



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

April 23, 1997

Ms. Martha Strickland  
President  
Imperial Cleaners  
351 Cypress Drive  
Tequesta, Florida 33469

Re: Facility No. 0990485

Dear Ms. Strickland:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 14, 1997.

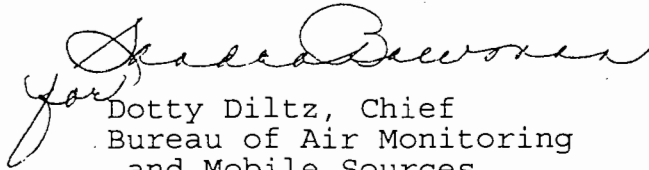
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

4

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1145 TIME OUT: 1245 AIRS ID#: 0990485

TYPE OF FACILITY: Dry Cleaners

FACILITY NAME: Imperial Dry Cleaners DATE: \_\_\_\_\_

FACILITY LOCATION: 307 Cypress Heights 33461

RESPONSIBLE OFFICIAL: Maureen Strickland PHONE NUMBER: 5617462055

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

COMMENTS:

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

DATE OF NEXT INSPECTION: 3/18/98  
(Approximate)

INSPECTION CONDUCTED BY: M Liebler  
(Please Print)

INSPECTOR'S SIGNATURE: M Liebler PHONE NUMBER: 561 355 4541

#0990485

Imperial Cleaners

p.14 1.(a) add date control device  
installed

3. should be new small area  
source

p.15 4. should be new small area  
source w/ refrig. con.

5.(d) not required, mark out  
"X" and initial

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|  |                                       |           |            |
|--|---------------------------------------|-----------|------------|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | IMPERIAL CLEANERS & TAILORING         |           |            |
| 2. Site Name (For example, plant name or number):                                  | IMPERIAL CLEANERS                     |           |            |
| 3. Hazardous Waste Generator Identification Number:                                | NCH SYSTEMS ATLANTA INC. GAD981269095 |           |            |
| 4. Facility Location:  | 351 CYPRESS DRIVE                     |           |            |
| Street Address:  |                                       |           |            |
| City:  | TEQUESTA                              | County:   | PALM BEACH |
|  |                                       | Zip Code: | 33469      |
| 5. Facility Identification Number (DEP Use):                                       | 0990485                               |           |            |

## Responsible Official

|  |                               |           |            |
|--|-------------------------------|-----------|------------|
| 6. Name and Title of Responsible Official: | MARTHA STRICKLAND - PRES -    |           |            |
| 7. Responsible Official Mailing Address:   |                               |           |            |
| Organization/Firm:                         | IMPERIAL CLEANERS & TAILORING |           |            |
| Street Address:                            | 351 CYPRESS -                 |           |            |
| City:                                      | TEQUESTA                      | County:   | PALM BEACH |
|  |                               | Zip Code: | 33469      |
| 8. Responsible Official Telephone Number:  |                               |           |            |
| Telephone:                                 | 561-746-7555 -                | Fax:      | (N/A)      |

## 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:      | ( ) - |

RECEIVED

MAR 14 1997

Bureau of Air Monitoring  
& Mobile Sources

**Facility Information**

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.

*#1*

| Type of Machine  | ID                                  | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|--|-------------------------------------|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| MULTIMATIC DRY TO DRY  | 006                                 | JUN-92                           | NA                            |    |                                  |                               |    |                                  |                               |
| Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92 |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| <i>#106 JUNE-92</i>  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| Dry-to-Dry Unit  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  | <input checked="" type="checkbox"/> |                                  |                               |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| Washer Unit  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| Dryer Unit   |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| Reclaimer Unit   |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser   | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/ carbon adsorber  | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls  | <input type="checkbox"/>            |                                  |                               |    |                                  |                               |    |                                  |                               |

- (b) Control devices are required, but not yet installed
- (c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

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.)

*new small area*

- Existing small area source
- Existing large area source
- New small area source
- New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

All steam and hot water generating units exempt

No such units on-site

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

④ Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

\_\_\_\_\_



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

**Responsible Official Certification**

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

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

*Martha J. Strickland*  
Signature

*3-12-97*  
Date

Perchloroethylene Dry Cleaning Facility Notification

duplicate

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
**IMPERIAL CLEANER & TAILOR INC.**

2. Site Name (For example, plant name or number):  
**IMPERIAL CLEANERS**

3. Hazardous Waste Generator Identification Number:  
**NICH SYSTEMS ATLANTA INC. GAD981269095**

4. Facility Location:  
 Street Address: **351 CYPRESS DRIVE**  
 City: **TEQUESTA** County: **PALM BEACH** Zip Code: **33469**

5. Facility Identification Number (DEP Use):  
**099E485**

Responsible Official

6. Name and Title of Responsible Official:  
**MARTHA STRICKLAND - PRES -**

7. Responsible Official Mailing Address:  
 Organization/Firm: **IMPERIAL CLEANER & TAILOR**  
 Street Address: **351 CYPRESS -**  
 City: **TEQUESTA** County: **PALM BEACH** Zip Code:

8. Responsible Official Telephone Number:  
 Telephone: **561 746-7555** Fax: **(N/A)**

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

| Type of Machine   | ID                                  | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|-------------------------------------|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <p><i>#1</i></p> <p><i>MULTIMATIC DRY TO DRY</i></p> <p><i>JUN 92</i></p> <p><i>NA</i></p>  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| <p><i>Example</i>                      #1 03-OCT-93 12-NOV-93    #2 08-DEC-91                      #3 02-MAR-92 02-MAR-92</p> <p><del>#06 JUNE 92</del></p> |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dry-to-Dry Unit</b>  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser   | <input checked="" type="checkbox"/> |                                  |                               |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Washer Unit</b>  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser   |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Dryer Unit</b>   |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser   |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| <b>Reclaimer Unit</b>   |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (10) w/ ref. condenser  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (11) w/carbon adsorber  |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |
| (12) w/ no controls   |                                     |                                  |                               |    |                                  |                               |    |                                  |                               |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

130 gallons

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

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

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.)

Existing small area source

New small area source

*M.P.S.*

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to 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:

*All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.*

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

**Equipment Monitoring and Recordkeeping Information**

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

*Martha J. Strudland*  
Signature

*3-12-97*  
Date

ARMS

4

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990485 DATE: 3/17/97 TIME IN: 11:45 TIME OUT: 12:45

FACILITY NAME: Imperial Cleaners

FACILITY LOCATION: 351 Cypress Tempesta 33469

### PART I: NOTIFICATION

(check appropriate box)

1. Existing facility notified DARM by 9/1/96

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

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

A.

|  |  |
|--|--|
| 1. Existing small area source<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, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 < x < 2,100$ gal/yr<br>transfer only, $200 < x < 1,800$ gal/yr<br>both types, $140 < x < 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |

This is a correct facility classification.

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 130 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
- 2. Examining the containers for leakage?  Y  N
- 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
- 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 basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N
- 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:

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  
Is the temperature differential equal to or greater than 20° F?  Y  N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  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 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;  Y  N
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  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  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)  Y  N  NA
- Physical detection (airflow felt through gaskets)  Y  N  NA
- Odor (noticeable perc odor)  Y  N  NA
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Y  N  NA

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N  NA
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N  NA
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N  NA
- d. Kept in a clean and secure area when not in use?  Y  N  NA
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N  NA

3. Has the facility maintained a leak log?  Y  N  NA

4. 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 | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA            |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA            |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |   |

Martha P. Strickland  
Name of Responsible Official (Signature)

Martha Strickland  
Name of Responsible Official (Print) & Phone #

M. Liebler  
Inspector's Name (Please Print)

3/17/97  
Date of Inspection

M. Liebler  
Inspector's Signature

3/18/98  
Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area  Yes  No
- Waste area  Yes  No
- Spotting area Sealed  Yes  No
2. Disposal of Water from Water Separator using approved evaporator  Yes  No
- or Waste Handling Pick ups Water  Yes  No

**BEST AVAILABLE COPY**

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:30 TIME OUT: 12:05 AIRS ID#: 0990485  
 TYPE OF FACILITY: Dry cleaning  
 FACILITY NAME: Imperial Cleaners DATE: 9-29-98  
 FACILITY LOCATION: 351 S. Cypress Drive  
Tequesta, FL 33469  
 RESPONSIBLE OFFICIAL: Martha Strickland PHONE NUMBER: 746-7555

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

**RECEIVED**  
 OCT 15 1998  
 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: Sept 1999  
 (Approximate)

INSPECTION CONDUCTED BY: A.V. Chokshi  
 (Please Print)

INSPECTOR'S SIGNATURE: A.V. Chokshi PHONE NUMBER: 355-3070



**PERCHLOROETHYLENE DRY CLEANERS**

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION:      ANNUAL       COMPLAINT/DISCOVERY        
                                  RE-INSPECTION     

|   |                      |                        |                        |
|---|----------------------|------------------------|------------------------|
| AIRS ID#: <u>0990485</u>  | DATE: <u>9-29-98</u> | TIME IN: <u>11:30</u>  | TIME OUT: <u>12:05</u> |
| FACILITY NAME: <u>Imperial Cleaners</u>                                     |                      |                        |                        |
| FACILITY LOCATION: <u>351 S. Cypress Drive</u><br><u>Tequesta, FL 33469</u> |                      |                        |                        |
| RESPONSIBLE OFFICIAL: <u>Martha Strickland</u>                              |                      | PHONE: <u>746-7555</u> |                        |
| CONTACT NAME: _____   |                      | PHONE: _____           |                        |

|   |                          |
|---|--------------------------|
| <b>PART I: NOTIFICATION</b>                             |                          |
| (check appropriate box)                                 |                          |
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

|   |   |   |   |
|---|---|---|---|
| <b>PART II: CLASSIFICATION</b>  |   |   |   |
| Facility indicated on notification form that it is:<br>(check appropriate box)  |   |   |   |
| <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>A.</p> <p>1. Existing small area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                     transfer only, <math>x &lt; 200</math> gal/yr<br/>                     both types, <math>x &lt; 140</math> gal/yr<br/>                     (constructed before 12/9/91)</p> <p>3. Existing large area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                     transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                     both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                     (constructed before 12/9/91)</p> <p>5. This is a correct facility classification      <input checked="" type="checkbox"/> Y      <input type="checkbox"/> N      <input type="checkbox"/> Can not determine</p> </td> <td style="width:50%; vertical-align: top;"> <p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p>2. New small area source      <input checked="" type="checkbox"/><br/>                     dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                     transfer only, <math>x &lt; 200</math> gal/yr<br/>                     both types, <math>x &lt; 140</math> gal/yr<br/>                     (constructed on or after 12/9/91)</p> <p>4. New large area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                     transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                     both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                     (constructed on or after 12/9/91)</p> </td> </tr> </table> |   | <p>A.</p> <p>1. Existing small area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                     transfer only, <math>x &lt; 200</math> gal/yr<br/>                     both types, <math>x &lt; 140</math> gal/yr<br/>                     (constructed before 12/9/91)</p> <p>3. Existing large area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                     transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                     both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                     (constructed before 12/9/91)</p> <p>5. This is a correct facility classification      <input checked="" type="checkbox"/> Y      <input type="checkbox"/> N      <input type="checkbox"/> Can not determine</p> | <p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p>2. New small area source      <input checked="" type="checkbox"/><br/>                     dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                     transfer only, <math>x &lt; 200</math> gal/yr<br/>                     both types, <math>x &lt; 140</math> gal/yr<br/>                     (constructed on or after 12/9/91)</p> <p>4. New large area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                     transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                     both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                     (constructed on or after 12/9/91)</p> |
| <p>A.</p> <p>1. Existing small area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                     transfer only, <math>x &lt; 200</math> gal/yr<br/>                     both types, <math>x &lt; 140</math> gal/yr<br/>                     (constructed before 12/9/91)</p> <p>3. Existing large area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                     transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                     both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                     (constructed before 12/9/91)</p> <p>5. This is a correct facility classification      <input checked="" type="checkbox"/> Y      <input type="checkbox"/> N      <input type="checkbox"/> Can not determine</p>   | <p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p>2. New small area source      <input checked="" type="checkbox"/><br/>                     dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>                     transfer only, <math>x &lt; 200</math> gal/yr<br/>                     both types, <math>x &lt; 140</math> gal/yr<br/>                     (constructed on or after 12/9/91)</p> <p>4. New large area source      <input type="checkbox"/><br/>                     dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>                     transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>                     both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>                     (constructed on or after 12/9/91)</p> |   |   |
| If no, please check the appropriate classification:<br><input type="checkbox"/> facility qualified for a general permit as number _____ above<br><input type="checkbox"/> 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 <u>55</u> gallons. <u>for 1997</u> <u>30 gal for 1998</u>  |   |   |   |

**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

**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?  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?  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)  N/A
  - Halogen leak detector  N/A
- If using direct-reading instrumentation, is the equipment:**
- 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

Martha L. STRICKLAND  
Responsible Official's Name  
(Please Print)

Martha L. Strickland  
Responsible Official's Signature

R V Chopshi  
Inspector's Name (Please Print)

9-29-98  
Date of Inspection

Riv. Chopshi  
Inspector's Signature

Sept 1999  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Spotting area may need more Coating

- |   |                                     |                          |
|---|-------------------------------------|--------------------------|
| 2. Disposal of Water from Water Separator using approved evaporator | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| or contracted Wastewater service                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

\* MCF Picks up the Waste  
When Called

\* Asked to organize Record Keeping  
Procedure for Perc Purchase receipts,  
Leak check & Temperature monitoring

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 12:30 TIME OUT: 1:00 AIRS ID#: 0990485  
 TYPE OF FACILITY: Dry Cleaning  
 FACILITY NAME: Imperial Cleaners DATE: 1/12/00  
 FACILITY LOCATION: 351 Cypress Drive  
Tequesta, FL 33469  
 RESPONSIBLE OFFICIAL: Maelha Steickland PHONE NUMBER: 746-7555

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

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 FEB 9 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: JAN 2001  
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizick  
(Please Print)

INSPECTOR'S SIGNATURE: Jeffrey Dizick PHONE NUMBER: 355-3070  
XT 1139

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL                       COMPLAINT/DISCOVERY        
    RE-INSPECTION                     

|                       |  |        |                 |          |              |           |             |       |
|-----------------------|--|--------|-----------------|----------|--------------|-----------|-------------|-------|
| AIRS ID#:             | <u>0990485</u>   | DATE:  | <u>1/12/00</u>  | TIME IN: | <u>12:30</u> | TIME OUT: | <u>1:00</u> |       |
| FACILITY NAME:        | <u>Imperial Cleaners</u>                                 |        |                 |          |              |           |             |       |
| FACILITY LOCATION:    | <u>351 S. Cypress Drive</u><br><u>Tequesta, FL 33469</u> |        |                 |          |              |           |             |       |
| RESPONSIBLE OFFICIAL: | <u>Martha Steickland</u>                                 | PHONE: | <u>746-7555</u> |          |              |           |             |       |
| CONTACT NAME:         | _____  |        |                 |          |              |           | PHONE:      | _____ |

|   |                          |
|---|--------------------------|
| <b>PART I: NOTIFICATION</b>                             |                          |
| (check appropriate box)                                 |                          |
| 1. New facility notified DARM 30 days prior to startup  | <input type="checkbox"/> |
| 2. Facility failed to notify DARM to use general permit | <input type="checkbox"/> |

|  |  |
|--|--|
| <b>PART II: CLASSIFICATION</b>   |  |
| Facility indicated on notification form that it is:<br>(check appropriate box)   | <input type="checkbox"/> No notification form<br><input type="checkbox"/> Drop store/out of business/petroleum   |
| A.   |  |
| 1. Existing small area source <input type="checkbox"/><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)   | 2. New small area source <input checked="" type="checkbox"/><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)                                |
| 3. Existing large area source <input type="checkbox"/><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) | 4. New large area source <input type="checkbox"/><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) |
| 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:  |  |
| <input type="checkbox"/> facility qualified for a general permit as number _____ above   |  |
| <input type="checkbox"/> 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 <u>90</u> gallons. <u>for 1999</u>  |  |

**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



**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?  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?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                       |
|---|-------------------------------------|--------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

2. Disposal of Water from Water Separator using approved evaporator    
or contracted Wastewater service

(A) MCF Picks up the waste sludge

**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)  N/A
  - Halogen leak detector  N/A
- If using direct-reading instrumentation, is the equipment:
- 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

Martha L. STRICKLAND  
Responsible Official's Name  
(Please Print)

Martha L. Strickland  
Responsible Official's Signature

Jeffrey Dizek  
Inspector's Name (Please Print)

1/12/00  
Date of Inspection

Jeffrey Dizek  
Inspector's Signature

JAN 2001  
Approximate Date of Next Inspection

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0990485

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Imperial Cleaners DATE: 4 Dec 00

FACILITY LOCATION: 351 Cypress Dr Regoosta 33469

RESPONSIBLE OFFICIAL: \_\_\_\_\_ PHONE NUMBER: 746-7555

- 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 |
|---------------------------------------|---------------------------|
| New owner - gone<br>to R.O. this date | Notification papers work  |
|                                       |                           |
|                                       |                           |
|                                       |                           |
|                                       |                           |
|                                       |                           |

RECEIVED  
 JAN 8 2001  
 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: \_\_\_\_\_

INSPECTION CONDUCTED BY: L. Liebler (Approximate)

INSPECTOR'S SIGNATURE: L. Liebler (Please Print) PHONE NUMBER: 355 3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406180 FEB26 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**

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FEB 28 2001  
Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

|  |
|--|
| AIRS ID # 0990485  |
| IMPERIAL CLEANERS<br>MARTHA STRICKLAND<br>351 CYPRESS DRIVE<br>TEQUESTA FL 33469 |

|   |
|---|
| <b>FOR GOVERNMENT USE ONLY</b><br>Org.: 37550101000 EO: A1<br>Fund: 20-2-035001<br>Obj.: 002273 |
|---|

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301298

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  
JAN 29 98

Do NOT Remove Label

|  |
|--|
| AIRS ID#0990485  |
| IMPERIAL CLEANERS & TAILORING<br>MARTHA STRICKLAND<br>351 CYPRESS DRIVE<br>TEQUESTA FL 33469 |

|   |
|---|
| <b>FOR GOVERNMENT USE ONLY</b><br>Org.: 37550101000 EO: B1<br>Fund: 20-2-035001<br>Obj.: 002273 |
|---|

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

447016 FEB22 2005

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

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 990485 1stC  
IMPERIAL CLEANERS  
351 Cypress Drive  
TEQUESTA, FL 33469

FOR GOVERNMENT USE ONLY  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

Printed on recycled paper.

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FEB 23 2005  
Bureau of Air Mail  
& Mobile Services

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389456

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 # 0990485  
IMPERIAL CLEANERS  
MARTHA STRICKLAND  
351 CYPRESS DRIVE  
TEQUESTA FL 33469

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

RECEIVED  
MAIL ROOM  
DEC 23 99



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354603

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

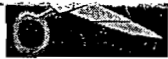
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

|  |
|--|
| AIRS ID # 0990485  |
| IMPERIAL CLEANERS<br>MARTHA STRICKLAND<br>351 CYPRESS DRIVE<br>TEQUESTA FL 33469 |

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

RECEIVED  
 MAIL ROOM  
 DEC 1 10 23  
 RECEIVED  
 DEC 2 10 23  
 Bureau of Air  
 & Mobile Support



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414411 FEB22 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 # 0990485   |
| IMPERIAL CLEANERS<br>MARTHA STRICKLAND<br>351 CYPRESS DRIVE<br>TEQUESTA FL<br>33469 |

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

X



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

ID# 990485 ~~SOMPDU KHANTHAVONG~~  
~~MARTHA STRICKLAND~~  
 IMPERIAL CLEANERS  
 351 CYPRESS DRIVE  
 TEQUESTA, FL 33469

4363702 FEB 13 2004  
 RECEIVED  
 FEB 19 2004  
 Bureau of Air Monitoring  
 & Mobile Sources

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

(cut here)



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: \$75.00**

Do NOT Remove Label

AIRS ID#0990485  
 IMPERIAL CLEANERS  
 MARTHA STRICKLAND  
 351 CYPRESS DRIVE  
 TEQUESTA FL  
 33469

428911 APR 25 2003  
 RECEIVED  
 APR 29 2003  
 Bureau of Air Monitoring  
 & Mobile Sources  
 FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: A1  
 Fund: 20-2-035001  
 Obj.: 002273



| U.S. Postal Service<br>CERTIFIED MAIL RECEIPT<br>(Domestic Mail Only; No Insurance Coverage Provided)                                 |           |                     |
|---|-----------|---------------------|
| AIRS ID # 0990485   |           |                     |
| Postage   | \$        | Postmark<br>Here    |
| Certified Fee   |           |                     |
| Return Receipt Fee<br>(Endorsement Required)  |           |                     |
| Restricted Delivery Fee<br>(Endorsement Required)   |           |                     |
| <b>Total Postage &amp; Fees</b>   | <b>\$</b> |                     |
| <b>Recd</b> IMPERIAL CLEANERS<br>MARTHA STRICKLAND<br><b>Street</b> 351 CYPRESS DRIVE<br>TEQUESTA FL<br><b>City, State, ZIP</b> 33469 |           | <b>Instructions</b> |

7000 0520 0020 9373 1685

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2/9</u><br>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee<br>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below: _____ |
| 1. Article Addressed to:<br><br>AIRS ID # 0990485<br>IMPERIAL CLEANERS<br>MARTHA STRICKLAND<br>351 CYPRESS DRIVE<br>TEQUESTA FL<br>33469   | Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.   |
| 2. Article Number (Copy from service label)<br><u>7000 0520 0020 9373 1685</u>   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes   |
| PS Form 3811, July 1999 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-99-M-1789</span>   |  |

RECEIVED  
FEB 25 2002  
Bureau of Air Mail & Mobile Services

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

7000 0600 0026 4127 3679

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |

Postmark  
Here

Total F

AIRS ID # 0990485

Recipient: IMPERIAL CLEANERS  
 MARTHA STRICKLAND  
 Street, A 351 CYPRESS DRIVE  
 TEQUESTA FL 33469  
 City, State

PS Form 3800, February 2000

See Reverse for Instructions

**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 # 0990485

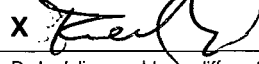
IMPERIAL CLEANERS  
 MARTHA STRICKLAND  
 351 CYPRESS DRIVE  
 TEQUESTA FL 33469

**COMPLETE THIS SECTION ON DELIVERY**

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

2/9/01

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)

7000 0600 0026 4127 3679

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

7000 0520 0020 9372 7282

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

*07/20/01*  
*3/20/01*  
*07/20/01*

Postmark  
Here

AIRS ID#0990485

Re: IMPERIAL CLEANERS  
 MARTHA STRICKLAND  
 Str: 351 CYPRESS DRIVE  
 City: TEQUESTA FL 33469

Sender's Name

PS Form 3811

Instructions

**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#0990485

IMPERIAL CLEANERS  
 MARTHA STRICKLAND  
 351 CYPRESS DRIVE  
 TEQUESTA FL  
 33469

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 10/20/01

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)

7000 0520 0020 9372 7282

UNITED STATES POSTAL SERVICE



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

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

2003 APR 22 PM 12:10

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

APR 24 2003  
CEIVED



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

7001 0320 0001 7976 6386

OFFICIAL USE

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

Postmark  
 Here

AIRS ID#0990485

Total Postage IMPERIAL CLEANERS

Sent To MARTHA STRICKLAND  
 351 CYPRESS DRIVE  
 Street, Apt. No.; TEQUESTA FL  
 or PO Box No. 33469  
 City, State, ZIP+

PS Form 3800, January 2001

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE 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#0990485

IMPERIAL CLEANERS  
 MARTHA STRICKLAND  
 351 CYPRESS DRIVE  
 TEQUESTA FL  
 33469

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

*X Elean Fonda*  Agent  
 Addressee

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

**MISDELIVERED**  
 Not for P. O. Box 12519

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)

7001 0320 0001 7976 6386

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

MAR 18 2003

RECEIVED



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

**OFFICIAL USE**

7001 0320 0001 7975 4772

|   |  |
|---|--|
| Postage \$  |  |
| Certified Fee                                     |  |
| Return Receipt Fee<br>(Endorsement Required)      |  |
| Restricted Delivery Fee<br>(Endorsement Required) |  |
| <b>Total Postage</b>                              |  |

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#0990485

Sent To **IMPERIAL CLEANERS**  
**MARTHA STRICKLAND**  
 Street, Apt. No. or PO Box No. **351 CYPRESS DRIVE**  
 City, State, Zip **TEQUESTA FL 33469**

PS Form 3800

**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#0990485

**IMPERIAL CLEANERS**  
**MARTHA STRICKLAND**  
**351 CYPRESS DRIVE**  
**TEQUESTA FL**  
**33469**

**COMPLETE THIS SECTION ON DELIVERY**

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

**0 FEB**

C. Signature

**X**

*[Handwritten 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

Article Number (Copy from service label)

7001 0320 0001 7975 4772

UNITED STATES POSTAL SERVICE



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

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

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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FEB 12 2003  
Bureau of Air Monitoring  
& Mobile Sources





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

**OFFICIAL USE**

7000 2870 0000 7027 4213

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |

*Receipt*  
 Postmark Here

Total Postage 10 AIRS ID # 0990485001AG  
 Sent To MARTHA STRICKLAND  
 IMPERIAL CLEANERS  
 Street, Apt. No 351 CYPRESS DRIVE  
 City, State, ZIP TEQUESTA FL 33469

PS Form 3800, May 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS  
**SENDER: COMPLETE THIS SECTION** **COMPLETE THIS SECTION ON DELIVERY**

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

1 Article Addressed to:

AIRS ID # 0990485001AG  
 MARTHA STRICKLAND  
 IMPERIAL CLEANERS  
 351 CYPRESS DRIVE  
 TEQUESTA FL 33469

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature *[Signature]*  Agent **2/14/02**  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

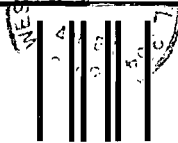
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

70002870000070274213

2 Article Number (Copy from service label)

UNITED STATES POSTAL SERVICE



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

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

DARMMOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED  
FEB 7 2002  
Bureau of Air Monitoring  
& Mobile Sources

32399+6342 01



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**OFFICIAL USE**

7004 2510 0002 3938 6945

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |
| Total Postage & Fees                              |    |

Postmark  
Here

AIRS ID# 990485 1stC  
Ser IMPERIAL CLEANERS  
Str 351 Cypress Drive  
or F  
City TEQUESTA, FL 33469

PS

See Reverse for Instructions

**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.

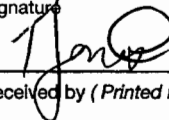
1. Article Addressed to:

AIRS ID# 990485 1stC  
IMPERIAL CLEANERS  
351 Cypress Drive  
TEQUESTA, FL 33469

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

7 FEB

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 Merchant

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

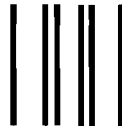
Number

(from service label)

7004 2510 0002 3938 6945

POSTAGE WILL BE PAID BY ADDRESSEE

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 6470

• 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

RECEIVED  
FEB 9 2005



**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<br>(Endorsement Required)      |    |  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |  |

ID# 990485

MARTHA STRICKLAND  
 IMPERIAL CLEANERS  
 351 CYPRESS DRIVE  
 TEQUESTA, FL 33469

PS Form 3800, June 2002 See Reverse for Instructions

7003 2260 0003 5650 8281

**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# 990485  
 MARTHA STRICKLAND  
 IMPERIAL CLEANERS  
 351 CYPRESS DRIVE  
 TEQUESTA, FL 33469

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 6 FEB

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

3. Service Type

|  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Transfer from service label) 7003 2260 0003 5650 8281

UNITED STATES POSTAL SERVICE



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

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

DARWIN MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
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