Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 13, 1997

Mr. Wales C. Martindale
Spartan Cleaners
5500 South Dixie Highway
West Palm Beach, Florida 33405

Re: Facility No. 0990487

Dear Mr. Martindale:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 24, 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, Florida 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,

for Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw
cc: Mr. Al Grasso, Palm Beach County

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TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 900 TIME OUT: 1050 AIRS ID#: N/A 0990487

TYPE OF FACILITY: Dry Cleaner

FACILITY NAME: Spartan Dry Cleaners DATE: 3/6/97

FACILITY LOCATION: 5500 So Dixie Hwy.
WPB 33405

RESPONSIBLE OFFICIAL: Wales Martindale PHONE NUMBER: 687-588-8645

[X] 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 [ ] [X] N/A

DATE OF NEXT INSPECTION: 3/98
(Approximate)

INSPECTION CONDUCTED BY: W. Gallo
(Please Print)

INSPECTOR'S SIGNATURE: W. Gallo PHONE NUMBER: 561-355-4555

#0990487

Spartan Cleaners

p.14 1.(a) add date(s) control device(s) installed
1.(c) mark out "X" and initial
p.15 5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
WALES C. MARTINDALE DBA SPARTAN CLNRS.

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

3. Hazardous Waste Generator Identification Number:
FLD066299926

4. Facility Location:
Street Address: 5500 S. DIXIE HWY.
City: W. PALM BEACH County: PALM BEACH Zip Code: 33405

5. Facility Identification Number (DEP Use): 0990489

Responsible Official

6. Name and Title of Responsible Official:
WALES C MARTINDALE - OWNER

7. Responsible Official Mailing Address:
Organization/Firm: SPARTAN CLEANERS
Street Address: 5500 S. DIXIE HWY
City: WEST PALM BEACH County: PALM BEACH Zip Code: 33405

8. Responsible Official Telephone Number:
Telephone: (561) 588 8645 Fax: (561) 967-2777

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
TIM LINROWS - PLANT MANAGER

10. Facility Contact Address:
Street Address: 5500 S. DIXIE HWY
City: W. PALM BEACH County: PALM BEACH Zip Code: 33405

11. Facility Contact Telephone Number:
Telephone: (561) 588 8645 Fax: (561) 967-2777

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MAR 24 1997
Bureau of Air Monitoring & Mobile Sources

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
Example	*#1*	*03-OCT-93*	*12-NOV-93*	*#2*	*08-DEC-91*		*#3*	*02-MAR-92*	*02-MAR-92*
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	15 JAN 92		#2	07 FEB 91				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed [X]

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
[100] 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 P.C.

Existing small area source [ ] New small area source [X]

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 [X]

New small area source
Refrigerated condenser [X]

New large area source
Refrigerated condenser [X]

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 [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(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) _____.

[X] 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.

Signature

05 March 1997
Date

4RMS

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT/DISCOVERY ☐

RE-INSPECTION ☐

Applied for

AIRS ID#: 0990487 DATE: 3/6/97 TIME IN: 900 TIME OUT: 1030

FACILITY NAME: SPARTAN CLEANERS

FACILITY LOCATION: 5500 So Dixie Hwy

WPB 33405

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)

Two machines both purchased after 91

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)

This is a correct facility classification ☐Y ☐N

If no, please check the appropriate classification:

☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

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

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? NO deviation reports yet ☒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 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)	☒		
Physical detection (airflow felt through gaskets)	☒		
Odor (noticeable perc odor)	☒		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	☐		☒ 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	☒ N/A
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	☐ Y	☐ N	☒ N/A
c. Inspected for leaks and obvious signs of wear on a weekly basis?	☐ Y	☐ N	☒ N/A
d. Kept in a clean and secure area when not in use?	☐ Y	☐ N	☒ N/A
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	☐ Y	☐ N	☒ N/A
3. Has the facility maintained a leak log?	☒ Y	☐ N	☒ N/A

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

Hose connections, fittings, couplings, and valves	☒ Y	☐ N		Muck cookers	☐ Y	☐ N ☒ N/A
Door gaskets and seating	☒ Y	☐ N		Stills	☒ Y	☐ N ☒ N/A
Filter gaskets and seating	☒ Y	☐ N		Exhaust dampers	☐ Y	☐ N ☒ N/A
Pumps	☒ Y	☐ N		Diverter valves	☒ Y	☐ N ☒ N/A
Solvent tanks and containers	☒ Y	☐ N		Cartridge filter housings	☒ Y	☐ N ☒ N/A
Water separators	☒ Y	☐ N				

Tim Lindsey
Name of Responsible Official (Signature)

TIM LINDSEY 588-8645
Name of Responsible Official (Print) & Phone #

WT Gatlin
Inspector's Name (Please Print)

3/4/97
Date of Inspection

W/ Gatlin
Inspector's Signature

3/98
Approximate Date of Next Inspection

	Yes	No	
1. Secondary Containment for: Dry Cleaning Machine & Storage area	[X]	[ ]	
Waste area	[X]	[ ]	
Spotting area Sealed	[X]	[ ]	Sheet metal
2. Disposal of Water from Water Separator using approved evaporator	[X]	[ ]	Ozonator system
or Waste Handling Pick ups Water	[ ]	[ ]	N/A

303127

RECEIVED
FEB 24 1998
Bureau of Air Monitoring & Mobile Sources
MAIL ROOM
FEB 20 98

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0990487
WALES C MARTINDALE
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL 33405

Do NOT Remove Label

Annual Reporting Period: 01-01-97 19___ TO 01-01-98 19 98

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 _____

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 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: WALES C. MARTINDALE _____ 13/2/98
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.

11/06/97

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0990487 DATE: 2-17-98 TIME IN: 2:10 TIME OUT: 3:00
FACILITY NAME: SPARTAN Dry Cleaners
FACILITY LOCATION: 5500 So Dixie HWY
WPB, FL 33405
RESPONSIBLE OFFICIAL: Don T. Linkous PHONE: 588-8645
CONTACT NAME: _____ 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 ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ 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)

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 410 gallons.

TWO Dry Cleaning Machine
1. Super Matic Mfg Date 1985
2. Marvel Mfg Co. Mfg Date 12/1989
(MARVEL)

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 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	☐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	☒Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☒N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☒N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐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:	☒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

DON T. LINKOUS
Responsible Official's Name (Please Print)

Don T. Linkous
Responsible Official's Signature

R V Chotkshi
Inspector's Name (Please Print)

2-17-98
Date of Inspection

R.V. Chotkshi
Inspector's Signature

2-17-99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

		Yes	NO
1. Secondary Containment for: Dry Cleaning	Machine & Storage area	[✓]	[ ]
	Waste area	[✓]	[ ]
	Spotting area Sealed	[✓]	[ ]

Put steel sheet on the floor (like Sealing)

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

MCF picks up the waste

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION [ ]

TIME IN: 2:10 TIME OUT: 3:00 AIRS ID#: 0990487

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: SPARTAN Dry cleaners DATE: 2-17-98

FACILITY LOCATION: 5500 So. Dixie Hwy
WPB, FL 33405

RESPONSIBLE OFFICIAL: DON T. Linkous PHONE NUMBER: 588-8645

[X] 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 [X]

DATE OF NEXT INSPECTION: 2-17-99 (Approximate)

INSPECTION CONDUCTED BY: R V Chokshi (Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070 ~~588-8645~~

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐ RE-INSPECTION ☐

TIME IN: 10:40 TIME OUT: 11:10 AIRS ID#: 0990487

TYPE OF FACILITY: DRY CLEANING

FACILITY NAME: SPARTAN DRY CLEANERS DATE: 1-20-99

FACILITY LOCATION: 5500 SO. Dixie HWY
WPB, FL 33405

RESPONSIBLE OFFICIAL: DON T. LINKOUS PHONE NUMBER: 588-8645

☒ 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: Jan 2000 (Approximate)

INSPECTION CONDUCTED BY: R V Chokshi (Please Print)

INSPECTOR'S SIGNATURE: R 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# 0990487 DATE: 1-20-99 TIME IN: 10:40 TIME OUT: 11:10

FACILITY NAME: SPARTAN DRY CLEANERS

FACILITY LOCATION: 5500 SO. Dixie Hwy
WPB, FL 33405

RESPONSIBLE OFFICIAL: DON T. LINKOUS PHONE: 588-8645

CONTACT NAME: _____ 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 ☐

PART II: CLASSIFICATION

Facility indicated on notification form that it is: ☐ No notification form
(check appropriate box) ☐ 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)

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 320 gallons. for 1998

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	☑Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☑N/A
Door gaskets and seating	☑Y ☐N ☐N/A	Stills	☑Y ☐N ☐N/A
Filter gaskets and seating	☑Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☑N/A
Pumps	☑Y ☐N ☐N/A	Diverter valves	☑Y ☐N ☐N/A
Solvent tanks and containers	☑Y ☐N ☐N/A	Cartridge filter housings	☑Y ☐N ☐N/A
Water separators	☑Y ☐N ☐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: ☑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

KENT M. MATTINDALE
Responsible Official's Name (Please Print)

Responsible Official's Signature

R. V. Chokshi
Inspector's Name (Please Print)

1-20-99
Date of Inspection

R. V. Chokshi
Inspector's Signature

Jan 2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

		Yes	NO
1. Secondary Containment for:	Dry Cleaning Machine & Storage area	[/]	[ ]
	Waste area	[/]	[ ]
	Spotting area Sealed	[/]	[ ]
2. Disposal of Water from Water Separator using approved evaporator		[ ]	[ ]
	or contracted Wastewater service	[/]	[ ]

~~MCE picks~~

Safety Kleen picks up the waste when Called

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ] RE-INSPECTION

TIME IN: 11:05 TIME OUT: 11:45 AIRS ID#: 0990487

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: Spartan Dry Cleaners DATE: 2/7/00

FACILITY LOCATION: 5500 S. Dixie Hwy
WPB, FL 33405

RESPONSIBLE OFFICIAL: Koji Martindale PHONE NUMBER: 588-8645

[X] 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 [X]

DATE OF NEXT INSPECTION: Feb 2001
(Approximate)

INSPECTION CONDUCTED BY: Jeffrey Dizak
(Please Print)

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

PERCHLOROETHYLENE DRY CLEANERS ✓

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [ ]
RE-INSPECTION [ ]

AIRS ID#: 0990487 DATE: 2/7/00 TIME IN: 11:05 TIME OUT: 11:45

FACILITY NAME: Spartan Dry Cleaners

FACILITY LOCATION: 5500 S. Dixie Hwy
WPB, Fl 33405

RESPONSIBLE OFFICIAL: Curt Martindale PHONE: 588 - 8645

CONTACT NAME: _____ 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 [ ]

PART II: CLASSIFICATION

Facility indicated on notification form that it is: [ ] No notification form
(check appropriate box) [ ] 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 [X]
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)

5. This is a correct facility classification [X] 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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 227 gallons. for 1999.

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	[X]	[ ]
	Waste area	[X]	[ ]
	Spotting area Sealed	[X]	[ ]
2.	Disposal of Water from Water Separator using approved evaporator	[X]	[ ]
	or contracted Wastewater service	[ ]	[X]

(A) Safety Kleen 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	☒Y ☐N ☐N/A	Muck cookers	☐Y ☐N ☒N/A
Door gaskets and seating	☒Y ☐N ☐N/A	Stills	☒Y ☐N ☐N/A
Filter gaskets and seating	☒Y ☐N ☐N/A	Exhaust dampers	☐Y ☐N ☒N/A
Pumps	☒Y ☐N ☐N/A	Diverter valves	☒Y ☐N ☐N/A
Solvent tanks and containers	☒Y ☐N ☐N/A	Cartridge filter housings	☒Y ☐N ☐N/A
Water separators	☒Y ☐N ☐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)	☒ NA
Halogen leak detector	☒ NA
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

Responsible Official's Name (Please Print)

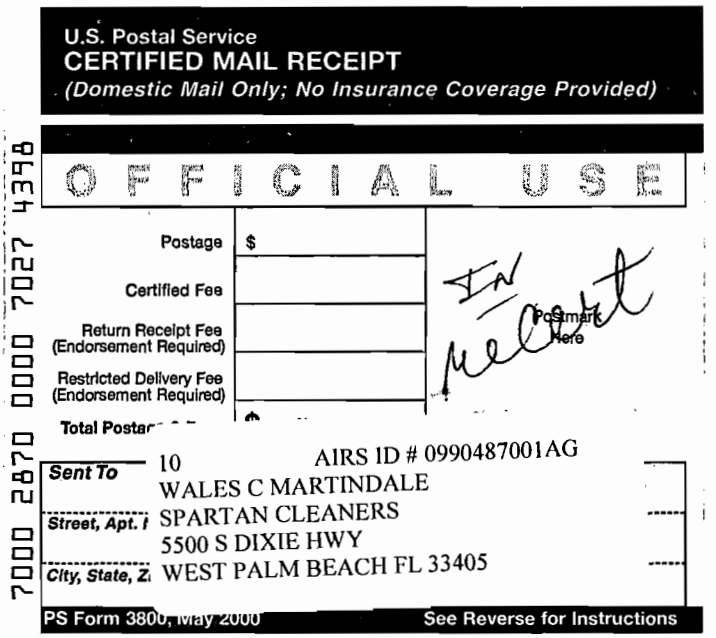
Responsible Official's Signature

Jeffrey Dizek
Inspector's Name (Please Print)

2/7/00
Date of Inspection

Jeffrey Dizek
Inspector's Signature

Feb 2001
Approximate Date of Next Inspection



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

OFFICIAL USE

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

Postmark Here

IN
Mail

7000 2870 0000 7027 4398

Sent To 10 AIRS ID # 0990487001AG
WALES C MARTINDALE
Street, Apt. I SPARTAN CLEANERS
5500 S DIXIE HWY
City, State, Z WEST PALM BEACH FL 33405

PS Form 3800, May 2000 See Reverse for Instructions

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

412347 DEC28 2001

Do NOT Remove Label

AIRS ID # 0990487
SPARTAN CLEANERS
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL
33405

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 990826

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

12-26-00 pd

RECEIVED
MAIL ROOM
DEC 26 00

Do NOT Remove Label

AIRS ID # 0990487
SPARTAN CLEANERS
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL 33405

RECEIVED
DEC 27 2000
Bureau of Air Monitoring & Mobile Sources

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

SPARTAN CLEANERS / OF THE PALM BEACHES, INC. 12/21/2000 2316

DEPT OF ENVIRONMENT 50.00

12/13/2000 Bill #

SunTrust 50.00

ROBINSON ACCOUNTING SERVICE
1801 E. Colonial Dr., Ste. 107
Orlando, Florida 32803

ORLANDO FL
PM
22 DEC
2000

33 USA

U.S. Postal

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

32315N3070

Z 333 613 070

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

AIRS ID 0990487

WALES C MARTINDALE
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL 33405

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	
TOTAL Postage & Fees	**$**
Postmark or Date	

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0990487

WALES C MARTINDALE
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL 33405

4a. Article Number

Z 333 613 070

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

2/14/98

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*

X

PS Form **3811**, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357477

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 # 0990487
SPARTAN CLEANERS
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL 33405

RECEIVED
MAIL ROOM
JAN 15 99

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303127 V

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 0990487
WALES C MARTINDALE
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL 33405

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 389451

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
DEC 13 99

Do NOT Remove Label

AIRS ID # 0990487
SPARTAN CLEANERS
WALES C MARTINDALE
5500 S DIXIE HWY
WEST PALM BEACH FL 33405

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273