

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 9, 1996

Mr. Fred W. Jones Celtic Dry Cleaners 12639 US Highway 19 Hudson, Florida 34667

Re: Facility I.D. No. 1010336

Dear Mr. Jones:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November 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. Louis Fernandez, Southwest District

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

Printed on recycled paper.



Department of Environmental Protection

Jeb Bush

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(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: \$50.00

Do NOT Remove Label

AIRS ID # 1010336

CELTIC DRY CLEANERS FRED W JONES 12639 US HWY 19 HUDSON FL 34667 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Department of Environmental Protection

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

David B. Struhs Secretary

January 23, 2001

Mr. Fred W. Jones Celtic Dry Cleaners 12237 Cider Mill Lane Hudson, Florida 34667-2450

Dear Mr. Jones:

Thank you for your note informing the Division of Air Resource Management that your facility Celtic Dry Cleaners has been sold. We received your note on January 23 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Celtic Dry Cleaners (AIRS ID #1010336) was in operation in **2000**, the fee is due.

For your convenience, I am enclosing a copy of your original invoice and a self addressed envelope. If you have any questions or need additional information or assistance, please call me at 850/921-9583.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB/

Enclosures

cc: Maggie Cangro, Southwest District

"More Protection, Less Process"

#1010336

Celtic Dry Cleaners — Spoke with Fred Jones—9/24/96— propane use approx. 2,/32gal/yr, under limits
under limits 6. add title - Owner
 1:
 · · · · · · · · · · · · · · · · · · ·

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•					
1.	Facility Owner/Company Name (Name	of corpora	tion, agency, or i	individual o	wner):	
	FRED W. JONE	ES				
2.	Site Name (For example, plant name or	number):				
	CELTIC DRY CI	-EAN	IEKS			
3.	Hazardous Waste Generator Identification					
	FL 0000	78	0 635			
4.	Facility Location: Street Address: 12 639	US	HWY	/ [-)	
	Street Address: 12 639, City: HUDSON	County:	PASCO	Zir	Code: 3466	<i>i</i> 7
5.	Facility Identification Number (DEP Us		***		2.0	
) — — <u>— — — — — — — — — — — — — — — — —</u>	10	010336	
		Responsi	ble Official			
Z125						
6)	Name and Title of Responsible Official:					
	FRED WJONE	5				
7.	Responsible Official Mailing Address:					
	Street Address: 17639 (15	HW	14 19			
	Organization/Firm: Street Address: 12639 US City: HUDSON	County	" PASCO	\supset	Zip Code: 34	667
8.	Responsible Official Telephone Number Telephone: (813) 862 - 58					
	Telephone: (813) 862 - 58	12	Fax: (8	(13) 86	2.5812	
	Facility Contact ((If differer	nt from Respons	ible Officia	al)	
	N. J. F. T. C (F.					
9.	Name and Title of Facility Contact (For				T- UCC	
		1M/ [FRE	3 W.	70NEZ	
10.	Facility Contact Address:	SAM	E	•		
	Street Address:	7 PT	126			
	City:	County:		Zip	Code:	
11.	Facility Contact Telephone Number:	<u> </u>	0 -		-	
	Telephone: () -	SAM	EFax: ()	-	
						, r n
					DECEIN	/ H)

AUG 3 0 1996

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

Page 13 of 16

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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit								• .	
(1) w/ ref. condenser							l		
(2) w/ carbon adsorber		_							
(3) w/ no controls		08-16091		8			8		
Washer Unit		<u> </u>		-					
(4) w/ ref. condenser									
(5) w/ carbon adsorber								-	
(6) w/ no controls									
Dryer Unit		The production of the	January	•	n jijara karasa	11 14 14		e, et letter,	The production
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
(10) w/ ref. condenser				Ī					
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of the control of the contr	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [oroethylene (perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)	ew sn	initions found nall area sour	rce [3) of]	Part II?	
A Pristing image and	-u 301		140	, ,, im	. Se area sour	~~ <u></u>	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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
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 All steam and hot water generating units exempt PROPANE FU
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

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

Surrender of Existing Air Permit(s)

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

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FRED . W. JONES
2.	Site Name (For example, plant name or number):
	CELTIC DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FL 0000 780 635
4.	Facility Location: Street Address: 12639, US HWY 19
	Street Address: 12639, US HWY 19 City: HUDSON County: PASCO Zip Code: 34667
5.4	Facility Identification Number (DEP Use):
	1
	Responsible Official
6.	Name and Title of Responsible Official:
	FRED WJONES, OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 17639 (15 HW) 19
	Street Address: 12639 US HWY 19 City: HUDSON County: PASCO Zip Code: 34667
8.	Responsible Official Telephone Number: Telephone: (813) 862 - 5812 Fax: (813) 862 - 5812
	Telephone: (813) 862-5812 Fax: (813) 862-5812
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME FRED WJONES
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Felephone: () - SAME Fax: () -
	5/1/V(
	DECEIVED

AUG 3 0 1996

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

Page 13 of 16

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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser			_	l					
(2) w/ carbon adsorber		_							1
(3) w/ no controls		08-16691		0			N	·	T
Washer Unit		<u> </u>	I	-	<u> </u>		<u> </u>		<u> </u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									1
(6) w/ no controls						1			1
Dryer Unit							ı		
(7) w/ ref. condenser				I					
(8) w/ carbon adsorber									1
(9) w/ no controls									ļ ———
Reclaimer Unit	, : .					: * *	L		
(10) w/ ref. condenser					-	1			
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are requant gallo	equired to be ity of perchloons ow many? [_	installed [perc)	purchased i				
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small ar	urce Selec	classification	based on the cation only.)	e defi	nitions foun nall area sou	d in section (i			
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	-ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?
Existing large area source		
Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		6 hp. Boiler PROPANE FUE
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		
(c) Refrigerated condenser temperature monitoring		(Ma)
(d) Carbon adsorber exhaust perc concentration mon	itoring	Maj
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		$ \mathcal{L} $

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	· ·
Ľ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	B 26 96 Date 2 113/97
X	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🏹	COM	PLAINT/DISCOVERY [RE-INSPECTION
TIME IN:	TIME OUT:		AIRS [D#	1010336
TYPE OF FACILITY: D				·
FACILITY NAME: <u>Celt</u>	ic Dry Clean	ero		DATE: 2/13/97
	,	vy /	7	<i></i>
	- /	3466		
RESPONSIBLE OFFICIAL:	Fred Jones		PHONE NUM	1BER:8/3/
	f the compliance requiremen Rule 62-213.300, Florida A			he facility is found to be in
Based on the results of discrepancies were not	the compliance requiremented:	nts evaluat	ed during this inspection, t	he following compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP A	ACTION REQUIRED
·			·	•
				·
		,		
,				
COMMENTS:		l.		
	• •			
The Annual Compliance Certific	cation form has been proper	ly certifie	d and submitted to the insp	ector. YES NO
DATE OF NEXT INSPECTIO	IN:FEB	148	oximata)	
INSPECTION CONDUCTED	α	T C	oximate) ANBRO se Print)	
INSPECTOR'S SIGNATURE	: Margaret Ca	ngro	PHONE NUM	BER: 813/744-6100
	0	// Page	of	×/25 Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	, <u>p</u>	COMPLAINT/DISCO	VERY 🗆
AIRS ID#: 1010336			N: TIME	OUT:
FACILITY NAME:	,	1 1		
FACILITY LOCATION:	2639 U	s Hw	y 19	·
	Hudson,	Fi 346	67	
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DA	RM by 9/1/96			Þ
2. New facility notified DARM	30 days prior to startu	ıp		۵
3. Facility failed to notify DAR	M to use general perm	uit		
PART II: CLASSIFICATION	T			
Facility indicated on notificati (check appropriate box)	on form that it is:	15.55		
A. 1. Existing small area sour dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r d t: b	2. New small a lry-to-dry only, ransfer only, x <poth constructed="" on<="" td="" types,="" x<14=""><td>x<140 gal/yr 200 gal/yr</td><td>3</td></poth>	x<140 gal/yr 200 gal/yr	3
3. Existing large area sourd dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>00 gal/yr d gal/yr ti /yr b</td><td>ransfer only, 20 ooth types, 140<</td><td>140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td>]</td></x<1,800></x<2,></td></x<2,>	00 gal/yr d gal/yr ti /yr b	ransfer only, 20 ooth types, 140<	140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td>]</td></x<1,800></x<2,>]
This is a correct facility classific	cation	eg □n		
If no, please check the appropri	ate classification:	`		
	ed for a general permits above limits and is n		above general permit	
B. The total quantity of perchlo facility was gallons.	roethylene (perc) purc	hased within th	e preceding 12 months by	y this dry cleaning

ADDITIONAL SITE INFORMATION:

Salore

Valorey, 300. STeam Scriai + 34,0385,2185

1985

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	ØY □N
2. Examining the containers for leakage?	AY ON
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?	ØY □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MONA
PART IV: PROCESS VENT CONTROLS	N - 2 - 1 - 1
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□У □И
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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 condenses on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	r located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	, ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	NO YO
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?	
Is the perc concentration equal to or less than 100 ppm?	□Y □N
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?	on,
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	_
Has the responsible official: (check appropriate boxes)	
	DXX □N
(check appropriate boxes)	д х. Пи
(check appropriate boxes) 1. Maintained receipts for perc purchased?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	ØAL □N
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt? 	2 □N □N ØX □N
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day. 	STY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	DY DAY DN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	SOY ON SOY ON SOY ON SOY ON NA OY ON NA NA NA NA NA
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	SOY ON SOY ON SOY ON SOY ON OY ON NA OY ON NA OY ON NA OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	STY ON STY ON STY ON ANOTHER STY ON ON ON ON ON ON ON ON ON O
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	SOLY ON SOLY ON SOLY ON ANOTHER SOLUTION SOLY ON ANOTHER SOLUTION ANOTHER SOLU
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 day and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	SOLY ON SOLY ON SOLY ON ANOTHER SOLUTION SOLY ON ANOTHER SOLUTION ANOTHER SOLU

2.	Which method of detection is used by t	he respo	nsible official?			-
	Visual examination (condensed solvent on exterior surfaces)				9	
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				€ ~	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	If using direct-reading instrume	ntation,	, is the equipn	nent:		
	a. Capable of detecting p	erc vapo	or concentration	ons in a range of 0-500 ppm?		אכ
	b. Calibrated against a s (PID/FID only)?	tandard	gas prior to an	d after each use		אכ
	c. Inspected for leaks an	d obviou	s signs of wea	r on a weekly basis?		JN .
	d. Kept in a clean and so	cure are	a when not in	use?		אכ
	e. Verified for accuracy	by use of	f duplicate sam	ples (calorimetric only)?		אכ
3.	Has the facility maintained a leak log?					אכ
4.	Does the responsible official check the	following	g areas for leal	cs?		
•	Hose connections, fittings, couplings, and valves	SPY	□N	Muck cookers	W	□N
	Door gaskets and seating	ФY	ПN	Stills	dY	ПN
	Filter gaskets and seating	фY	□N	Exhaust dampers	ФY	ПN
	Pumps	þΥ	□N	Diverter valves	фу	ПN
	Solvent tanks and containers	ÞΥ	□и	Cartridge filter housings	фY	ПN
	Water separators	ÞΥ	ПИ			
	Eval To					

Name of Responsible Official

MARGARET (ANGRO

Inspector's Name (Please Print)

Margaret Cargro

Inspector's Signature

Date of Inspection
Fch 98

Approximate Date of Next Inspection

AIRS ID#: 10/0336

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	·
FACILITY NAME: Celtie Dry Cleaners FACILITY LOCATION: 12639 US 19 Ludson, FL 34667	DATE: 2/13/97
FACILITY LOCATION: 126 39 US 19	
Mydron FL 34667	
14 CCC 1 C C C C C C C C C C C C C C C C	
Annual Reporting Period: Sept - 1996 TO	Feb 13, 1997
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	<u> </u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance dur	ing the reporting period stated above:
Exact period of non-compliance: fromtoto	
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 duri	ing the reporting period stated above:
Exact period of non-compliance: fromto	
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 real nade in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-bear for transfer or combination facilities. RESPONSIBLE OFFICIAL:	of perchloroethylene solvent, based
Name (Please Print)	ature 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.

AIRS ID#: 1010336

RECEILIVE D

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FEB 1 2 1998

	Sureau of Air Monitori
FACILITY NAME: Celtic Dry Clean	mornie bources
FACILITY LOCATION: 12639 US 19	7
	34667
Annual Reporting Period: 2 1	1997 то 2/5 198
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	
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 beer	n 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:	
made in this notification are true, accurate and complete. Fi	ation and belief formed after reasonable inquiry, that the statements wither, my annual consumption of perchloroethylene solvent, based 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	~ 	COMPLAINT/DISCOVER	у ш
AIRS ID#: 1010 336 FACILITY NAME: (el)	~,	,		r: <u>17:45</u>
FACILITY LOCATION:	_ /	19		
RESPONSIBLE OFFICIAL :	Fred Jon	Les	PHONE: 727/862	1-5812
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION			Ø (C	
(check appropriate box)			GE TA	
1. New facility notified DARM	I 30 days prior to startup		No. P. O.	
2. Facility failed to notify DAR	M to use general permit		The Solution 1995	
			C _g C _g	
II TO A TOTAL TE. A SELECTION OF A SECURITION OF				
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.		·	☐ No notification form ☐ Drop store/out of busines	ss/petroleum
Facility indicated on notificati (check appropriate box)	rce 2. dry trai	insfer only, $x < 1$ th types, $x < 1$	☐ Drop store/out of busine. rea source ☐ x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: ree 2. /yr dry tran bot (co ree 4. 1,100 gal/yr dry gal/yr bot	y-to-dry only, ansfer only, x of the types, x < 1 constructed on New large any-to-dry only, ansfer only, 20 of the types, 140 of types, 140	☐ Drop store/out of busines rea source ☐ x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	y-to-dry only, ansfer only, x of the types, x < 1 constructed on New large any-to-dry only, ansfer only, 20 of the types, 140 of types, 140	Drop store/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	ss/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 \le x \le 2 transfer only, 200 \le x \le 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facility of facil	ion form that it is: rce	y-to-dry only, ansfer only, x on the types, x < 1 on tructed on New large and y-to-dry only, ansfer only, 20 on tructed on New Inc.	□ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine mber above	ss/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DYN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ØY □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZNA beds according to the manufacturer's specifications? 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) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the QY QN QN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the QY QN QN/A condenser exceeded 45%F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□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?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/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?	OY ON ON/A
_		

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? N DYZ 2. Maintained rolling monthly total of perc consumption? AY DN 3. Maintained leak detection inspection and repair reports for the following: DY DN DYN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN AN/A and parts installed w/in 5 days of receipt? DY DN BN/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN BN/A XY □N 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN ADN/A DY DN MN/A Problem corrected? DY DN **X**N/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	Q Y	⊓א			
2.	Has the facility maintained a leak log?	9 1Y	א□			
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves AY ON ON/A Muck cookers	E Y	□N □N/A			
	Door gaskets and seating	¥Υ	DN □N/A			
	Filter gaskets and seating XY ON ON/A Exhaust dampers	Z Y	□N □N/A			
	Pumps	d Y	□и 25% и□			
	Solvent tanks and containers Y N N/A Cartridge filter housings	ØY	□N □N/A			
	Water separators					
4.	Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)	A				
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)	是				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	- If using direct-reading instrumentation, is the equipment:	(N/	Α			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΠY	א□			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΠY	ПИ			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΠY	⊓א			
	d. Kept in a clean and secure area when not in use?	ΠY	□и			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΠY	ח□			

MARGARET	CANGRO
Inspector's Name	(Please Print)
Margaret	Cangro
Inspector's Si	gnature

3-2-99 Date of Inspection

MARCH ZOOR
Approximate Date of Next Inspection

AIRS ID#: <u>1010336</u>

. ×

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Celtic D	ry Cleaners	DATE: 3/2/99
FACILITY LOCATION: 1263		· · · · · · · · · · · · · · · · · · ·
Hu dson	•	
) Value	
Annual Reporting Period:	2-6- 1918 TO	3 - 3 1999
Based on each term or condition of the Title V		
62-213.300, Florida Administrative Code (F.A.	A.C.), during the period covered by this	s statement. YES INO
If NO, complete the following:		P.
#1. Term or condition of the general permit t	hat has not been in continuous complia	ance during the reporting period stated above:
		· M. C.
Exact period of non-compliance: from		to ¢ le or or
Action(s) taken to achieve compliance:		Object 1999 O
Method used to demonstrate compliance:		Out on the contract of the con
#2. Term or condition of the general permit t	that has not been in continuous complia	ance 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, be made in this notification are true, accurate as upon rolling averages of purchase receipts, a year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	nd complete. Further, my annual const loes not exceed 2,100 gallons per year	mption of perchloroethylene solvent, based
*This form is made available to you as an aid	in order to meet your annual complian	one certification requirements. It is at the

*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.

Thin form Completed & Signed 2/5/98 or Harden to MARgarett CANGRO. 2/5/98

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FRED W JONES FRED W JONES 12639 US HWY 19 HUDSON FL 34667 AIRS ID 1010336

Do NOT Remove Label

Annual Reporting Period:		19	то		19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.					EP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in o	continuous c	compliance during	g the reporting per	iod 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 o	continuous c	ompliance during	g the reporting peri	od 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, base notification are true, accurate and complete. Full does not exceed 2,100 gallons per year for dry-to	irther, my annual con	sumption of j	perchloroethylene	solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL:	e (Please Print)		Signat	ure	

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

X

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	, <u>\</u>	COMPLAINT/DISC	COVERY	٥	
AIRS ID#: (0/0336 D	•		n: <u>13:15</u> tin	ие оит: <u>[</u>	24.35	
FACILITY NAME: <u>Celt</u>	ic Dry Cl	eaners				.
FACILITY LOCATION:/-	2639 45	19				
	tudson	34667	· · · · · · · · · · · · · · · · · · ·			
RESPONSIBLE OFFICIAL:	Fred Jone	25	_phone: <u>8/3/</u> 8	162-58	/2	
CONTACT NAME:			_ PHONE:		·	
PART I: NOTIFICATION						
(check appropriate box)		• • • • • • • • • • • • • • • • • • •				
1. New facility notified DARM 3	0 days prior to start	up				
2. Facility failed to notify DARM	to use general perm	nit 				
					<u> </u>	
PART II: CLASSIFICATION						╣.
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification for ☐ Drop store/out of		roleum	
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) This is a correct facility class 	e 🔲 00 gal/yr gal/yr l/yr	4. New large a dry-to-dry only, transfer only, 20 both types, 140	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	onitoring Irces	APR 1 9 1999	
	qualified for a gene exceeds above limit	eral permit as nuts and is not elig	gible for a general perm	nit	cleaning	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN DAVIA
2. Examining the containers for leakage?	DY DN AN/A
3. Closing and securing machine doors except during loading/unloading?	N□ Y X
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	XY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	חם אס אלא אם אם אם
The many and charge them continued to	
PART IV: PROCESS VENT CONTROLS	
In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mutinstalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	-
Equipped all machines with the appropriate vent controls?	XY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	Ø4Y □N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AND NO YDA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	₽ZA □N				
2. Maintained rolling monthly averages of perc consumption?	MO AN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	AX ON ONVA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	י באמ צל מם צם A				
4. Maintained calibration data? (for applicable direct reading instruments)	ANAG NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא יגל אם צם				
6. Maintained startup/shutdown/malfunction plan?	β A □N				
7. Maintained deviation reports?	AMAS NO YO				
Problem corrected?	אואשלם אם צם				
8. Maintained compliance plan, if applicable?	AVA NO AO				

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A BY ON ONA couplings, and valves Muck cookers AVA DN DN/A TY ON ON/A Door gaskets and seating Stills DY ON ON/A Filter gaskets and seating BY ON ON/A Exhaust dampers AVA UN UN/A **₩**Y □N □N/A Diverter valves Pumps Solvent tanks and containers AND NO YEE Cartridge filter housings AND NO YA DY DN DN/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **₩**₩ If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use NO YO (PID/FID only)? OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? DY DN

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Approximate Date of Next Inspection

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

DY DN

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391460

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 # 1010336

CELTIC DRY CLEANERS FRED W JONES 12639 US HWY 19 HUDSON FL 34667 FOR GOVERNMENT USS ONE) TO Org.: 37550101000 EQ: 60

Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	x co	MPLAINT/DISCOVE	Bureau of A
AIRS ID#: 1010336 FACILITY NAME: (1)	` ` ` ` `		COO TIME OU) (2(1) r Nachitorit
FACILITY LOCATION:	1639 US Hudson 3	1	· · · · · · · · · · · · · · · · · · ·	ğ
RESPONSIBLE OFFICIAL :	Fred Jones	<u>З</u> РН	ONE: 727/862-	-S812
CONTACT NAME:		PH	ONE:	
PART I: NOTIFICATION				<u> </u>
(check appropriate box)				
1. New facility notified DARM	30 days prior to startur	o		
2. Facility failed to notify DAR	M to use general permi	t	· · · · · · · · · · · · · · · · · · ·	
PART II: CLASSIFICATION	V			
Facility indicated on notificati (check appropriate box) A.	on form that it is:		No notification form Drop store/out of busine	ess/petroleum
1. Existing small area sour dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	/yr d tr b	. New small area s ry-to-dry only, x < ransfer only, x < 200 oth types, x < 140 g constructed on or af	140 gal/yr O gal/yr gal/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)		4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$,100 gal/yr d 00 gal/yr tr gal/yr b	ransfer only, $200 \le x$ oth types, $140 \le x \le x$	x ≤ 1,800 gal/yr ≤ 1,800 gal/yr	
dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$,100 gal/yr d 00 gal/yr tr gal/yr b (0	ransfer only, $200 \le x$ oth types, $140 \le x \le x$ constructed on or af	x ≤ 1,800 gal/yr ≤ 1,800 gal/yr	
dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of If no, please check the	,100 gal/yr d 00 gal/yr tr gal/yr b (0	ransfer only, $200 \le x$ oth types, $140 \le x \le x$ constructed on or af Y \text{IN} \text{Q} on: al permit as number	x ≤ 1,800 gal/yr ≤ 1,800 gal/yr fter 12/9/91) Can not determine	

70

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ANA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DANA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON XIN/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 udsorber 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	DY DN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	□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?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	N□ N□	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) NO YES 1. Maintained receipts for perc purchased? はとログ 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days TY ON ON/A and parts installed w/in 5 days of receipt? DY DN ASNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD APED 6. Maintained startup/shutdown/malfunction plan? DY DN (XXN/A 7. Maintained deviation reports? DY DN WN/A Problem corrected? DY DN ØN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					air	
	inspection?					YX	□N
2.	Has the facility maintained a leak log?	?				ÆΥ	ПN
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	ÞΥ	□N □N/A	М	Muck cookers	ΠY	□N □N/A
	Door gaskets and seating	Ø, A	□N □N/A	S	Stills	ΠY	□N □N/A
	Filter gaskets and seating	ĮΣ	□N □N/A	F	Exhaust dampers	ΩY	□N ⊠N/A
	Pumps	MΥ	□N □N/A	I	Diverter valves	ΠY	on © i√a
	Solvent tanks and containers	ŔY	□N □N/A	(Cartridge filter housings	PΥ	□N □N/A
	Water separators	 ✓ Y	□N □N/A				
4.	4. Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)				B			
	Physical detection (airflow felt through gaskets)				10		
	Odor (noticeable perc odor)			Ą			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:			MA	/A		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ΠY	וא□		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			ΩY	□N ·		
c. Inspected for leaks and obvious signs of wear on a weekly basis?					ΠY	□N	
d. Kept in a clean and secure area when not in use?					ΠY	ПN	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			ΠY	DΝ		

MARGALET CANGRO	3/15/00
Inspector's Name (Please Print)	Date of Inspection
Margaret Cangrus Inspector's Signature	March 2001
Inspector's Signature	Approximate Date of Next Inspection

Are

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Celtic Dry Cleaners	DATE: 3 15 00
FACILITY LOCATION: 12639 US	
Hudson, Fl 3	14667
Annual Reporting Period: 3-3-	- 1979 то 3-15-15-15-15-15-15-15-15-15-15-15-15-15-
Based on each term or condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the p	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in	n continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in	n 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:	·
made in this notification are true, accurate and complete. Furt	on and belief formed after reasonable inquiry, that the statements her, my annual consumption of perchloroethylene solvent, based 00 gallons per year for dry-to dry facilities or 1,800 gallons per 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.

Bowman, Sandy

Janis, Neal Friday, September 20, 2002 8:45 AM Bowman, Sandy Celtic Dry Cleaners

From: Sent: To: Subject:

The above #1010336 is shut down. This is now a vacant store front.

261230

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 1010336

FRED W JONES FRED W JONES 12639 US HWY 19 HUDSON FL 34667 FOR GOVERNMENT USE ONLY

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

Оы: 902273

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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
Is your RETURN ADDRESS completed	AIRS ID#: 1010336 FRED W JONES FRED W JONES 12639 US HWY 19 HUDSON FL 34667 5. Received By: (Plint Name) 6. Signature: (Agdressee of Agent) X	4b. Service Registere Express I Return Rec	Type ad Mail ceipt for Merchandise elivery 2 9 9 2's Address (Only in paid)	☐ Certified ☐ Insured ☐ COD ☐ Frequested ☐ COD
<u></u>	PS Form 3811 , December 1994	_	Domestic Retu	ırn Receipt

P 265 302 278

US Postal Service
Receipt for Certified Mail

AIRS ID#: 1010336

FRED W JONES FRED W JONES 12639 US HWY 19 HUDSON FL 34667

	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
30,	TOTAL Postage & Fees	\$	
PS Form 3800, April 1995	Postmark or Date 2/17/97		
a.	1	• • /	

Fold at line over top of envelope to	OMPLETE THIS SECTION ON DELIVERY
SENDED! CONG. P. S.	JWPLETE 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 	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature X. Danielle Milaterasee
· · · · · · · · · · · · · · · · · · ·	D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below: No
	RECEIVED
10 AIRS ID # 1010336001AG	
FRED W JONES	.IIIN 1 1 200
CELTIC CLEANERS	UVIII I III
12639 US HWY 19	3. Service Type
HUDSON FL 34667	☐ Registere Model AI ☐ Morration Male ☐ Registere To bile Settle Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2210662977	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

Z 210 662 977

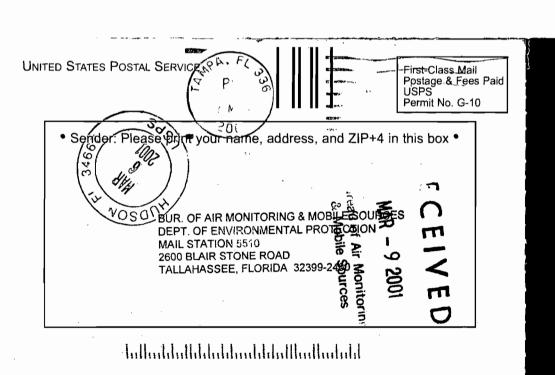
US Postal Service Receipt for Certified Mail

AIRS ID # 1010336001AG 10 FRED W JONES CELTIC CLEANERS 12639 US HWY 19 HUDSON FL 34667

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whorn, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 0754 밁 Postage \$ 7 Certified Fee Postmark Return Receipt Fee (Endorsement Required) 뮙 Here Restricted Delivery Fee (Endorsement Required) AIRS ID # 1010336 CCELTIC DRY CLEANERS FRED W. JONES er) 12237 CIDER MILL LANE EHUDSON FL 34667 PS Form 3800. February 2000 See Reverse for Instructions

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 # 1010336 ICELTIC DRY CLEANERS FRED W. JONES 12237 CIDER MILL LANE HUDSON FL 34667 AIRS ID # 1010336 ICELTIC DRY CLEANERS FRED W. JONES 12237 CIDER MILL LANE HUDSON FL 34667 AIRS ID # 1010336 ICELTIC DRY CLEANERS FRED W. JONES 12237 CIDER MILL LANE HUDSON FL 34667 AIRS ID # 1010336 ICELTIC DRY CLEANERS FRED W. JONES 12237 CIDER MILL LANE HUDSON FL 34667 AIRS ID # 1010336 ICELTIC DRY CLEANERS FRED W. JONES 12237 CIDER MILL LANE HUDSON FL 34667 AIRS ID # 1010336 ICELTIC DRY CLEANERS FRED W. JONES 12237 CIDER MILL LANE HUDSON FL 34667 AIRS ID # 1010336 ICELTIC DRY CLEANERS FRED W. JONES 12237 CIDER MILL LANE HUDSON FL 34667 ARESTRICTED MAII Express Mail Registered Return Receipt for Merchandis Insured Maii C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Copy from service label) TORON OG OO OO 26 4/260754	PLACÉ STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AL DOTTED LINE	TE THIS SECTION ON DELIVERY		
HUDSON FL 34667 3. Service Type Gertified Mail Express Mail Registered Return Receipt for Merchandis Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes C.O.D. 2. Article Number (Copy from service label) C.O.D. 4. Restricted Delivery? (Extra Fee) Yes C.O.D. C.O.D.	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 # 1010336 ICELTIC DRY CLEANERS FRED W. JONES	C. Signature C. Signature Agent Addressee D. Us defivery address different from item 1? Yes		
2. Article Number (Copy from service label) 7000 0600 0026 41260 754		Gertified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-178	2. Article Number (Copy from service label) 7000 0600 0026 4126 0 7 5 4			



SENDER: C	TOP OF ENVELOPE			ç 0	_TION ON DEL	IVERY
 Complete items 1, 2, item 4 if Restricted D Print your name and so that we can return Attach this card to the or on the front if span 	Delivery is desired. address on the reverse the card to you. the back of the mailpier	se	C. Signatu		se Print Clearly)	B. Date of Delivery Agent Addressee
1. Article Addressed to: CELTIC DRY CLEANER FRED W. JONES 12237 CIDER MILL LAN HUDSON FL 34667		1001	If YES,	Type ified Mail	☐ Express Ma	w: No
	USPS -	3	☐ Insu	red Mail	C.O.D.	
2. Article Number (Copy fr. 7000 0 600 PS Form 3811, July 19	00 0026 199 Dor U.S. Postal S	mestic Ret	turn Receipt	204		102595-99-M-1789
+ D 2 5	CERTIFIED (Domestic Mail, Or				Provided)	
7825	Postage Certified Fee	\$		_		
. 9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)				ostmark Here	
000 000	CELTIC DRY CLEAI FRED W. JONES 12237 CIDER MILL I HUDSON FL 34667	NERS	AIRS ID# 10	10336		

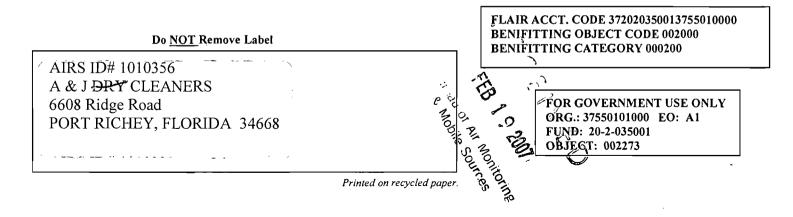
PS Form 3800, February 2000 See Reverse for Instructions

1

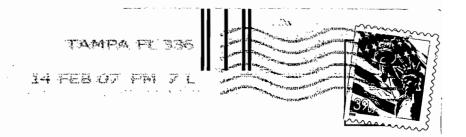
469369 FEB162W7

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

TOTAL AMOUNT DUE: \$50.00



A&J DRY CLEANERS
Men's & Women Alterations
6608 Ridge Road
Port Richey, FL 34668
(727) 846-1129 2181



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

9291599070 B999

#1010336

	Celtic Dry Cleaners
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Spoke with Fred Jones -9/24/96- Propane use @ 82gal./2wks. =2,132gal./yr.
	PM=0.85/b/yr. NOx=29.85/b/yr. CO= 4.05/b/yr. TOC=1.07/b/yr.
	100 1.01 10.741.



0359136

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 # 1010336

CELTIC DRY CLEANERS
FRED W JONES
12639 US HWY 19
HUDSON FL 34667

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

303072

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 19 98

Do NOT Remove Label

AIRS ID#1010336

FRED W JONES FRED W JONES 12639 US HWY 19 HUDSON FL 34667

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?		e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
3. Article Addressed to: AIRS ID 1010336 FRED W JONES FRED W JONES 12639 US HWY 19 HUDSON FL 34667 AIRS ID 1010336 4a. Article Number 2 3 3 6 1 2 4b. Service Type Registered Express Mail Return Receipt for Merco 7. Date of Delivery 5. Received By: (PlintName) 8. Addressee's Addresse		Type ed Certified Mail □ Insured ceipt for Merchandise □ COD elivery 2-17-98 c's Address (Only if requested	hank you for using Return Rece	
Is your RE	8-5/ 8-Signature: Addlesses an Agent X PS Form 381 (December 1994	and fee is 2595-97-8-0179	Domestic Return Receipt	Ĕ

Z 333 612 545
US Postal Service
Receipt for Certified Mail

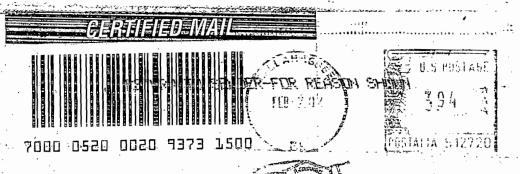
AIRS ID 1010336

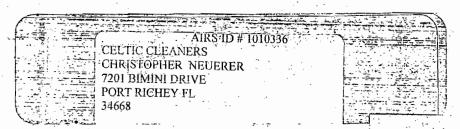
FRED W JONES FRED W JONES 12639 US HWY 19 HUDSON FL 34667

Ì	Postage	\$
[Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
6861	Return Receipt Showing to Whom & Date Delivered	
1	Return Receipt Showing to Whom, Date, & Addressee's Address	
2	TOTAL Postage & Fees	\$
PS Form Soud, April 1993	Postmark or Date	

MS#_____ MC Acet #___

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





Not Deliverable As Addressed
Unable To Forward
Insufficient Address
Moved, Left No Address
Unclaimed Perused
Attempted Not Known
No Such Street Vecent
No Such Number
No Mell Receptable
Returned For Better Address
Route No Address
Route No Address

sace 75778/5400 hilladda

SENDER: COMPLET	E-THIS SECTION	COMPLETE THIS SECTION ON DELI	VERY
item 4 if Restricted Print your name and so that we can return	d address on the reverse on the card to you. the back of the mailpiece,	A. Received by (Please Print Clearly) C. Signature	B. Date of Dalivery Agent Addressee
,	RS ID # 1010336	D. Is delivery address different from item If YES, enter delivery address below	mma
CELTIC CLEANERS CHRISTOPHER NE 7201 BIMINI DRIVE PORT RICHEY FL 34668	UERER	3. Service Type Certified Mail	: I ipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Copy of PS Form 3811, July 1	0520 8020	9373 1500 turn Receipt	102595-≎9-M-1769
ili elimini mere a zerome	=U.SRostal-Service —CERTIFIED-MAIL-RE —(Damestic Mail-Only: No	CEIPT Insurance:Coverage Provided)	
00 9373 T	Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee	Postmark Here	
7000 0550 0	(Endorsement Required) To' AIRS	ID # 1010336 RER maller)	
:	PSForms800#repruary2000	Instructions	

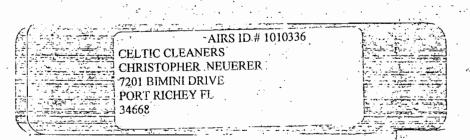
___Instructions=

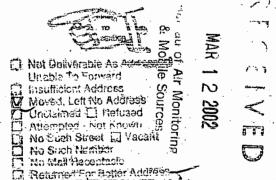
配给第一次通法:

MS# 5510 MC Acct # 5527

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







SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
Print your name and address on the reverse so that we can return the card to you.	C. Signature -
Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent - Addressee
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
AIRS ID # 1010336 CELTIC*CLEANERS CHRISTOPHER NEUERER	
7201 BIMINI:DRIVE	3. Septice Type
PORT RICHEY FL 34668	Certified Mail
••	4. Restricted Delivery? (Extra Fee)
7001 0320 0001 7976 0834	
De Form 2011 tale 1000 Demontin Be	turn Pagaint 1700

U.S. Postal Service
- CERTIFIED MAILERECEIPT (Domestic Mail Only; No Insurance Goverage Provided) 7E80 Postage Certified Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 0350 AIRS ID # 1010336 CELTIC CLEANERS CHRISTOPHER NEUERER 7201 BIMINI DRIVE 100 PORT RICHEY FL 34668

MS#____5510 MC Acct #____5521_

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



AIRS ID # 1010336
CELTIC CLEANERS
CHRISTOPHER NEUERER
7201 BIMINI DRIVE
PORT RICHEY FL 34668

Burcau of Air Monitoring & Mobile Sources

34668

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

AIRS ID # 1010336 CELTIC CLEANERS CHRISTOPHER NEUERER 7201 BIMINI DRIVE PORT RICHEY FL

Allidaddaaddadlaallaaladd