



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

October 19, 2000

Ms. Margie Rutherford
Spirit Cleaners, LLC
3032 State Road 590
Clearwater, Florida 33759

Re: Facility No.: 1030314-003

Dear Ms. Rutherford:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 14, 2000.

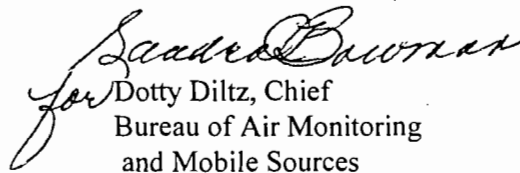
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,


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

DD/jw

cc: Mr. Gary Robbins, Pinellas County

Best Available Copy

SPIRIT CLEANERS, LLC
6210 North Florida Avenue
Tampa, FL 33604
(813) 231-6992 Phone
(813) 231-7933 Fax

RECEIVED
JAN 22 2002
U.S. Dept. of Environment
& Natural Resources

January 16, 2002

Florida Department of Environmental Protection
General Permits Section
BAMMS MS 5510
2600 Blair Stone Road
Tallahassee, FL 32399-2400

TO WHOM IT MAY CONCERN:

Chuck Fardy has my authorization to sign as the "responsible party" with regards to EPA.

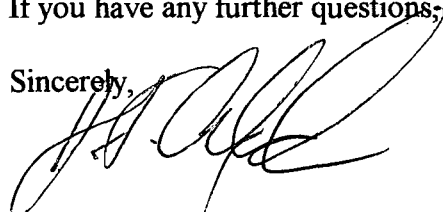
The following location is included in the authorization:

Spirit Cleaners, LLC
3032 SR 590
Clearwater, FL 33759

AIRS ID# 1030314-003

If you have any further questions, please feel free to call me.

Sincerely,



Jeffrey T. Alexander
President

C: FDEP
Tampa, M. Nazzari

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
APR 23 2008
Bureau of Air Monitoring
& Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): SPIRIT CLEANERS, LLC
2. Site Name (For example, plant name or number): SPIRIT CLEANERS
3. Hazardous Waste Generator Identification Number: FLD982 139 511
4. Facility Location: Street Address: 3032 STATE ROAD 590 City: CLEARWATER, FL County: PINELLAS Zip Code: 33706
5. Facility Identification Number (DEP Use ONLY - do not fill in): 1030314-003

Responsible Official

6. Name and Title of Responsible Official: Name: JEFFREY T. ALEXANDER Title: PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 6210 N. FLORIDA AVENUE City: TAMPA, FL County: HILLSBOROUGH Zip Code: 33604
8. Responsible Official Telephone Number: Telephone: (813) 231-6992 Fax: (813) 231-7933

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): ANDY TICKLE, PLANT MANAGER
10. Facility Contact Address: Street Address: 3032 STATE ROAD 590 City: CLEARWATER, FL County: PINELLAS Zip Code: 33706
11. Facility Contact Telephone Number: Telephone: (727) 726-4181 Fax: (727) 797-9351

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1989	Existing	RC/CA/None required	
1996	Existing	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

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

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

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

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

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

[177] gallons (You must fill this in)

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

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

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

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

- | | |
|--|--|
| <u>Existing machines at small area source</u>
(NONE REQUIRED) <input type="checkbox"/> | <u>New machines at small area source</u>
Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u>
Carbon adsorber <input type="checkbox"/>
Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u>
Refrigerated condenser <input checked="" type="checkbox"/> |

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

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

How many boilers do you have on-site? 2

For each boiler, indicate its horsepower (HP) rating: 30 26

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

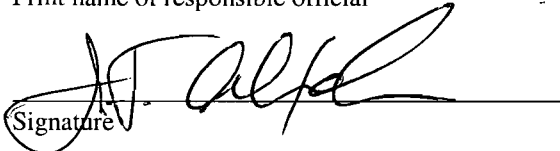
- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

Jeffrey T. Alexander - President
Print name of responsible official


Signature

4/13/01
Date

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID	<u>103 0314</u>	DATE:	<u>10/15/05</u>	TIME IN:	<u>11:45 AM</u>	TIME OUT:	<u>12:30 PM</u>
FACILITY NAME:	<u>Spirit Cleaners, LLC</u>						
FACILITY LOCATION:	<u>3032 State Road. 590, Clearwater, 33759</u>						
RESPONSIBLE OFFICIAL:	<u>Margie Rutherford</u>	PHONE NUMBER:	<u>727-726-4181</u>				
Permit No.	<u>1030314-003-AG</u>	Exp. Date:	<u>10/15/05</u>				

- 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
<input type="checkbox"/>	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated record keeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions.
<input type="checkbox"/>	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
<input type="checkbox"/>	Monthly purchase records were not maintained as a consecutive twelve-month total.	Develop and implement a record keeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
<input type="checkbox"/>	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
<input type="checkbox"/>	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
<input type="checkbox"/>	Did not store all perchloroethylene, and perchloroethylene containing waste in tightly sealed containers.	Store all perchloroethylene and perchloroethylene-containing waste in tightly sealed containers, which are impervious and chemically un-reactive to the solvent.
<input type="checkbox"/>	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.
<input type="checkbox"/>	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b); for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.

To be filed in file box 4/24/2002

	Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/>	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions.
<input type="checkbox"/>	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
<input type="checkbox"/>	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
<input type="checkbox"/>	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
<input type="checkbox"/>	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
<input type="checkbox"/>	Temperature monitoring was not conducted after an appropriate cool down period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cool down period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylene containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene containing waste, for leakage.
<input type="checkbox"/>		
<input type="checkbox"/>		

Comments:

The wastewater from water separator was collected in open buckets. The plant manager will cover buckets with tops to prevent evaporation. Facility uses carbon absorption and evaporator to treat wastewater in batch process.

If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No

DATE OF NEXT INSPECTION 2002
(Approximate)

INSPECTION CONDUCTED BY: Pwu-Sheng Liu
(Please Print)

INSPECTOR'S SIGNATURE: Pwu-Sheng Liu PHONE NUMBER: 464-4422

PERCHLOROETHYLENE DRY-CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Margie Rutherford and Jeff Alexander
2. Site Name (For example, plant name or number):	Spirit Cleaners, LLC
3. Hazardous Waste Generator Identification Number:	FLR000063438 77320
4. Facility Location: Street Address: City: County: Zip Code:	3032 S.R. 590 Clearwater Pinellas 33759
5. Facility Identification Number (DEP Use ONLY - do not fill in):	1030314-003

Responsible Official

6. Name and Title of Responsible Official: Name: Title:	Margie Rutherford Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	Spirit Cleaners, LLC 3032 S.R. 590 Clearwater Pinellas 33759
8. Responsible Official Telephone Number: Telephone: Fax:	(727) 726-4181 (727) 797-935

RECEIVED
SEP 1 2000
Bureau of Air Quality Monitoring

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [2]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
Miraclear 165 RPPS 4/1984	Existing	RC/CA/None required	4/1984
Reh Zacci/Screen-Sun 530 4/1982	Existing	RC/CA/None required	4/1982
_____	Existing/New	RC/CA/None required	_____

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

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site? []

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

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

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

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

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

[250] gallons (You must fill this in)

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

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

New store: [] New machine []

Unopened store [] (date of expected opening _____)

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

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

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

- | | |
|--|---|
| <u>Existing machines at small area source</u> | <u>New machines at small area source</u> |
| (NONE REQUIRED) <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| <u>Existing machines at large area source</u> | <u>New machines at large area source</u> |
| Carbon adsorber <input type="checkbox"/> | Refrigerated condenser <input type="checkbox"/> |
| Refrigerated condenser <input checked="" type="checkbox"/> | |

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

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

How many boilers do you have on-site?

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

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

6. Equipment Monitoring and Recordkeeping Information

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

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

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Margie Rutherford
Print name of responsible official

Margie Rutherford
Signature

Aug 8, 2000
Date

SPIRIT CLEANERS

It's Right, It's Ready, It's Guaranteed

February 10, 2004

RECEIVED

FEB 13 2004

Bureau of Air Monitoring
& Mobile Sources

Department of Environmental Protection
Title V General Permit Office
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: Spirit Cleaners
AIRS ID# 1030314
Title V Air General Permit

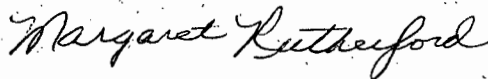
To Whom It May Concern:

Chuck Fardy needs to be removed as a contact for the Spirit Cleaners AIRS ID #1030314. The correct contact person is Margaret Rutherford.

Please update your records to reflect this change.

Thank you for your assistance.

Sincerely,



Margaret Rutherford
Manager

3032 SR 590 — Clearwater ✓
(727) 726-4181

6405 Gulf Blvd. — St. Pete Beach
(727) 363-0031

330 62nd Ave. North — St. Petersburg
(727) 528-4850

901 28th Ave. North — St. Petersburg
(727) 895-5431

33759



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

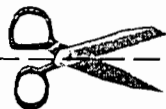
TO: Holder of Title V Air General Permit

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

ID# 1030314
~~CHUCK FARDY~~
SPIRIT CLEANERS INC
6210 NORTH FLORIDA AVENUE
TAMPA, FL 33604

*MARGARET
RUTHER FORD*

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

RECEIVED

APR 29 2002

Bureau of Air Monitoring
& Mobile Sources

SPIRIT CLEANERS, LLC
INTEROFFICE MEMORANDUM

TO: LISTED BELOW
FROM: JEFFREY T. ALEXANDER
SUBJECT: CHANGE IN RESPONSIBLE OFFICIAL PERMIT # 1030314-003-AG
DATE: 4/26/02
CC: PERMIT FILE

To: General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

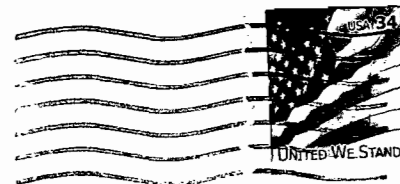
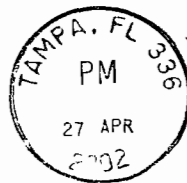
Margaret V. Hennis
Environmental Specialist II
Pinellas County Department of Environmental Management
Air Quality Management
300 South Garden Avenue
Clearwater, FL 33756

Please be advised that Spirit Cleaners, LLC (Permit #1030314-003-AG) is hereby changing its responsible party to Mr. Chuck Fardy. All other information regarding the permit is staying the same.

Please let me know if you have any additional information. Thank you for your assistance in this matter.

J.T. Alexander
4/26/02

SPIRIT CLEANERS LLC
6210 N FLORIDA AVE
TAMPA FL 33604



GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE
SOURCES MS 5510
FL DEPT OF ENVIRONMENTAL
PROTECTION
2600 BLAIR STONE RD
TALLAHASSEE FL 32399-2400

32399+2400 01



SPIRIT CLEANERS, LLC

Check Number 10606 10606
Check Date Jan 8, 2002
Duplicate
Check Amount \$50.00
Discount Taken Amount Paid

TITLE V AIR GENERAL PERMITS

Invoice # Description

01/30/02

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412863 JAN10 2002 X

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 # 1030314
SPIRIT CLEANERS INC
JEFFREY T ALEXANDER
6210 NORTH FLORIDA AVENUE
TAMPA FL
33604

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

SPIRIT CLEANERS, LLC

1238

TITLE V AIR GENERAL PERMITS

Check Number: 1238
Check Date: Dec 13, 2002
Duplicate
Check Amount: \$50.00

Invoice #	Description	Discount Taken	Amount Paid
2003	AIRS ID#1030314		50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420803 DEC18 2002

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1030314
SPIRIT CLEANERS INC
CHUCK FARDY
6210 NORTH FLORIDA AVENUE
TAMPA FL
33604

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

Bureau of Air Monitoring
& Mobile Surveillance
DEC 20 2002
RECEIVED

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

456906 DEC16 2005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

1030314 10
SPIRIT CLEANERS INC
3032 SR 590
CLEARWATER, FL 33759

Bureau of Air Monitoring
& Mobile Sources
DEC 19 2005

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

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

Printed on recycled paper.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436374 FEB13 2004

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 1030314
~~CHUCK FARDY~~ MARGARET LUTHER FORD
SPIRIT CLEANERS INC
6210 NORTH FLORIDA AVENUE
TAMPA, FL 33604

RECEIVED
FEB 19 2004
Bureau of Air Monitoring
& Mobile Sources

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

SPIRIT CLEANERS, LLC

DEPT OF ENVIRONMENTAL

Check Number 10116 **010116**

Check Date Mar 14, 2001

Duplicate

Check Amount \$50.00

Discount Taken Amount Paid

Invoice # Description

1030314-2000

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407307 MAR22 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030314

SPIRIT CLEANERS INC
MARGIE RUTHERFORD
3032 SR 590
CLEARWATER FL 33759

Bureau of Air Monitoring
& Mobile Sources

MAR 26 2001

RECEIVED
3755

[Handwritten signature]
2003

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

443457 DEC17 2004

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID# 1030314 10
SPIRIT CLEANERS INC
3032 SR 590
CLEARWATER, FL 33759

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

Printed on recycled paper.

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

OFFICIAL USE

7001 1140 0001 7556 2787

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

CSA
 Postmark Here
03

Total ID# 1030314

Sent CHUCK FARDY
 SPIRIT CLEANERS INC
 Street 6210 NORTH FLORIDA AVENUE
 or PO TAMPA, FL 33604
 City:

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

ID# 1030314
 CHUCK FARDY
 SPIRIT CLEANERS INC
 6210 NORTH FLORIDA AVENUE
 TAMPA, FL 33604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Meredith Timm
 B. Received by (Printed Name) Meredith Timm
 C. Date of Delivery 2-6-04
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 1140 0001 7556 2787

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

FEB 9 2004

RECEIVED



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

7000 0600 0026 7825 5334

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

AIRS ID # 1030314

SPRIT CLEANERS INC
MARGIE RUTHERFORD
3032 SR 590
CLEARWATER FL 33759

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

<p>SENDER: <i>CS</i></p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 1030314</p> <p>SPRIT CLEANERS INC MARGIE RUTHERFORD 3032 SR 590 CLEARWATER FL 33759</p>	<p style="text-align: center;">RETURN ON DELIVERY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">A. Received by <i>(Please Print Clearly)</i> <i>Cris Eddins</i></td> <td style="width: 40%;">B. Date of Delivery <i>2/10/01</i></td> </tr> <tr> <td colspan="2">C. Signature <i>X Cris Eddins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>	A. Received by <i>(Please Print Clearly)</i> <i>Cris Eddins</i>	B. Date of Delivery <i>2/10/01</i>	C. Signature <i>X Cris Eddins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by <i>(Please Print Clearly)</i> <i>Cris Eddins</i>	B. Date of Delivery <i>2/10/01</i>						
C. Signature <i>X Cris Eddins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee							
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
<p>2. Article Number <i>(Copy from service label)</i> 7000 0600 0026 7825 5334</p>							

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)		
7000 0600 0000 0026 4126 1591		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To	AIRS ID # 1030314	
Rec	SPIRIT CLEANERS INC	
Stre	MARGIE RUTHERFORD	
	3032 SR 590	
City	CLEARWATER FL 33759	
PS		Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>Salvatore</i></p>		<p>B. Date of Delivery <i>3-5-01</i></p>
	<p>C. Signature <i>Cindy Petolle</i></p>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>			
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 1030314</p> <p>SPIRIT CLEANERS INC MARGIE RUTHERFORD 3032 SR 590 CLEARWATER FL 33759</p> <p style="text-align: center;"><i>Cindy Petolle</i></p>		<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
<p>2. Article Number (Copy from service label) <i>7000060000000026 41261591</i></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 1999</p>		<p>Domestic Return Receipt</p>	
		<p>102595-99-M-1789</p>	

UNITED STATES POSTAL SERVICE



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

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

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