

# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

June 15, 1999

Mr. Robert A. Browne, Jr.  
Fashion Care Cleaners, Inc.  
5 Industrial Park Lane, Unit 102  
Destin, Florida 32541

Re: Facility No.: 0910085

Dear Mr. Browne:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 7, 1999.

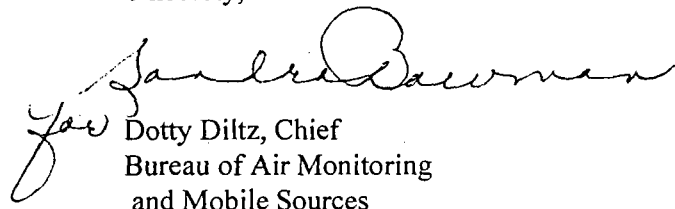
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Fashion Core CLEANERS, INC.</i>
2. Site Name (For example, plant name or number): <i>SAME AS ABOVE</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>5 INDUSTRIAL PARK LN UNIT 102</i> City: <i>DESTIN</i> County: <i>OKALOOSA</i> Zip Code: <i>32541</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0910085</i>

RECEIVED

JUN - 7 1999

Bureau of Air Monitoring  
& Mobile Sources

Responsible Official

6. Name and Title of Responsible Official: Name: <i>ROBERT A. BROWNE, JR.</i> Title: <i>PRESIDENT</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Fashion Core Cleaners, Inc.</i> Street Address: <i>5 INDUSTRIAL PARK LN UNIT 102</i> City: <i>DESTIN</i> County: <i>OKALOOSA</i> Zip Code: <i>32541</i>
8. Responsible Official Telephone Number: Telephone: <i>(850) 837-4840</i> Fax: <i>(850) 837-4895</i>

*Spelled BROWNE*

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address: Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
MAY 1999	Existing <input checked="" type="radio"/> New	<input checked="" type="radio"/> RC <input type="radio"/> CA <input type="radio"/> None required	MAY 1999 (SAME)
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**2.(a) How much perchloroethylene (perc) have you used within the last 12 months?**

gallons (You must fill this in) ORIGINAL START-up AMT, None purchased yet.

**(b) If less than 12 months, how many?  months**

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
Indicate with an "X". Select one classification only.)

- Small Area Source  153 gals episodic event for start-up  
 Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
 Transfer only on-site (used less than 200 gallons of perc per year)  
 Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source   
 Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
 Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
 Both machine types on-site (used 140 - 1,800 gallons of perc per year)

5<sup>th</sup> generation machine estimates < 140 gallons per year.

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing machines at small area source  
(NONE REQUIRED)

New machines at small area source  
Refrigerated condenser

Existing machines at large area source  
Carbon adsorber   
Refrigerated condenser

New machines at large area source  
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
 No such units on-site

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  25

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log   
 (b) Leak detection inspection and repair   
 (c) Refrigerated condenser temperature monitoring   
 (d) Carbon adsorber exhaust perc concentration monitoring   
 (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_

No DEP 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.*

Robert A. Browne, Jr President  
Print name of responsible official

Robert A. Browne, Jr President  
Signature

6/3/99  
Date

*Acc*

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

FACILITY NAME: FASHION CARE CLEANERS DATE: 6/3/99  
 FACILITY LOCATION: 5 INDUSTRIAL PARK LANE UNIT 102  
ROBERT A. BOUWNE

Annual Reporting Period: 5/22/99 19 TO 6/3/99 19

**RECEIVED**

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

JUL 1999  
Bureau of Air Monitoring & Mobile Sources

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:

Failed to notify the Department

Exact period of non-compliance: from 5/22/99 to 6/3/99

Action(s) taken to achieve compliance: Completed Notification Form 6/3/99

Method used to demonstrate compliance: Completed Form

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, 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: Robert A. Bouwne, Jr <sup>President</sup> Robert A. Bouwne, Jr <sup>President</sup> 6-3-99  
 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.

BEST AVAILABLE COPY  
 TITLE V AIR QUALITY GENERAL PERMIT  
 INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/ DISCOVERY  RE-INSPECTION

TIME IN: 1415 TIME OUT: 1500 AIRS ID#: NONE ASSIGNED.  
 TYPE OF FACILITY: DC  
 FACILITY NAME: FASHION CARE CLEANERS DATE: 6/3/99  
 FACILITY LOCATION: 5 Industrial Park Lane Unit 107  
Denton 32511  
 RESPONSIBLE OFFICIAL: Robert A. Browne PHONE NUMBER: 850 837-4181

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Notification completed during inspection.</i>	<i>None</i>

**RECEIVED**  
 JUN - 7 1999  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

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The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 8-12 mcs

INSPECTION CONDUCTED BY: Charles Neer MAP  
 (Approximate)  
 (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 850-595-8364  
X1272

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

RECEIVED  
 JUN -7 1999  
 Bureau of Air Monitoring & Mobile Sources

0910085

AIRS ID#: <sup>X107</sup> N5519NEW DATE: 6/3/99 TIME IN: 1415 TIME OUT: 1540

FACILITY NAME: ~~FABRI~~ FASHION CARE CLEANERS

FACILITY LOCATION: 155 Industrial Park Lane  
Dixton AL 32541

RESPONSIBLE OFFICIAL: Robert A. Brown PHONE: 850-837-4840

CONTACT NAME: JR PHONE: \_\_\_\_\_

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup  *Start up May 22, 1999*

2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

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

No notification form  
 Drop store/out of business/petroleum

A.

<p>1. Existing small area source <input type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed before 12/9/91)</p> <p>3. Existing large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed on or after 12/9/91)</p> <p>4. New large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed on or after 12/9/91)</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above

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

*Hos 5 new facilities probably will be < 140 gal/yr*

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 153 gallons. *this was a start up purchase. will probably use < 140 gal/yr.*



**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  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.

*Question*

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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

NA

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

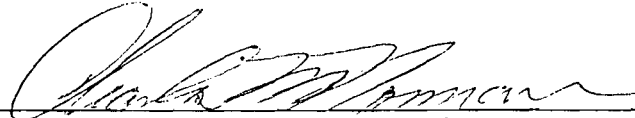
**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total 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;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |                                                   |                                                                                               |                           |                                                                                               |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps                                             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |                                                                                               |
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:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

  
 Inspector's Name (Please Print)

6/3/99  
 Date of Inspection

(P.A.A. 105 X) Oca rrrrr  
 Inspector's Signature

6-12 mos.  
 Approximate Date of Next Inspection

TITLE AIR QUALITY GENERAL PERM  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/ DISCOVERY  RE-INSPECTION

TIME IN: 1415 TIME OUT: 1500 AIRS ID#: NONE ASSIGNED.  
 TYPE OF FACILITY: DC  
 FACILITY NAME: FASHION CARE CLEANERS DATE: 6/3/99  
 FACILITY LOCATION: 5 Industrial Park Lane Unit 102  
Denton 32541  
 RESPONSIBLE OFFICIAL: Robert A. Browne PHONE NUMBER: 850 837-4840

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Notification completed during inspection.</i>	<i>None</i>

ENTERED  
JUN 14 1999

RECEIVED  
DEC - 8 1999  
Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 8-12 mas  
 (Approximate)  
 INSPECTION CONDUCTED BY: Charles Norman  
 (Please Print) 850-595-8364  
 INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: X1222

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

FACILITY NAME: FASHION CARE CLEANERS DATE: 6/3/99  
 FACILITY LOCATION: 5 INDUSTRIAL PARK LANE UNIT 102  
Robert A. BOOWNE

Annual Reporting Period: 5/22/99 19   TO 6/3/99 19  

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

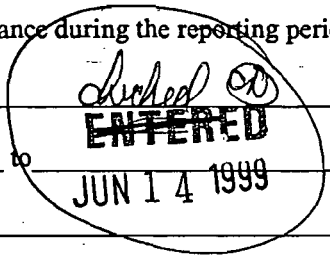
If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Failed to notify the Department  
 Exact period of non-compliance: from 5/22/99 to 6/3/99  
 Action(s) taken to achieve compliance: Completed Notification form 6/3/99  
 Method used to demonstrate compliance: Completed Form

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_  
 Action(s) taken to achieve compliance: \_\_\_\_\_  
 Method used to demonstrate compliance: \_\_\_\_\_



*As the responsible official, I hereby certify, 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: Robert A. Broune, Jr. <sup>President</sup> Robert A. Broune, Jr. <sup>President</sup> 6-3-99  
 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  COMPLAINT/DISCOVERY   
RE-INSPECTION

0910085  
AIRS ID#: <sup>NOT</sup> assigned DATE: 6/3/99 TIME IN: 1415 TIME OUT: 1500  
FACILITY NAME: ~~FABRIC~~ FASHION CARE CLEANERS  
FACILITY LOCATION: 5 Industrial Park Lane Unit 102  
Denton AL 32541  
RESPONSIBLE OFFICIAL: Robert A. Brown PHONE: 850-837-4840  
CONTACT NAME: JR PHONE:

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

Site set up May 22, 1999  
Should have marked here

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/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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)
- 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)

ENTERED  
JUN 14 1999

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

Has 5 new facilities  
gen. machine probably used  
< 140 gal/yr

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 153 gallons. This was a start up purchase.

will probably use < 140 gal/yr.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  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.

*estimated* 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?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

NA

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

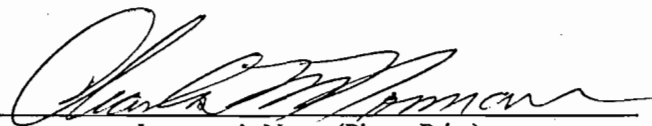
**Has the responsible official:**  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total 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;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |                                                   |                                                                                               |                           |                                                                                               |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps                                             | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |                                                                                               |
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:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

  
 Inspector's Name (Please Print)

6/3/99  
 Date of Inspection

  
 Inspector's Signature

6-12 mos.  
 Approximate Date of Next Inspection

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

*ACCESS*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 0835 TIME OUT: 0910 AIRS ID#: 0910085  
 TYPE OF FACILITY: DL  
 FACILITY NAME: FASHION CARE CLEANERS DATE: 6/28/00  
 FACILITY LOCATION: STND. 17 AAK LN Unit 102  
Deaton 32541  
 RESPONSIBLE OFFICIAL: Robert A Browne PHONE NUMBER: 0910085

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<b>ENTERED</b> JUN 29 2000	<b>RECEIVED</b> JUN 30 2000 Bureau of Air Monitoring & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 8-12 MIS (Approximate) Left for R.O.

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 595-8364

**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

*ACCESS*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID# 0910085 DATE: 06/28/00 TIME IN: 0835 TIME OUT: 0910  
 FACILITY NAME: FASHION CARE CLEANERS, INC.  
 FACILITY LOCATION: 5 INDUSTRIAL PARK LN Unit 102  
DUSTON 32541  
 RESPONSIBLE OFFICIAL: Robert A. Browne PHONE: 837-4895  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

- |                                                         |                    |                          |
|---------------------------------------------------------|--------------------|--------------------------|
| 1. New facility notified DARM 30 days prior to startup  | <b>ENTERED</b>     | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <b>JUN 29 2000</b> | <input type="checkbox"/> |

**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<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)                                           | <input type="checkbox"/>                                                                                    | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)                                           | <input checked="" type="checkbox"/> |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | <input type="checkbox"/>                                                                                    | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) | <input type="checkbox"/>            |
| 5. This is a correct facility classification                                                                                                                                                                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Can not determine |                                                                                                                                                                                                                 |                                     |

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 49.2 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  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)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

NA

B. Has the responsible official of an existing large or new large area source also: **NA**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N  N/A
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend; contraction, or expansion; and downstream from no other inlet?  Y  N  N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  N/A
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total 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;  Y  N  N/A
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

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:  N/A

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

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

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

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

Charles Norman  
 Inspector's Name (Please Print)

*Charles Norman*  
 Inspector's Signature

6/28/00  
 Date of Inspection

8 - 12 mos  
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Leak detected during inspection. Sig in ~~water~~ glass  
had a leak - <sup>Tight lined deep</sup> ~~leaked~~ during insp.

ACC  
Arens

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

FACILITY NAME: FASHION CARE CLEANERS DATE: 6/28/00  
 FACILITY LOCATION: 5 INDUSTRIAL PARK LANE UNIT 102  
DESTIN FL 32541

Annual Reporting Period: 06/03/99 ~~20~~ TO 06/28 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.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:

ENTERED  
JUL 05 2000

RECEIVED  
JUL 07 2000

Exact period of non-compliance: from

REVIEWED  
JUL 05 2000

Bureau of Air Monitoring  
& Mobile Sources

Action(s) taken to achieve compliance:

REVIEWED

Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from

to

RECEIVED

Action(s) taken to achieve compliance:

JUL 03 2000

Method used to demonstrate compliance:

NORTHWEST FLORIDA  
DEP

*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 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: Robert A. Browne, Jr Robert A. Browne, Jr 06/28/00  
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.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407717 APR13 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**

*pd*

Bureau of Air Mail  
& Mobile Services

APR 17 2001

RECEIVED

Do **NOT** Remove Label

AIRS ID # 0910085
FASHION CARE CLEANERS ROBERT A BROWNE JR 5 INDUSTRIAL PARK LN UNIT 102 DESTIN FL 32541

FOR GOVERNMENT USE ONLY
Org.: 37550101000
Fund: 20-2-035001
Obj.: 002273

AO: A1

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

MC5521

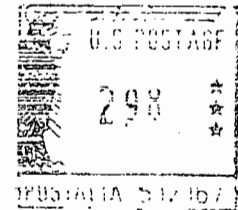
BAMMS/BCO  
JOEY ROBERTS  
5510

RETURN TO  
AIRS ID # 0910085  
FASHION CARE CLEANERS  
ROBERTA BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

of the return address  
**CERTIFIED**

Z 210 662 278

**MAIL**



RETURNED TO  
SENDER  
UNCLAIMED  
Bureau of Air Monitoring  
Mobile Sources

MAR 15 2000

RECEIVED

-25  
3-1  
3-10



Z 210 662 278

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to

**SENDER: COMPLETE THIS SECTION** **SECTION ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0730077

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

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

X *Enerche Wash...* 2/11

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

2. Article Number (Copy from service label)

*2333 667 133*

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 133 <sup>2000</sup>

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

Sent to

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT. 102  
DESTIN FL 32541

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

BAMMS/BCO  
JOEY ROBERTS  
5510

42  
2-10

1ST NOTICE 3-1  
2ND NOTICE 3-7  
RETURN 3-7

AIRS ID # 0910085  
FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

**CERTIFIED**

Z 333 667 133

**MAIL**

TALLAHASSEE  
FL  
FEE 10.00

U.S. POSTAGE  
298  
POSTALIA 312167

RETURNED  
TO  
SENDER  
UNCLAIMED

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2000

RECEIVED

SENDER'S USE ONLY

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.

1. Article Addressed to:

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

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

2. Article Number (Copy from service label)

Z 210 661 269

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**CERTIFIED**

Z 210 661 269

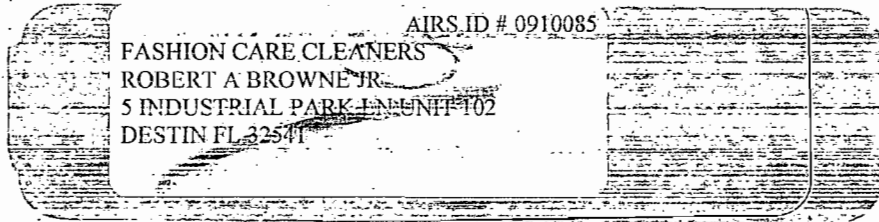


**MAIL**

550304  
MS5510

*Handwritten:* RETURNED TO SENDER  
*Handwritten:* UNCLAIMED

1ST NOTICE 4-12  
2ND NOTICE 4-20  
RETURN



Bureau of Air Monitoring  
& Mobile Sources

APR 30 2001

RECEIVED

the right of the return address

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

2. Article Number (Copy from service label)  
**Z 210 661 269**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)      B. Date of Delivery

C. Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail       Express Mail  
 Registered       Return Receipt for Merchandise  
 Insured Mail       C.O.D.

4. Restricted Delivery? (Extra Fee)       Yes

AIRS ID#

0910085

NO reproduction / strictly cleaning

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FASHION Care Cleaners, Inc. DATE: 8/29/01
FACILITY LOCATION: 5 Industrial Park Lane Unit 102 SE DESTIN FL. 32541

Annual Reporting Period: 6/28 2000 TO 8/29/01 20

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:

Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from to ENTERED
Action(s) taken to achieve compliance: SEP 17 2001
Method used to demonstrate compliance:

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 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: ROBERT A. BLOWNE JR. Robert A. Blowne R. 8-29-2001
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.

7003 0500 0004 0140 7980

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage

\$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

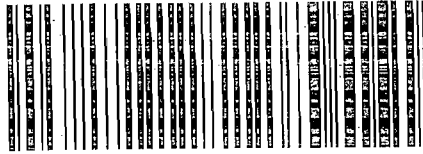
*Handwritten signature*  
Postmark Here

0910085001AG  
FASHiON CARE CLEANERS INC  
5 Industrial Park Ln Unit 102  
DESTIN, FL 32541

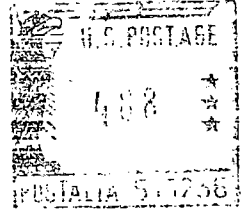
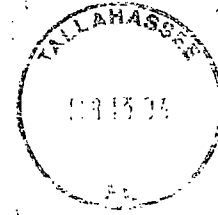
10

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MS 5510-37550 304000  
2600 BLAIR STONE ROAD  
TALLAHASSEE FL 32399-2400

**CERTIFIED MAIL**



7003 0500 0004 0140 7980



LN  
2-17

2-23  
3-4

RETURNED TO SENDER  
**UNCLAIMED**

RECEIVED  
MAR 9 2004  
Department of Air Quality  
Control Services

0910085001AG 10  
FASHION CARE CLEANERS INC  
5 Industrial Park Ln Unit 102  
DESTIN, FL 32541

PLACE THIS LABEL ON FRONT OF MAIL PIECE OR ON RETURN ADDRESS LABEL

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

0910085001AG 10  
 FASHION CARE CLEANERS INC  
 5 Industrial Park Ln Unit 102  
 DESTIN, FL 32541

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- 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

2. Article Number  
(Transfer from service label)

7003 0500 0004 0140 7960

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0520 0020 9372 6346



Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

**Total F** AIRS ID # 0910085  
**Recipient** FASHION CARE CLEANERS  
**Street** ROBERT A BROWNE JR  
 5 INDUSTRIAL PARK LN UNIT 102  
**City, State** DESTIN FL  
 32541

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$75.00**

439198 MAY172004

Do NOT Remove Label

AIRS ID # 910089  
FASHION CARE CLEANERS  
ROBERT BROWNE  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN, FL 32541

AIRS ID # 060228



FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: B1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414109 FEB14 2002

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 # 0910085  
FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL  
32541

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 Provided)*

7000 0600 0026 7625 5808

--	--

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

-----
-----

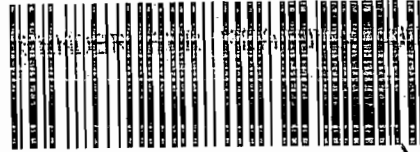
**CERTIFIED MAIL**

MS# 5510

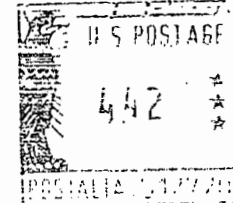
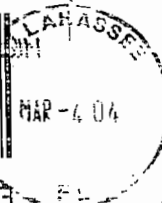
MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

RETURN TO



7003 0500 0004 0144 5523



*LA*  
*3-8*

AIRS ID: # 910085

ROBERT BROWNIE  
FASHION CARE CLEANERS  
INDUSTRIAL PARK BLDG UNIT 102  
DESTIN, FL 32541

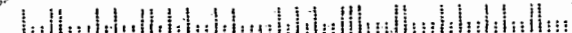
*1st 3-8*  
*2nd 3-17*  
*Return 3-23*

Bureau of Air Monitoring  
& Mobile Sources

APR 7 2001

**RECEIVED**

32222400



FRONT OF MAILING LABEL TO BE ATTACHED TO THE FRONT OF MAIL ENVELOPE OR TO THE FRONT OF MAILING BOX

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
  - Print your name and address on the reverse so that we can return the card to you.
  - Attach this card to the back of the mailpiece, or on the front if space permits.
- Article Addressed to:

AIRS ID # 9T0085  
 ROBERT BROWNE  
 FASHION CARE CLEANERS  
 5 INDUSTRIAL PARK LN UNIT 102  
 DESTIN, FL 32541

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature \_\_\_\_\_  Agent  
 Addressee
- B. Received by: (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_
- 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

2. Article Number  
 (Transfer from service label)

7003 0500 0004 0144 5623

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

7003 0500 0004 0144 5623

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*2nd class  
cert 2003*

Postmark  
Here

AIRS ID # 910085

ROBERT BROWNE  
FASHION CARE CLEANERS  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN, FL 32541

St	
Si	
or	
Cl	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

7001 1140 0001 7556 4194

Postage	\$	303 inw
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	\$	

ATK5 10 # 9 10083  
**Sent To** FASHION CARE CLEANERS  
 ROBERT BROWNE  
 Street, Apt. or PO Box: 5 INDUSTRIAL PARK LN UNIT 102  
 City, State: DESTIN, FL 32541

#0910085

PS Form 3811, August 2001

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ATK5 10 # 9 10083  
 FASHION CARE CLEANERS  
 ROBERT BROWNE  
 5 INDUSTRIAL PARK LN UNIT 102  
 DESTIN, FL 32541

2. Article Number  
 (Transfer from service label)

7001 1140 0001 7556 4194

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Robert A. Browne*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 4/2

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

UNITED STATES POSTAL SERVICE



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

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

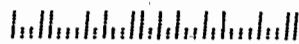
BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

APR 5 2004

RECEIVED

32399+2400





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**

Do **NOT** Remove Label

AIRS ID#0910085

FASHION CARE CLEANERS  
 ROBERT A BROWNE JR  
 5 INDUSTRIAL PARK LN UNIT 102  
 DESTIN FL  
 32541

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

423322 FEB212003  
 Bureau of Air M.  
 & Mobile Sou  
 FEB 28 2003  
 RECEIVED



MS# 5510 MC Acct # 5521

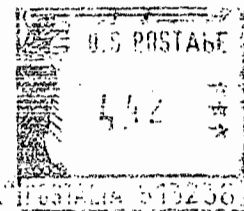
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

OF THE RETURN ADDRESS ROAD AT THE BOTTOM  
**CERTIFIED MAIL**

RETURN TO



7003 2260 0003 5651 0956

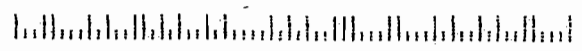


*Ad. 2-6-04*  
*2-20*  
*3-5*

**RECEIVED**  
MAR 25 2004  
Bureau of Air, Noise & Mobile Sources

LD# 910085  
ROBERT BROWNE  
FASHION CARE CLEANERS  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN, FL 32541

32399-2400 01



POSTNET ADDRESS ONLY (NO POSTAGE REQUIRED) (NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ID# 910085  
ROBERT BROWNE  
FASHION CARE CLEANERS  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN, FL 32541

2. Article Number

(trans)

7003 2260 0003 5651 0956

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Agent

Addressee

B. Received by: (*Printed Name*):

C. Date of Delivery:

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

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

9560 1595 5651 0956  
2260 0000 0922 7003

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

*[Handwritten Signature]*  
Postmark Here

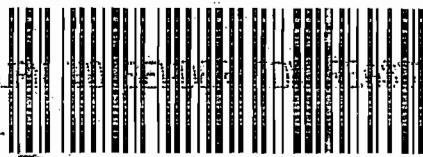
Total Postage ID# 910085

Sent To **ROBERT BROWNE**  
**FASHION CARE CLEANERS**  
Street, Apt. or PO Box **5 INDUSTRIAL PARK LN UNIT 102**  
City, State **DESTIN, FL 32541**

MS# 5510 MC Acct # 5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7000 1670 0013 3109 4828



POSTAGE  
442  
POSTAL ID 511912

*[Handwritten signature]*  
UNCLAIMED

**RECEIVED**  
FEB 28 2003  
Bureau of Air Monitoring  
& Mobile Sources  
LN 7  
1ST NOTICE  
2ND NOTICE  
RETURN

AIRS ID#0910085  
FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL  
32541

32399+2400 01  
32541+2719 0



Place Return Label Here  
Do Not Write on This Label  
Do Not Detach This Label

**SENDER COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL  
32541

2. Article Number  
(Transfer from service label)

7000 1670 0013 3109 4828

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
**X**

B. Received by (Printed Name) C. Date of Delivery

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

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7000 1670 0013 3109 4828

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Handwritten signature and initials over the "Remark Here" area.

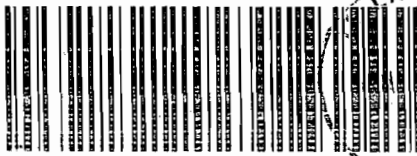
Tot:

AIRS ID#0910085

Sent FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
Street 5 INDUSTRIAL PARK LN UNIT 102  
City DESTIN FL 32541

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

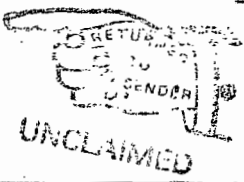
**CERTIFIED MAIL**



7000 0600 0026 4125 8973



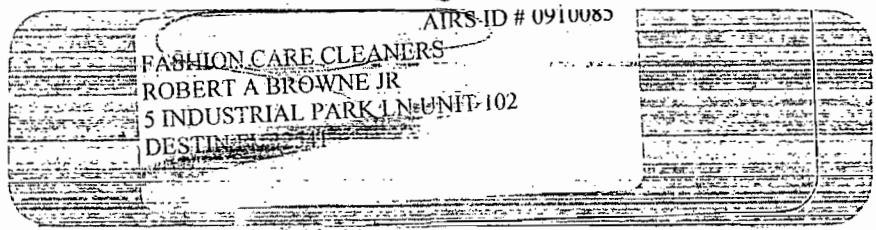
550304  
MS5510



LW

3/4

1ST NOTICE \_\_\_\_\_  
2ND NOTICE 3-15  
RETURN 3-21



AIRS-ID # 0910083

Bureau of Air Monitoring  
& Mobile Sources

MAR 30 2001

RECEIVED

SENDER:

ACTION 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

X

- Agent
- Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:

AIRS ID # 0910085

FASHION CARE CLEANERS  
 ROBERT A BROWNE JR  
 5 INDUSTRIAL PARK LN UNIT 102  
 DESTIN FL 32541

3. Service Type

- Certified Mail       Express Mail
- Registered       Return Receipt for Merchandise
- Insured Mail       C.O.D.

70000600002641258973

2. Article Number (Copy from service label)

4. Restricted Delivery? (Extra Fee)  Yes



U.S. Postal Service

# CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

7000 0600 0026 4325 8973

--	--

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

AIRS ID # 0910085

Total | FASHION CARE CLEANERS

Recipient | ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
Street, | DESTIN FL 32541

City, St

PS Form 3800, February 2000

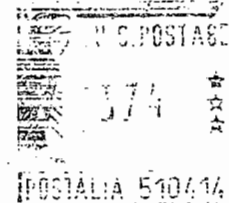
See Reverse for Instructions

**CERTIFIED MAIL**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400



7000 0600 0026 7825 5808



MS5510

RETURNED TO SENDER  
UNCLAIMED  
2/9

1ST NOTICE \_\_\_\_\_  
2ND NOTICE 2-14  
RETURN 2-24

AIRS ID # 0910085  
FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARKWAY UNIT 102  
DESTINATION

Bureau of Air Monitoring  
& Mobile Sources

MAR 12 2001

RECEIVED

SENDER

ACTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0910085

FASHION CARE CLEANERS  
 ROBERT A BROWNE JR  
 5 INDUSTRIAL PARK LN UNIT 102  
 DESTIN FL 32541

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0600 0026 7825 5808

PS Form 3811, July 1999

Domestic Return Receipt

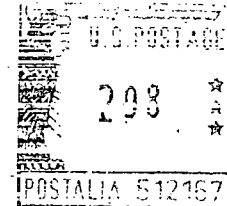
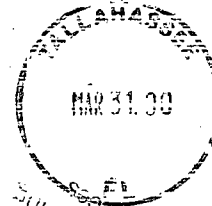
102595-99-M-1789

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TWIN TOWERS OFFICE BUILDING  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

**CERTIFIED**

Z 210 663 114

**MAIL**



AIRS ID # 0910085  
FASHION CARE CLEANERS  
ROBERT A. BROWNE JR.  
5 INDUSTRIAL PARK EN UNIT 102  
DESTIN FL 32541

UNCLAIMED  
Bureau of Air Mailing & Mobile Services  
1 APR 27 2000  
FIRST NOTICE  
RETURN

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

2 210 663 114

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)      B. Date of Delivery

C. Signature

X

- 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

Z 210 663 114

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

AIRS ID # 0910085

FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL 32541

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

5510

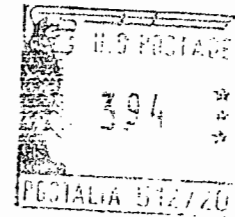
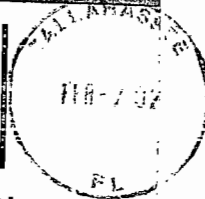
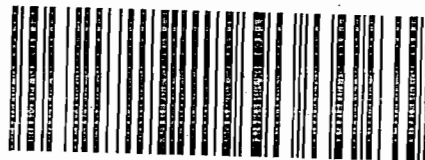
MS#

MC Acct #

5521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

**CERTIFIED MAIL**



7000 0520 0020 9372 6346

*UNCLAIMED* *2/9*

1ST NOTICE 2-19  
2ND NOTICE 2-24  
RETURN

AIRS ID # 0910085  
FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTINE

Bureau of Air Monitoring  
& Mobile Sources

MAR 11 2002

RECEIVED

TO THE RIGHT OF RETURN ADDRESS  
FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0910085  
FASHION CARE CLEANERS  
ROBERT A BROWNE JR  
5 INDUSTRIAL PARK LN UNIT 102  
DESTIN FL  
32541

2. Article Number (Copy from service label)

7000 0520 0020 9372 6346

PS Form 3811, July 1999

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature

X

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

102595-99-M-1789