not being Performed
Exact period of non-compliance: from Feb 98 to Feb 99
Action(s) taken to achieve compliance: Keep all required Logs (Perc, Leak, + Temp)
Method used to demonstrate compliance: Annual Insp / Follow up Insp
As the responsible official, 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, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: HARMAGON MORPLEON IN MORPLEON 19 Willowing 2/12/49
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVI	ERY D
AIRS ID#: <u>0890045</u> FACILITY NAME: <u>6ne</u>			N: 10:00 TIME C	OUT: 10:45
<u> </u>		~	<u></u>	
FACILITY LOCATION:	2156 Sadler R	<u></u>	·	
	Fernandina Beach	FL 32034	<u> </u>	,
RESPONSIBLE OFFICIAL	: Harrington Mor	<u> </u>	PHONE: 904-261 - 3	2077
CONTACT NAME:			_PHONE:	
PART I: NOTIFICATION				<u> </u>
(check appropriate box)			·	
1. New facility notified DARA	A 30 days prior to start			
		•		
2. Facility failed to notify DA	Rivi to use general perm	U(
DADER CLASSICATIO				
PART II: CLASSIFICATIO				<u></u>
Facility indicated on notifica (check appropriate box)	tion form that it is:		□ No notification form□ Drop store/out of busi	ness/petroleum
A.	,			•
1. Existing small area sou dry-to-dry only, x < 140 ga		2. New small a	arca source 💝 x < 140 gal/yr	•
transfer only, $x < 200$ gal/y	•	transfer only, x		70
both types, x < 140 gal/yr		ooth types, x <	140 gal/yr	
(constructed before 12/9/91	1) ((constructed on	or after 12/9/91) . 🕫 🛱	E 0
3. Existing large area sou	irce 🗅 4	4. New large a	rea source	30 m
dry-to-dry only, $140 \le x \le 1$	2,100 gal/yr (dry-to-dry only,	, 140 ≤ x ≤ 2,100 ga $Vy\overline{\Phi} \stackrel{\text{R}}{=}$	· ~ ==
	200 - 16	remeter enter 2	00 < v < 1 800 gal/yr 👸 ⋜	
transfer only, $200 \le x \le 1.8$	soo gai/yr t	transfer only, 2		
both types, $140 \le x \le 1,800$) gal/yr t	both types, 140	≤ x ≤ 1,800 gal/yr Con	1 V E
) gal/yr t	both types, 140 (constructed on	\leq x \leq 1,800 gal/yr \leq x \leq 1,800 gal/yr or after 12/9/91)	6 2000
both types, $140 \le x \le 1,800$	classification	both types, 140 (constructed on	Area source N_{obj} Area	VE D
both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check th ☐ faci	classification c appropriate classificat lity qualified for a gene	uion: eral permit as n	umber above	
both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check th ☐ faci	classification c appropriate classificat lity qualified for a gene	uion: eral permit as n	Can not determine	VED

	:
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?	AINE NO YO.
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	אם א
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY DN DN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN 574/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 ref. (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref. (complete A and B below).	rigerated 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?	MO 165
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אוים אם צי בק
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A'אם אם א בן.

ADY DN

DY DN

DY DN 90X/A

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

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

condenser on a weekly/bi-weekly basis?

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	TEPY □N			
2. Maintained rolling monthly averages of perc consumption?	Y □N			
3. Maintained leak detection inspection and repair reports for the following:	·			
a. documentation of leaks repaired w/in 24 hrs? or;	איא 🗗 או אים אם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days - and parts installed w/in 5 days of receipt?	אין אל אם עם			
4. Maintained calibration data? (for applicable direct reading instruments)	אא 🗗 אם אם			
5. Maintained exhaust duct menitoring data on perc concentrations?	DY DN DONA			
6. Maintained startup/shutdown/malfunction plan?	ADY □N			
7. Maintained deviation reports?	אא אם אם אא			
Problem corrected?	בא ש או עם אים או €			
8. Maintained compliance plan, if applicable?	OY ON BONA			

inspection?			BAY	
2. Has the facility maintained a leak lo	og?	•	ZEY.	
3. Does the responsible official check	the following areas for leaks?	?	•	
Hose connections, fittings, couplings, and valves	אורם מם עב <i>פ</i>	Muck cookers	1 9¥ C	אכ
Door gaskets and scating	SEY ON ONA	Stills	SELY C	אנ
Filter gaskets and seating	A/NO NO YES	Exhaust dampers	ELY C	אנ
Pumps	A/NO NO YES	Diverter valves	EX C	אכ
Solvent tanks and containers	SEY ON ON/A	Cartridge filter housings	ZDY C	JΝ
Water separators	ON ON/A			
4. Which method of detection is used	by the responsible official?			
Visual examination (condense	ed solvent on exterior surface	s)	Q.	
Physical detection (airflow fel	t through gaskets)		Q	
Odor (noticeable perc odor)	•		1	
Use of direct-reading instrum	entation (FID/PID/calorimetr	ric tubes)		
Halogen leak detector	•			
If using direct-reading in	strumentation, is the equip	oment:	□N/A	
a. Capable of detecti	ng perc vapor concentrations	s in a range of 0-500 ppm?	DY C	אכ
b. Calibrated agains (PID/FID only)?	a standard gas prior to and	after each use	OY 0	אב
c. Inspected for leak	s and obvious signs of wear o	on a weekly basis?	OY C	NC
d. Kept in a clean ar	nd secure area when not in us	se?	DY C	NE
c. Verified for accur	acy by use of duplicate samp	les (calorimetric only)?	OY (NC
			•	
Christopher L. Scot	-	7-29-00	·	
Inspector's Name (Please	Print)	Date of Insp	ection	
· MA O OM		2/01		
Inspector's Signature	· · · · · · · · · · · · · · · · · · ·	Approximate Date of	Next In	spec

ADDITIONAL SITE INFORM	ATION:		
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One how Martin	17 Lna		DATE: 2-29-00
FACILITY LOCATION: 2156 Sad ler			· · · · · · · · · · · · · · · · · · ·
Fernandina Bear		l	
	,		
Annual Reporting Period: 6. Sept	19 <u>99</u> TO	Feb_	2000
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	-		
If NO, complete the following:			
#1. Term or condition of the general permit that has not b	een in continuous complia	nce during the repo	orting period stated above:
Exact period of non-compliance: from		το	
Action(s) taken to achieve compliance:	·		
Method used to demonstrate compliance:	<u> </u>		· .
#2. Term or condition of the general permit that has not b	een in continuous complia	ince during the repo	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
	-		
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete. upon rolling averages of purchase receipts, does not excee year for transfer or combination facilities.	Further, my annual const d 2,100 gallons per year j	umption of perchlor for dry-to dry facili	oethylene solvent, based
RESPONSIBLE OFFICIAL: Harring to Morciso Name (Please Prin	~ <i>DW</i> W	lovusa Signature	7-79-00
Name (Please Prin	nt)	Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \bigvee	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10	0;45 AIRS ID#: 0890045
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: One hour Martinizing	DATE: Z-29-00
FACILITY LOCATION: 2156 Sadke Rol	_
Fernandina Beach, F	
RESPONSIBLE OFFICIAL: Harrington Morrison	PHONE NUMBER: 904-261-2077
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida Ad	nts evaluated during this inspection, the facility is found to be in administrative Code (F.A.C.).
Based on the results of the compliance requirement discrepancies were noted:	nts evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
	•
·	
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	1
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been proper	erly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/01	(Approximate)
INSPECTION CONDUCTED BY: Christopher	
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904-448-4310 X 240

Page___of__

Revised 10/96

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
5.7							
41.5	OFFICIAL USE						
25	Postage \$						
797	Certified Fee						
	Return Receipt Fee (Endorsement Required)						
1000	Restricted Delivery Fee (Endorsement Required)						
딦	Total Postag ² 10 AIRS ID # 0890045						
03	Sent To HARRINGTON W MORRISON						
	Street Apt No. ONE HOUR MARTINIZING						
7001	or PO Box No. 1829 PIRATES POINT ROAD City, State, ZIP4 YULEE FL 32097						
1	PS Form 3800, January 2001 See Reverse for Instructions						

.

ENDER: 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. Article Addressed to: 10 AIRS ID # 0890045 HARRINGTON W MORRISON ONE HOUR MARTINIZING 1829 PIRATES POINT ROAD YULEE FL 32097	A. Received by (Please Print Clearly) B. Date of Delivery 4/16/02 C. Signature Agent Addressee D. Is delivery address different from item 1? Yes' If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
7001 0320 0001 2925 9159	

•

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405419 FEB15 2001 📜

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

Indirect of Air Monitor

6 8]

501

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0890045

ONE HOUR MARTINIZING HARRINGTON W MORRISON 1829 PIRATES POINT ROAD YULEE FL 32097

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

W. S. S. D. D.

Main Squeeze Cafe' and Juice Bar 105 South 3rd Street Fernandina Beach, FL 32034





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

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	2	ONE HOUR MART		ID#(0890045		
	🗀	HARRINGTON W					
		1829 PIRATES POI YULEE FL 32097	NT ROAD				
	j.	PS Form 3800, February 2	2000		See Reverse f	or Instructions	
		TURN ADDRESS. TED LINE	FOLD AT DOT	21.01			
SENDE		DO OF ENVELOPE			3E	CTION ON DEL	IVERY
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.		c. :	Received by (Pleas W. Mo. Signature	rriso'N	B. Date of Delivery Agent Addressee		
					s delivery address		
. Article Addre	essea	io:	,	1	f YES, enter delive	ery address belo	w: 🗆 No
AIRS ID # 0890045 ONE HOUR MARTINIZING HARRINGTON W MORRISON 1829 PIRATES POINT ROAD YULEE FL 32097			·				
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				4. F	Restricted Delivery	i? (Extra Fee)	☐ Yes
. Article Numb	per (Co	ppy from service label)					
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S Form 381	1, Ju	ly 1999	Domestic Ref	turn Re	ceipt		102595-99-M-1789



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

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Do NOT Remove Label

AIRS ID # 0890045 ONE HOUR MARTINIZING HARRINGTON W MORRISON 1829 PIRATES POINT ROAD YULEE FL 32097

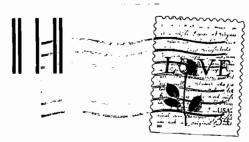
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

Martinizing Dry Cleaning 2156 Sadler Road Fernandina Bch, FL 32034





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

ATILD A CALAUN 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: \$50.00

Do NOT Remove Label

AIRS ID # 0890045

ONE HOUR MARTINIZING HARRINGTON W MORRISON 1829 PIRATES POINT ROAD YULEE FL 32097

FOR GOVERNMENT OF BIO FOR GOVERNMENT USE ONLY

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303137

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

RECEIVED MAIL ROOM

FEB 20 98

Do NOT Remove Label

AIRS ID 0890045

NASSAU DRY CLEANING INC HARRINGTON W MORRISON 1829 PIRATES POINT ROAD YULEE FL 32097

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

	US Postal Service Receipt for Cel No Insurance Coverage Do not use for Internation NASSAU DRY CLEANI HARRINGTON W MOR 1829 PIRATES POINT R YULEE FL 32097	Provided. Onal Mail (See rev AIRS ID 08 NG INC RISON		
	Certified Fee		<u> </u>	
	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	\$		
Form 3800	Postmark or Date			
PS Fe				
				—- _i
Complete items 1 and/or 2 for addi Complete items 3, 4a, and 4b. Print your name and address on the card to you.	tional services.	we can return this	I also wish to receive the following services (for an extra fee):	6
Attach this form to the front of the r permit.	•		1. Addressee's Address	Vic
 Write "Return Receipt Requested" (The Return Receipt will show to whe delivered. 			Restricted Delivery Consult postmaster for fee.	pt Se
3. Article Addressed to:		4a. Article N	<u>'</u>	Jecei
NASSAU DRY CLEANING I HARRINGTON W MORRISO 1829 PIRATES POINT ROAD YULEE FL 32097	FEB 1	Registere Registere Return Rec 7. Date of De	ed Certified Mail Insured ceipt for Merchandise COD	Thank you for using Return Receipt Service
5. Received By: (Print Name)	Gos.	8. Addressee and fee is	e's Address (Only if requested paid)	Thank y

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Z 333 613 640

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389956

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 # 0890045

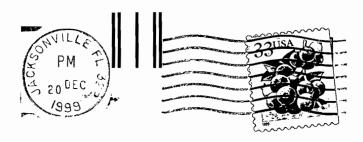
ONE HOUR MARTINIZING HARRINGTON W MORRISON 1829 PIRATES POINT ROAD YULEE FL 32097

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Main Squeeze Cafe' and Julce Bar 105 South 3rd Street Fernandina Beach, FL 32034



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