

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

August 27, 1997

Mr. Sal J. Costanzo Sand Key Cleaners 1261 Gulf Boulevard, Suite 122 Clearwater Beach, Florida 33767

Re: Facility No. 1030393

Dear Mr. Costanzo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 21, 1997.

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

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

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

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

Sincerery

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

BEST AVAILABLE COPY



Department of **Environmental Protection**

Lawton Chiles Governor

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

TO:

Sand Key Cleaners Mr. Ronald Lefman 1261 Gulf Boulevard, Suite 122 Clearwater Beach, Florida 33767

PKCK A K. Monte Source Our records indicate that you have previously claimed entitlement to use a Title V Air. General Permit under Rule 62-213, 300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.),
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance-either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

"Protect, Conserve and Manage Florida's Environment and Na

: Printed on recycled paper.

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MESSAGE CONFIRMATION

P-9999

TERM ID: TEL, NO:

| NO. | DATE | ST. TIME | YOTAL TIME | i ID | DEPT CODE | OK | NG |
|-----|-------|----------|------------|------------|-----------|----|----|
| 491 | 01-67 | 13:30 | 20°20'55 | 7274644420 | | Ø1 | 00 |

Jeff Morris

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|--|
| Ponald & Pauline Lefman 2. Site Name (For example, plant name or number): |
| 2. Site Name (For example, plant name or number): |
| Sand Keu Cleaners 3. Hazardous Waste Generator Identification Number: |
| · |
| 4. Facility Location: Street Address: 1261 Gulf Blrd, Suite 122 |
| City: Cledrwater Beach County: Pinellus Zip Code: 33767 Florida |
| 5 Pacility Identification Number (DEP, Use) |
| |
| Responsible Official |
| 6. Name and Title of Responsible Official: |
| 7. Responsible Official Mailing Address: |
| Urganization/Firm: Salod Red Cleaners |
| Street Address: 1261 Gulf Blvd Ste 122 |
| City: Clear water Beach County: Pinellas Zip Code: 33767 |
| 8. Responsible Official Telephone Number: |
| Telephone: (8/3)596 - 8300 Fax: () - |
| RECEIVED |
| Facility Contact (If different from Responsible Official) |
| 9. Name and Title of Facility Contact (For example, plant manager): |
| Bureau of Air Monito ins & Mobile Sources |
| 10. Facility Contact Address: |
| Street Address: |
| City: County: Zip Code: |
| 11. Facility Contact Telephone Number: |
| Telephone: () - Fax: () |
| |

1030393

| P13 | 9 | add facility Contact. |
|-----|------|---|
| | | |
| | 10 | add address or "Some as above" |
| | | |
| p14 | 1(a) | Control device is required add date control device installed. |
| | | control device installed. |
| | i | |
| | 3 | Existing single ones source should not be marked. Hook out and initial New small area source should be murhed. |
| ! | | not be marked. Hook out and initial |
| | | New small area source should be |
| , | | marked. |
| | - 1 | |
| P15 | 4. | New small area source R.C. |
| | | New small area source R.C. should be marked |
| | 1 | |
| | (c) | Required. Should be marked. |
| | ì | |
| | (f) | Regined. Should be marked |
| | ! | |
| p16 | | R.O. Signature and date for changes. |
| | | |
| | | , |

10 m

Facility Information

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

| Type of Machine | I D | Date Machine Initially Purchased | Date Control Device Installed | ID. | Date Machine Initially Purchased | Date Control Device Installed | ΙD | Date Machine Initially Purchased | Date Control Device Installed |
|--|----------------------|--|--|--------------|---|--|----------|---|--|
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | | | T | | | | , | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | A19-93 | | T_ | | | | | |
| Washer Unit | | 11/1/ | | | | | | | |
| (4) w/ ref. condenser | | 1 | | T^- | | | | 1 | |
| (5) w/ carbon adsorber | · · · · | | | 1 | 1 | : | | | |
| (6) w/ no controls | | | | 1 | | | | | |
| Dryer Unit | | | | | | • | | | |
| (7) w/ ref. condenser | | | | T | | | Ţ | | Γ |
| (8) w/ carbon adsorber | | | | 1 | | | | | |
| (9) w/ no controls | | | | | | | † | | |
| Reclaimer Unit | | | | | | - | | | |
| (10) w/ ref. condenser | † | | | | | | T | | |
| (11) w/carbon adsorber | 1 | 1 | | 1 | | | | | |
| (12) w/ no controls | | | | | | | 1 | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total (b) If less than 12 mon Check why it is less | quan quan gall | required to be atity of perch! lons how many? [| e installed [oroethylene | (perc |] e) purchased i | | | | :: |
| 3. What is the facility's so (Indicate with an "X". Existing small a | Sele area s | source | fication only | r.) New s | mall area sou | ırce [| (3) o | f Part II? | |
| Existing large a | rea s | ource [|]] | New I | arge area sou | rce . [| J | | |

| What control technology is required on machines pursuant to section (5) of (Indicate with an "X".) | of Part II of this notification form? |
|---|---------------------------------------|
| Existing large area source Carbon adsorber Refrigerated condense | r [] |
| 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 | e to use the general permit pursuant |
| to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating to exemption criteria or that no such units exist on-site: | inits on-site meet the following |
| All steam and hot water generating units on-site (1) have a total heat input boiler HP or less), and (2) are fired exclusively by natural gas except for peduring which propane or fuel oil containing no more than one percent sulfu | riods of natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| Equipment Monitoring and Recordkeeping In | formation |
| Check all logs which are required to be kept on-site in accordance with the | requirements of this general permit: |
| (a) Purchase receipts and solvent purchases | |
| (b) Leak detection inspection and repair | |
| (c) Refrigerated condenser temperature monitoring | |
| (d) Carbon adsorber exhaust perc concentration monitoring | |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | |

| | Surrender of Existing Air Fermit(s) |
|--|---|
| Please indicat | te with an "X" the appropriate selection: |
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
| X | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notif statemen maintain comply v | 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. Somptly notify the Department of any changes to the information contained in this notification. |
| Signatur | ralel & Parling Grand Date |
| | - |

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

RECEIVED

JUL 2 1 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

| 2. Site Name (For example, plant name or number): Sand Kev Cleaners 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: /26/ Gulf Blrd, Surte /22 City: Clearwater Beach County: Pinellas Zip Code: 33767 Florida Responsible Official 6. Name and Title of Responsible Official: Sal T Costanzo Manager 7. Responsible Official Mailing Address: Organization/Firm: Sand Key Cleaners Street Address: /26/ Gulf Blvd, See /22 City: Clearwater Beach County: Pinellas Zip Code: 33767 8. Responsible Official Telephone Number: Telephone: (8/3)596 - 8300 Fax: () - |
|--|
| Sand Kev Cleaners 3. Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: 1261 Gulf Blrd Surte 122 City: Clearwater Beach County: Pinellas Zip Code: 33767 Florida 5. Stacility Identification Number: (DEP. Uso) Florida 6. Name and Title of Responsible Official: Sal T Costanzo Manager 7. Responsible Official Mailing Address: Organization/Firm: Sand Key Cleaners Street Address: 1261 Gulf Blvd See 122 City: Clearwater Beach Codnty: Pinellas 8. Responsible Official Telephone Number: |
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| 4. Facility Location: Street Address: 1261 Gulf Blrd, Surte 122 City: Clearwater Beach County: Pinellas Zip Code: 33767 55 Facility Identification Number (DEP Use) Responsible Official 6. Name and Title of Responsible Official: Sal J Costanzo Manager 7. Responsible Official Mailing Address: Organization/Firm: Sand Key Cleaners Street Address: 1261 Gulf Blvd, Ste 122 City: Clearwater Beach Codnty: Pinellas 8. Responsible Official Telephone Number: |
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| Street Address: 1261 Gulf Blvd, See 122 City: Cledr Water Beach County: Pinellas Zip Code: 33767 8. Responsible Official Telephone Number: |
| 8. Responsible Official Telephone Number: |
| 8. Responsible Official Telephone Number: |
| |
| Telephone: (0/2) 50/ - 0200 Fax: () - |
| 1 receptione: (8/3), 76 - 8300 |
| |
| Facility Contact (If different from Responsible Official) |
| |
| 9. Name and Title of Facility Contact (For example, plant manager): |
| |
| 10. Facility Contact Address: |
| |
| Street Address: |
| City: County: Zip Code: |
| 11. Facility Contact Telephone Number: |
| Telephone: () - Fax: () - |
| |

Received corrected
form on 8/18/97.
attached to original form
with wrong H.O.

Sent by priority Mail
(Express)

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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 | l | Machine | Control |
| | | Initially | Device | | Initially | Device | 1 | 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-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | | | | | | | | |
| (2) w/ carbon adsorber | | | | | | · | | | |
| (3) w/ no controls | | A19-93 | | | | | | | |
| Washer Unit | | 10/ | | | | | | | _ |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | 1 | | | | | |
| (6) w/ no controls | | | | | 1 | | 1 | | |
| Dryer Unit | | | | | | <u> </u> | | - | • |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | 1 | | | | | | | |
| (9) w/ no controls | | | | | | | | 1 | |
| Reclaimer Unit | 1 | | | ٠. | _ | | • | | |
| (10) w/ ref. condenser | | 1 | | | | 1 | T | 1 | 1 |
| (11) w/carbon adsorber | 1 | | | 1 | | | 1 | 1 | |
| (12) w/ no controls | | | | i | | | | | |
| (b) Control devices are (c) No control devices 2.(a) What was the total | are i | required to be | e installed [| | J | in the latest 1 | 2 mo | nths? | |
| (b) If less than 12 mon Check why it is les | - | | | | _] New stor | re: [] Dic | i not | keep records | :[] |
| 3. What is the facility's so (Indicate with an "X". | | | | | finitions foui | nd in section | (3) o | f Part II? | |
| Existing small a | rea s | ource (X) | 1 | New s | mall area so | urce [| ال | | |
| Existing large a | rea s | ource [] | 1 | New I | arge area sou | urce . [| ر | | |

| 4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".) |
|---|
| Existing large area source Carbon adsorber [] Refrigerated condenser [] |
| New small area source Refrigerated condenser |
| New large area source Refrigerated condenser [] |
| |
| 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: |
| All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. |
| All steam and hot water generating units exempt No such units on-site |
| |
| Equipment Monitoring and Recordkeeping Information |
| Check all logs which are required to be kept on-site in accordance with the requirements of this general permit: |
| (a) Purchase receipts and solvent purchases |
| (b) Leak detection inspection and repair |
| (c) Refrigerated condenser temperature monitoring |
| (d) Carbon adsorber exhaust perc concentration monitoring |
| (e) Instrument calibration |
| (f) Start-up, shutdown, malfunction plan |

Surrender of Existing Air Permit(s)

| | Surrender of Existing All Terminals |
|------------------------------------|--|
| lease indicat | 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) |
| Ϋ́ | No air permits currently exist for the operation of the facility indicated in this notification form. |
| · | Responsible Official Certification |
| this notif statemen maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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. |
| I will pro | omptly notify the Department of any changes to the information contained in this notification. Date Date |

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | ANNUAL | COMPLAINT/DISC | COVERY RE | -INSPECTION 🕮 |
|--|--|-------------------|---|---|
| TIME IN: 10:45 a.m. | TIME OU | T: 11:45 a.m. | AIRS ID# | 1030393 001 |
| TYPE OF FACILITY: | Perchloroethyle | ne Dry Cleaner | | |
| FACILITY NAME: | Sand Key Clea | ners | DATE: 12/11 | /1997 |
| FACILITY LOCATION: | 1261 Gulf Blvd. | , Suite 122, Cle | arwater Beach, FL | 33767 |
| RESPONSIBLE OFFICIA | L: Ronald and Pa | uline Lefman | PHONE NUMBER: | 813-596-8300 |
| to be in compliance v | vith DEP Rule 62-213 of the compliance requ | .300, Florida Adm | during this inspection, inistrative Code (F.A.C.) during this inspection, | .). |
| | | | | |
| Comments: | | | | 1 18 1998 |
| | | | ? UBSTUB ? W & | f Air Monitoring of Air Monitoring spile Sources spile Sources |
| | | | | |
| | | | | JAN 20 AM 7: 51, REGULATION |
| | | | | |
| | | | | <i>:</i> |
| The Annual Compliance Certificate DATE OF NEXT INSPECTIO | | 1998 | ted to the inspector. Ye | es 🗆 No 🗆 |
| INSPECTION CONDUCTED | BY: Margane | Hénnis | iease Prinri | |
| INSPECTOR'S SIGNATURE: | Mannel V. Her | Page / of / | NE NUMBER: | 796 - 8300 Revised 10/96 |

SANDKEY.DOC

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | | COMPLAINT/DISCOVERY | <i>-</i> - | | | | |
|---|---|--|---|--------------|--|--|--|--|
| AIRS ID#: /0.30393 D | • | | | : 11:45 | | | | |
| FACILITY NAME: Sand Key Cleaners | | | | | | | | |
| FACILITY NAME: Sand Key Cleaners FACILITY LOCATION: 1261 Huf Blod. # 122 | | | | | | | | |
| Clearwater Beach FL 33767 | | | | | | | | |
| RESPONSIBLE OFFICIAL: Ronald : Paulin Coman PHONE: (813) 596 - 8300 | | | | | | | | |
| CONTACT NAME: Cyndi Swingle PHONE: 596-8300 | | | | | | | | |
| | | | | | | | | |
| PART I: NOTIFICATION | | | | | | | | |
| (check appropriate box) | | | | | | | | |
| 1. New facility notified DARM 30 | 0 days prior to startup | • | | | | | | |
| 2. Facility failed to notify DARM | to use general permit | t | • | ا ا | | | | |
| | | | | | | | | |
| PART II: CLASSIFICATION | | | | | | | | |
| Facility indicated on notification (check appropriate box) | form that it is: | | ☐ No notification form ☐ Drop store/out of business. | /petroleum | | | | |
| 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | dr tra bo | New small ary-to-dry only, x ansfer only, $x < 14$ onstructed on o | : < 140 gal/yr 200 gal/yr | | | | | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$) | 00 gal/yr dr gal/yr tra l/yr bo | ansfer only, 200 th types, $140 \le$ | ca source $40 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ r after $12/9/91$) | · | | | | |
| | (5. | | | li li | | | | |
| 5. This is a correct facility clas | , | y Øn | □Can not determine | | | | | |
| If no, please check the ap | esification opropriate classification qualified for a general exceeds above limits | on: Il permit as nun and is not eligi | nber above ble for a general permit | dry cleaning | | | | |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchlorocthylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? ØY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MYA 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) AN DN 1. Equipped all machines with the appropriate vent controls? MY ON ONA 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD AM condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AVA UN YE condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MA □N verifying that the coolant had been completely charged?

| В. | 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? | Δįλ | ПΝ | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | ΩΝ | ØN/A |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | ΠИ | ØN/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? | ΠV | ИП | Γ 3 4 Κτ 7.Α |
| | | | | |
| | Is the perc concentration equal to or less than 100 ppm? | ΔY | N | ØN/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? | ΠY | ПΝ | ØN/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΟY | DИ | ØN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΟY | ПN | ØN/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|-------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | ⊠Y □N |
| 2. Maintained rolling monthly averages of perc consumption? | DY ON |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | MY ON ON/A. |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | Y ON ON/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | OY ON DYNA |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY ON ØN/A |
| 6. Maintained startup/shutdown/malfunction plan? | DY ON |
| 7. Maintained deviation reports? | MY ON ON/A |
| Problem corrected? | ØY ON ON/A |
| 8. Maintained compliance plan, if applicable? | DY DN DN/A |

| 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? | | | on ý o | | | | |
| 2. | Has the facility maintained a leak log? | | | ey on | | | | |
| 3. | Does the responsible official check the | following areas for leaks? | • | | | | | |
| | Hose connections, fittings, couplings, and valves | DY ON ON/A | Muck cookers | OY ON ON/A | | | | |
| | Door gaskets and seating | ØY □N □N/A | Stills | □Y □N □N/A | | | | |
| | Filter gaskets and seating | AVAC NO YE | Exhaust dampers | ®Ý □N □N/A | | | | |
| | Pumps | DY ON ON/A | Diverter valves | MY ON ON/A | | | | |
| | Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | DY ON ON/A | | | | |
| | Water separators | DY □N □N/A | | | | | | |
| 4. | Which method of detection is used by t | he responsible official? | | | | | | |
| | Visual examination (condensed s | olvent on exterior surfaces | s) | Y | | | | |
| | Physical detection (airflow felt th | rough gaskets) | | | | | | |
| | Odor (noticeable perc odor) | | | ₩ į | | | | |
| | Use of direct-reading instrumenta | tion (FID/PID/calorimetri | c tubes) | | | | | |
| | Halogen leak detector | | | | | | | |
| | If using direct-reading instr | umentation, is the equipr | ment: | □N/A | | | | |
| | a. Capable of detecting | perc vapor concentrations | in a range of 0-500 ppm? | OY ON | | | | |
| | b. Calibrated against a s (PID/FID only)? | tandard gas prior to and a | fter each use | מם עם | | | | |
| | c. Inspected for leaks an | d obvious signs of wear or | n a weekly basis? | DY DN | | | | |
| | | ecure area when not in use | | DY DN | | | | |
| | | by use of duplicate sample | | OY ON | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 1)1 | | | | | | | |
| | Magues V. APINIS // Inspector's Name (Please Prin | | / <i>3</i> /11/97 Date of Inspec | nti a n | | | | |
| | inspector's Name (Flease Fin | 11) | Date of Inspec | | | | | |
| | Margored V. Hamis | | 10/98 | | | | | |
| _ | Inspector's Signature | | Approximate Date of N | lext Inspection | | | | |

Grainger Thermostat - Asheroft = 0°F a cooldonn Observed.
Vorified the accuracy - via catalog produced by source



AUG 1 8 1997

Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | S | COMPLAINT/DISC | COVERY | . |
|---|---|------------------------------------|--|----------|-----------|
| AIRS ID#: 103039 | 73 TIME IN: | 11:05 | a.m. Time out: | 12:10 |)p.n. |
| FACILITY NAME: | Sand Ke | y Cli | eaners | | |
| FACILITY LOCATION: | 1261 Gul | EBIV | d #122 | | |
| | Clearwate | er, Bt | each, FL | 337 | 67 |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | | | |
| 1. Existing facility notified DARM | 1 b <u>y</u> 9/1/96 * | | | | o l |
| 2. New facility notified DARM 30 | days prior to startup | ı | | | ر ت |
| 3. Facility failed to notify DARM t | to use general permit | l | - | | ₫ |
| PARTH. OF ASSETSATION | | | | | |
| PART II: CLASSIFICATION | | | | | <u></u> _ |
| Facility indicated on notification (check appropriate box) | form that it is: | | | | - |
| A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) | dr tra bo | ansfer only, xooth types, x<14 | x<140 gal/ут <200 gal/ут | 1 | `. |
| 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr dr /yr tra bo</td><td>ansfer only, 20 oth types, 140<</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,></td><td></td><td>·</td></x<2,> | gal/yr dr /yr tra bo | ansfer only, 20 oth types, 140< | rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,> | | · |
| This is a correct facility classificat | ion 🗹 | Y ON | | | |
| If no, please check the appropriate | classification: | | ٠. | • | |
| | for a general permit a bove limits and is no | | above general permit | | |

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

facility was 73 gallons.

| PART III: GENERAL CONTROL REQUIREMENTS | |
|--|-------------------|
| | |
| Is the responsible official of the dry cleaning facility: (check appropriate boxes) | , |
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | CAY ON |
| 2. Examining the containers for leakage? | DY ON |
| 3. Closing and securing machine doors except during loading/unloading? | DY ON |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ON CM |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | DY ON TONIA |
| | |
| 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 refri (complete A below). | gerated 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 must installed prior to September 22, 1993 | |
| If classification 4 has been checked, the machine should be equipped with a refrigered (complete A and B below). | gerated 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? | DAY ON |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | AND NO YE |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | AND NO YO |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | DY MY |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | MY ON |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | AY 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 condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

DY DY

| | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | | ŃΝ | |
|-----|--|---------------|-------------|------|
| ļ | Is the temperature differential equal to or greater than 20° F? | ΩY | ПN | |
| | 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 | ЙП | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ПΝ | |
| | 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? | ΟY | ΩΝ | |
| | 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 | ПΝ | □N/A |
| Ļ | | | | |
| | PART V: RECORDKEEPING REQUIREMENTS | | | |
| ш | Has the responsible official: (check appropriate boxes) | - | | |
| | 1. Maintained receipts for perc purchased? | | MM | |
| : | 2. Maintained rolling monthly averages of perc consumption? | ΠY | ФИ | |
| : | 3. Maintained leak detection inspection and repair reports for the following: (not weekly) | ١ | | |
| | a. documentation of leaks repaired w/in 24 hrs? or; | UY | M | |
| | b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ΠY | MM | |
| ، 🏻 | 4. Maintained calibration data? (for direct reading instruments only) | ΠY | ПΝ | M/A |
| : | 5. Maintained exhaust duct monitoring data on perc concentrations? | ΠĂ | ΠN | N/A |
| • | 6. Maintained startup/shutdown/malfunction plan? | MY | ΠЙ | |
| 1 | 7. Maintained deviation reports? | NY. | ME | pn |
| | · Problem corrected? (records indicate no past problems) | ΩY | ПΝ | |
| | 8. Maintained compliance plan, if applicable? | | | M/A |
| L | | | | |
| | PART VI: LEAK DETECTION AND REPAIRS | | | |
| | 1. Does the responsible official conduct a weekly leak detection and repair inspection? | ØY | N | |
| | 2. Which method of detection is used by the responsible official? | / | , | |
| | Visual examination (condensed solvent on exterior surfaces) | | | |
| | Physical detection (airflow felt through gaskets) | | | |
| | Odor (noticeable percodor) | d | | |

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

| | | | | ` | |
|---|-----------------|-------------|---------------------------------|------|------------|
| If using direct-reading instrum | entation, | is the equ | ipment: | | |
| a. Capable of detecting | perc vape | or concenti | ations in a range of 0-500 ppm? | OY | ND |
| b. Calibrated against a (PID/FID only)? | standard | gas pribrit | and after each use | ΩY | ПN |
| c. Inspected for leaks at | nd obviou | is signs of | wear on a weekly basis? | ΠY | □N |
| d. Kept in a clean and s | secure are | a when no | t in use? | ΠY | ΠN |
| e. Verified for accuracy | by use o | f duplicate | samples (calorimetric only)? | ΠY | ΠN, |
| 3. Has the facility maintained a leak log? | | | | ΩY | LEN |
| 4. The following areas should be checked | for leaks | by the ins | pector: | • | |
| · | Leak I | Detected? | | Leak | Detected? |
| Hose connections, fittings, couplings, and valves | ΩY | MED | Muck cookers | ΠY | GN |
| Door gaskets and seating | ΟY | ŒΝ | Stills | ΠY | DN |
| Filter gaskets and scating | ΟY | МN | Exhaust dampers | ΟY | ыN |
| Pumps | Ο̈́Υ | M | Diverter valves | ΠY | EN. |
| Solvent tanks and containers | ΩY | QN | Cartridge filter housings | ΠY | অ্ব |
| Water separators | ΠY | ØN | | | |
| | ~ ~ | / - | | | |
| Name of Responsible Offici | $\lambda D = 1$ | J | | | |

Name of Responsible Official

Teff Moris

Inspector's Name (Please Print)

Inspector suggesture

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerotech 280 Serial#12084

- Did not maintain purchase records
- No rolling average
- Need weely leak testing records
- No refrigerated condenser outlet exhaust temperature sensit
- Has not submitted GP

- Sussman Electric Doiler
- Mfg 11/27/92
- secondary containment for per waste Secondary containment for machine
- Possible warning notice. No response to initial advisory letter

| | $\mathcal{O}(\mathcal{O})$ | 03049 |
|---|--|---------------------|
| · . | LEANER AIR QUALITY GENERAL PERMIT NUAL COMPLIANCE CERTIFICATION FORM | |
| RECEIVED MAIL ROOM FEB 19 98 | AIRS ID#1030393 RONALD LEFMAN RONALD LEFMAN 1261 GULF BLVD STE 122 CLEARWATER BEACH FL 33767 Do NOT Remove Label | CEIVED |
| Annual Reporting Period: January | 1997 TO DECEMBER 31 | 19 <u>97</u> |
| | tle V general air permit, my facility has remained in compliance with DEP Ru (F.A.C.), during the period covered by this statement. YES | |
| If NO, complete the following: | | |
| #1. Term or condition of the general perm | nit that has not been in continuous compliance during the reporting period star | ted 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 perm | nit that has not been in continuous compliance during the reporting period state | ted above: |
| Exact period of non-compliance: from | to | |
| Action(s) taken to achieve compliance: | · | |
| Method used to demonstrate compliance: | <u>. </u> | |
| notification are true, accurate and complete. | pased on information and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based upon purchary-to dry facilities or 1,800 gallons per year for transfer or combination facilities. | |
| RESPONSIBLE OFFICIAL: Lyndi | F. Swing/e ame (Please Print) Signature 2- | <u>6-98</u> 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.

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL ☑ | COMPLAINT/DISC | COVERY 🗆 | RE-INSPECTION 1030393 |
|--|--|---|--|
| TIME IN: 11:05 a.m. | TIME OUT: 12:10 p.m. | AIR | S ID# -19311817 ym |
| TYPE OF FACILITY: Perchloroe | thylene Dry Cleaner | | |
| FACILITY NAME: Sand Key | Cleaners | DATE: . | July 2, 1997 |
| FACILITY LOCATION: 1261 Gulf | Blvd., #122, Clearwa | ter, FL 34630 | |
| RESPONSIBLE OFFICIAL: Sal Costa | inzo | PHONE NUM | BER: 813-596-8300 |
| □ Based of the results of the compliance to be in compliance with DEP Rule 6 □ Based on the results of the compliance compliance discrepancies were noted COMPLIANCE REQUIREMENT/PRO | 2-213.300, Florida Adm ce requirements evaluated : | inistrative Code (| F.A.C.). ection, the following |
| Purchase receipts were not maintained properly. | _ | - | log kept on-site for solvent consumption. |
| Monthly purchase records were not maintain as a twelve month rolling average. | | | eping procedure that) as a twelve month |
| Could not confirm that temperature sensor designed to measure 45°F with an accuracy ±2°F. | of temperature sense | or is designed to n , or determine thi | neasure 45°F with an is by another method that |
| Did not maintain a log of leak detection inspection and repair records. | | Maintain a log of l | ection inspection and leak detection inspection |
| Comments: Facility applied for a GP. Field Inspector as | sisted in processing notif | ication. | |
| The Annual Compliance Certification form has been DATE OF NEXT INSPECTION: | July 16, 1 | ted to the inspector. | Yes ☑ No □ |
| INSPECTION CONDUCTED BY: | Vettrey [| ease Print) | |
| INSPECTOR'S SIGNATURE: | // PHON | NE NUMBER: <u></u> | 164-4422 |

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL | α, | COMPLAINT/DISCOVER | ΥD |
|--|-------------------------|---------------------------------------|--|----------------|
| | RE-INSPECTION | e | | |
| 16000 | | | | |
| 1030393 AIRS 1D#: <u>4030313</u> 7 D | , , | | | T: 10:3000 |
| FACILITY NAME: | Sand K | ey Cl | eaners | |
| FACILITY LOCATION: | | ·,· | vd #122 | |
| | • | | Beach, FL 3 | · j= |
| RESPONSIBLE OFFICIAL: _ | \sim | i 1 | | |
| CONTACT NAME: | Cyndi Si | vingle | phone: <u>596-</u> | 8300 |
| DIDMY NOWEYOU MYON | | | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | | |
| New facility notified DARM 30 | | | | a |
| 2. Facility failed to notify DARM | to use general permit | _ | | |
| | | | | |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification | form that it is: | | ☐ No notification form | |
| (check appropriate box) A. | | | ☐ Drop store/out of busines | ss/petroleum |
| 1. Existing small area source | 2. | New small a | rea source | |
| dry-to-dry only, x < 140 gal/yr | | | x < 140 gal/yr | |
| transfer only, x < 200 gal/yr both types, x < 140 gal/yr | | nsfer only, $x < 1$ th types, $x < 1$ | | |
| (constructed before 12/9/91) | | | or after 12/9/91) | |
| <u> </u> | | 1 | | |
| Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 | | New large a | rea source \Box 140 $\leq x \leq 2,100$ gal/yr | |
| transfer only, $200 \le x \le 1,800$ | | | $0.0 \le x \le 1,800 \text{ gal/yr}$ | |
| both types, $140 \le x \le 1,800$ ga | | | $\leq x \leq 1,800 \text{ gal/yr}$ | |
| (constructed before 12/9/91) | (cc | instructed on | or after 12/9/91) | |
| 5. This is a correct facility clas | sification | Y 🗆N | □Can not determine | |
| | qualified for a general | l permit as nu | | |
| ☐ facility | exceeds above limits a | and is not elig | tible for a general permit | |
| B. The total quantity of perchlore | ethylene (perc) purch: | ased within th | ne preceding 12 months by thi | s dry cleaning |

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled 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? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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).

| | Has the responsible official of all new sources and existing large area sources: | | | |
|----|--|------|-------------|------|
| • | | . ay | | |
| 1. | Equipped all machines with the appropriate vent controls? | ØY, | \square N | |
| 2. | Equipped dry-to-dry machines with a closed-loop vapor venting system? | ØY | ΠN | □N/A |
| 3. | Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | QY | ΩN | □N/A |
| 4. | Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly bi-weekly basis? (No temp. Sensor | ΟΥ | ON. | |
| 5. | Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | ΩY | ΠN | MN/A |
| 6. | Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | ПΥ | ПN | O WA |

| 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? | ΟY | M | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΟY | ИП | □n/a |
| | Is the temperature differential equal to or greater than 20° F? | $\Box Y$ | 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? | $\square Y$ | ПN | □N/A |
| | Is the perc concentration equal to or essythan 100 ppm? | $\Box Y$ | ΠN | □N/A |
| 4. | Assured that the sampling port of the carpon 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? | ΩY | מם | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | QΥ | ΠN | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΔY | ПN | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | | |
|---|-----------------|--|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | | |
| 1. Maintained receipts for perc purchased? | DY DON | | | | | |
| 2. Maintained rolling monthly averages of perc consumption? | DY MAN | | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | / | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | MY ON ON/A | | | | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | אומם מם צק | | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | און ש אום אם אם | | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | DY DN MN/A | | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | | | | | | |
| 7. Maintained deviation reports? | MY ON ON/A | | | | | |
| Problem corrected? | אוחם אם אם | | | | | |
| 8. Maintained compliance plan, if applicable? | DY DN GAN/A | | | | | |

| P/ | PART VI: LEAK DETECTION AND REPAIRS | | | | | | | | |
|--|--|-------------|-------------------|---------------------------|------------|----|-------------|--|--|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | | |
| | inspection? | | performa by fo | d weekly | Q Y | (| □и | | |
| 2. | Has the facility maintained a leak log? | by tacility | | | | (| □и | | |
| 3. | . Does the responsible official check the following areas for leaks? | | | | | | | | |
| | Hose connections, fittings, couplings, and valves | MY C | N 🗆 N/A | Muck cookers | D Y | ΠN | □N/A | | |
| | Door gaskets and seating | | N □N/A | Stills | ΣΥ | ПN | □N/A | | |
| | Filter gaskets and seating | | N/A □N/A | Exhaust dampers | | ПИ | □N/A | | |
| | Pumps | | A/ND N | Diverter valves | ΩX | ΠN | □N/A | | |
| | Solvent tanks and containers | EX CI | A/ND N | Cartridge filter housings | © Y | ПN | □N/A | | |
| | Water separators | COX CI | A'ND N | | | | | | |
| 4. | Which method of detection is used by th | | , | | - | | | | |
| | Visual examination (condensed so | QZ , | | | | | | | |
| | Physical detection (airflow felt thro | D / | | | | | | | |
| Odor (noticeable perc odor) | | | | | | | | | |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | | | | | |
| Halogen leak detector | | | | | | | | | |
| If using direct-reading instrumentation, is the equipment: | | | | | | | | | |
| 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 (PID/FID only)? | | | | | | Пи | | | |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | | | | | | ΠN | | | |
| d. Kept in a clean and secure area when not in use? | | | | | | ΠN | | | |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | | | ΠN | | | |
| | | | | | | | | | |
| _ | | | | | | | | | |

Inspector's Name (Please Print)

11/13/97
Approximate Date of Next Increation

Approximate pate of Next Inspection

ADDITIONAL SITE INFORMATION:

- Purchase records not maintained
 - No monthly rolling avg log
 - No bi- weekly leak log m
 - No temperature sensor

 When installed facility will
 need to provide temperature
 Sensory accuracy from after
 Market manufacturer that
 Sensor is designed for accuracy
 Of ±2°F or ±1.1°C

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL □ | COMPLAINT/DISCOVERY | □ RE-INSPECTION ✓ |
|--|---|---|
| TIME IN: 9:40 a.m. TIM | E OUT: 10:30 a.m. | AIRS ID# 1030393 001 |
| TYPE OF FACILITY: Perchloroethyl | ene Dry Cleaner | |
| FACILITY NAME: Sand Key Cle | aners | DATE: October 30, 1997 |
| FACILITY LOCATION: 1261 Gulf Blve | d., Suite 122, Clearwate | r Beach, FL 33767 |
| RESPONSIBLE OFFICIAL: Cyndi Swingl | e PHONE N | UMBER: (813) 596-8300 |
| Based of the results of the compliance required to be in compliance with DEP Rule 62-21 Based on the results of the compliance recompliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLE | 3.300, Florida Administrativ quirements evaluated during | ve Code (F.A.C.). |
| Purchase receipts were not maintained properly. | _ | eipts in a log kept on-site for pethylene solvent consumption. |
| Monthly purchase records were not maintained as a twelve month rolling average. | | recordkeeping procedure that ses (perc) as a twelve month |
| Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F. | _ | gned to measure 45°F with an rrmine this by another method that |
| Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. | and record the outlet temp | monitoring program. Measure perature on a weekly basis. The the end of the drying cycle, must |
| Comments: Facility did not correct deficiencies. Advisory le | tter to be sent. | |
| The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: | erly certified and submitted to the (Approximate) | inspector. Yes ✓ No □ |
| INSPECTION CONDUCTED BY: | (Please Print) | Morris |
| INSPECTOR'S SIGNATURE. | AAAA DUONE NII IM | DED. 464-4422 |

Page <u>l</u> of <u>l</u>

Revised 10/96

NEW_SUM.DOC

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

| | 11 (01 20 11) | | | | |
|--|---|---------------------|-----------------------|----------------|------------|
| TYPE OF INSPECTION: | ANNUAL 🗆 | COMPLAINT/DISC | COVERY [] | RE-INSPE | CTION 🖳 |
| TIME IN: 10:45 a.m. | TIME (| OUT: 11:45 a.m. | AIRS | ID# 1030 | 0393 001 |
| TYPE OF FACILITY: | Perchloroethy | lene Dry Cleaner | | | |
| FACILITY NAME: | Sand Key Cle | eaners | DATE: 1 | 12/11/1997 | |
| FACILITY LOCATION : | 1261 Gulf Blv | d., Suite 122, Cle | arwater Beach, | FL 33767 | |
| RESPONSIBLE OFFICIA | L: Ronald and l | Pauline Lefman | PHONE NUMB | ER: 813 | 3-596-8300 |
| Based of the results of to be in compliance. Based on the results compliance discrepant | with DEP Rule 62-2 of the compliance re | 13.300, Florida Adm | inistrative Code (F | .A.C.). | |
| | , | • | | | |
| Comments: | | | | | |
| | | | | | |
| | | . 3 | | | |
| The Annual Compliance Certification DATE OF NEXT INSPECTION | 43 | 1998 | ted to the inspector. | Yes 🗆 | No □ |
| INSPECTION CONDUCTED | BY: Margar | ret Hénnis | Tease Print) | | |
| INSPECTOR'S SIGNATURE | : Manuel V. 4 | <i>;</i> | NE NUMBER: | 3/-596-1 | P300 |
| | , , | | • | | |

Page _/ of _/

Revised 10/96

SANDKEY.DOC

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JUL 2 1 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Menitoring & Mobile Sources

Facility Name and Location

| 1. Facility Owner/Co | ompany Name (Name of corpo | oration, agency, or ind | ividual owner): | |
|-----------------------|-----------------------------------|-------------------------|-----------------|--|
| D // ¢ | Q_{0} / Q_{0} | Paga | | |
| 2 Site Name (For ex | xample, plant name or number | + M211 | | |
| _ | | | | |
| Sand k | Generator Identification Num | r S | | |
| 3. Hazardous Waste | Generator Identification Num | ber: | | |
| | | | | |
| 4 Parities 7 | | | | |
| 4. Facility Location: | 19/1 (aut 18 | Ird, Suite | 122 | |
| City: // | Reach County | Pinellas | Zip Code: | 33767 |
| - C/Coru | ater Beach County | 1717011 | • | 3370 |
| 5 Facility Identific | ition Number (DEP, Use) | | | |
| | | | | |
| | | | | J. L. J. Commission of the Com |
| | Respo | nsible Official | | |
| | _ | _ | | acc |
| 6. Name and Title o | f Responsible Official: A | endi F Xu | 2/100/E | |
| Sal | Cost 2020 | Manag | ger | |
| | | | | |
| 7. Responsible Offi | m: Sand Key | PIPZOPKS | | į |
| Street Address: | 19/1 Gulf This | 1 540 122 | | |
| City: Plade | 1261 Gulf Blva water Beach Coo | inty: | Zip C | Code: 33767 |
| | | [1/1/6/1/0] | <u> </u> | 3370 |
| | cial Telephone Number: | | | , |
| Telephone: (| 813)596 - 8300 | Fax: (|) - | |
| | | | | |
| | Facility Contact (If diffe | erent from Responsib | le Official) | |
| ~ | | | | |
| 9. Name and Title | of Facility Contact (For examp | le, plant manager): | | |
| 1 Prindi | F. Swingle | | | |
| 1 10 5 31 0 | | KAS / | | |
| 10. Facility Contact | | ant | | |
| Street Address: | Some of DB | ONE WS | | |
| City: | Cour | ity: | Zip Code: | |
| | | • | • | |
| 11. Facility Contact | Telephone Number: | | | |
| Telephone: (| .) - | Fax: (|) | |
| | | | | |

1030393

| P13,16 | 4.4 |
|--------|--|
| 6. | Responsible Official must be the owner or general portner if a sole proprietor or fortnership. |
| | the owner or general partner if |
| | a sole proprietor or fortnership. |
| | |
| | The manager may not be the |
| | The manager may not be the Responsible Official if ownership is in these two categories. |
| 4 | is in these two rategories. |
| | |

BEST AVAILABLE COPY

Facility Information

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

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | iD | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|--|---|--|--|--|-------------------------------|--|---|--|
| Example | #] | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | T . | | Ι | | T . | T | I | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | 9-19-93 | | | | | | | |
| Washer Unit | | 10/1 | | ь | | | | <u> </u> | |
| (4) w/ ref. condenser | | | T | | | T | | T | |
| (5) w/ carbon adsorber | | | | \Box | | | | | , |
| (6) w/ no controls | - | • | | - | | | | | |
| Dryer Unit | | | | | | J | | J | |
| (7) w/ ref. condenser | | | | Τ | | | Τ | T | |
| (8) w/ carbon adsorber | - | | | | | | 1 | | |
| (9) w/ no controls | | 1 | | 1 | 7 | | | | 1 |
| Reclaimer Unit | | | | | .1 | | 1 | | 1 |
| (10) w/ ref. condenser | _ | | | T | | T | 1 | 1 | |
| (11) w/carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | † | - | | | | |
| (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [| | | | | | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small a Existing large as | Sele rea s | ource | ication only. | ew s | finitions four mall area sou arge area sou | irce [X | (3) of | Part II? | |

DED C. All (2 212 222)

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| 4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".) | Part II of this notification form? |
|---|------------------------------------|
| | i) |
| Existing large area source Carbon adsorber Refrigerated condenser | |
| New small area source Refrigerated condenser | |
| New large area source Refrigerated condenser | |
| | |
| | |
| 5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur it | ods of natural gas curtailment |
| All steam and hot water generating units exempt No such units on-site | |
| | |
| | |
| | |
| Equipment Monitoring and Recordkeeping Info | |
| Check all logs which are required to be kept on-site in accordance with the rec | quirements of this general permit: |
| (a) Purchase receipts and solvent purchases | |
| (b) Leak detection inspection and repair | |
| (c) Refrigerated condenser temperature monitoring | LI CAR |
| (d) Carbon adsorber exhaust perc concentration monitoring | |
| (e) Instrument calibration | |
| (f) Start-up, shutdown, malfunction plan | LL CFS |

Surrender of Existing Air Permit(s)

| Please ind | licate with an "X" the appropriate selection: |
|--------------------------|---|
| [| I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
| X | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this n stater main | undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the ments made in this notification are true, accurate and complete. Further, I agree to operate and tain the air pollutant emissions units and air pollution control equipment described above so as to bly 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. |
| Signa | Jel Costanza Date Double: 40-30-95 |
| | |



RECELIMED

DRY CLEANER AIR QUALITY GENERAL PERMIT AUG 1 8 1997 ANNUAL COMPLIANCE CERTIFICATION FORM

| <u> </u> | Bureau of Air Monitoring |
|---|-------------------------------|
| FACILITY NAME: Sond Key Cleaners | & Mobile Sources DATE: 7/2/97 |
| FACILITY LOCATION: 1261 Gulf Blud # 122 | |
| Clearwater Beach, FL: | 33767 |
| Annual Reporting Period: July 2, 1996 TO July | y 2, 1 1997 |
| Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. | |
| If NO, complete the following: | · |
| #1. Term or condition of the general permit that has not been in continuous compliance during the rep | porting period stated above: |
| Monthly purchase records were not me in an organized chronological order. Exact period of non-compliance: from July 2, 1996 to July | nintained ly 2, 1997 |
| Action(s) taken to achieve compliance: Maintain records in a | chronological |
| Method used to demonstrate compliance: | |
| #2. Term or condition of the general permit that has not been in continuous compliance during the rep | |
| , , | 11y 2, 1997 |
| Action(s) taken to achieve compliance: Method used to demonstrate compliance: Develop and implement folling average. | t a 12 month |
| | |
| As the responsible official, I hereby certify, based on information and belief formed after reasonable is made in this notification are true, accurate and complete. Further, my annual consumption of perchlow upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facily year for transfer or combination facilities. | oroethylene solvent, based |
| RESPONSIBLE OFFICIAL: 50/ 655000 Signature Name (Please Print) Signature | Date 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.

RECEIVED Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT 1 8 1997 ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring

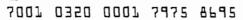
| | & Mobile Sources |
|------|--|
| | FACILITY NAME: Sand Key Cleaners DATE: 7/2/97 |
| | FACILITY LOCATION: 1261 Gulf Blud #122 |
| | Clear water Beach, FL 33767 |
| | Annual Reporting Period: July 2, 1996 TO July 2, 1997 |
| | Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. |
| | 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: |
| seng | Did not measure and record outlet temperature of the refrigerated condenser on a weekly basis. Mexact period of non-compliance from July 2, 1996 to July 2, 1997 |
| | Action(s) taken to achieve compliance: Fistall temperature sensor and receive the sensor an |
| | #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: |
| | Did not have a weekly leak log |
| | Exact period of non-compliance: from July 2, 1996 to July 2, 1997 |
| | Action(s) taken to achieve compliance: Maintain weekly leak loo |
| | Method used to demonstrate compliance: |
| | As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities, or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Rignature 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.

A-Under the officer

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









ATTO No. 7 miles V 6758

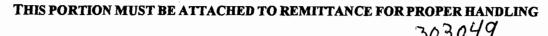
Bureau or Ar Montoring

AIRS ID # 030393
RONALD LEFMAN
SAND KEY CLE ANERS
1261 GULF BLAND STE 122
CLEARWANER BLACH FL 3376

| : . | U.S. Postal Service CERTIFIED MAIL R (Domęstic Mail Only; No Insura | | |
|----------------------------------|---|---|----------------------------|
| 8695 | OFFICIA | AL USE, | |
| 7975 | Postage \$ Certified Fee | Postgrafia | |
| 1000 | Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) | N 1990 | |
| 7001 0320 | Total Posi 10 AIRS ID Sent To RONALD LEFMAN Street, Apr. SAND KEY CLEAN Or PO Box 1 1261 GULF BLVD SCity, State, CLEARWATER BEA | ERS STE 122 | |
| The Earlie | PS Form 3800, January 2001 | See Reverse for Instructions | |
| | PLACE STICKER AT TOP OF ENVELOPETS NOITOSS SINT STATES NOITOSS SINT SINT SINT SINT SINT SINT SINT SI | COMPLETE THIS SECTION ON DEL | IVERY |
| Complete items item 4 if Restric | s 1, 2, and 3. Also complete sted Delivery is desired. | A. Received by (Please Print Clearly) | B. Date of Delivery |
| so that we can i | e and address on the reverse return the card to you. I to the back of the mailpiece, f space permits. | C. Signature | ☐ Agent ☐ Addressee |
| Article Addressed | to: | D. Is delivery address different from iter If YES, enter delivery address below | _ |
| RONALD LEFM SAND KEY CLE | EANERS | | |
| 1261 GULF BLV CLEARWATER | BEACH FL 33767 | 3. Service Type Certified Mail | il sipt for Merchandise |
| | · | 4. Restricted Delivery? (Extra Fee) | ☐ Yes |
| 7001 03 | 320 0001 7975 8695 | | |
| PS Form 3811, Ju | | turn Receipt | 102595-99-M-1789 |

- 6/5/97 - CAB-8/13/97 ostanjo and the correct R.O. was

1; 11



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#1030393

RONALD LEFMAN RONALD LEFMAN 1261 GULF BLVD STE 122 CLEARWATER BEACH FL 33767

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

| | Z 333 L | - |
|----------------------------------|---|-----------------------------------|
| | Receipt for Ceri No Insurance Coverage I | |
| R 12 | ONALD LEFMAN ONALD LEFMAN 261 GULF BLVD STE 12 LEARWATER BEACH I | AIRS ID 1030393 22 FL 33767 |
| | Postage | Ψ |
| | Certified Fee | |
| | Special Delivery Fee | |
| | Restricted Delivery Fee | |
| 199 | Return Receipt Showing to Whom & Date Delivered | |
| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
| 800 | TOTAL Postage & Fees | \$ |
| PS Form 3800 , April 1995 | Postmark or Date | |

.

| 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. | a does not 1. Addressee's Address |
|--|--|
| 3. Article Addressed to: AIRS ID 1030393 RONALD LEFMAN RONALD LEFMAN 1261 GULF BLVD STE 122 CLEARWATER BEACH FL 33767 | 4a. Article Number 23336/32/8 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery 2-(4) |
| 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) Canal F. Survey | 8. Addressee's Address (Only if requested and fee is paid) |
| | 595-97-B-0179 Domestic Return Receipt |

| • | | | | |
|----------------------------------|--|------------------------|--|--|
| | Z 333 61 | PO PAT V (V) | | |
| | US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. | | | |
| | Do not use for Internatio | nal Mail (See reverse) | | |
| | | AIRS ID # 1030393 | | |
| | ND KEY CLEANERS | 8 | | |
| | NALD LEFMAN | | | |
| | 51 GULF BLVD STE | | | |
| CL | EARWATER BEACH | I FL 33767 . | | |
| | • | | | |
| | Certified Fee | <u> </u> | | |
| | Special Delivery Fee | | | |
| | Restricted Delivery Fee | | | |
| 1996 | Return Receipt Showing to Whom & Date Delivered | | | |
| Aprii | Return Receipt Showing to Whom Date, & Addressee's Address | · | | |
| PS Form 3800 , April 1995 | TOTAL Postage & Fees | \$ | | |
| <u>6</u> | Postmark or Date | | | |
| | | | | |
| L L | | | | |
| <u> </u> | | | | |
| l | | | | |

| Print your name and add the card to you. Attach this form to the front of the mailpiece, or on the back if sparpermit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. | te number. 2. Restricted Delivery |
|--|---|
| AIRS ID # 1030393 SAND KEY CLEANERS RONALD LEFMAN 1261 GULF BLVD STE 122 CLEARWATER BEACH FL 33767 | 2 333 660 69 / 4b. Service Type ☐ Registered |
| 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994 | 8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt |

| | Z 333 LI US Postal Service Receipt for Cer | 19/1 |
|----------------------------------|---|------------|
| RO 126 | ND KEY CLEANERS NALD LEFMAN I GULF BLVD STE I EARWATER BEACH | |
| | 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 | |
| 800, | TOTAL Postage & Fees | \$ |
| PS Form 3800 , April 1995 | Postmark or Date | |

| | e over top of envelope to | Fold at lin | |
|----------------------|---|--|--|
| 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 spapermit. Write "Return Receipt Requested" on the mailpiece below the artic. The Return Receipt will show to whom the article was delivered at delivered. | e can return this ce does not le number. | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. |
| ADDRESS completed | AIRS ID # 1030393 SAND KEY CLEANERS RONALD LEFMAN 1261 GULF BLVD STE 122 CLEARWATER BEACH FL 33767 | 4a. Article N 2 33 4b. Service Registere Express Retum Ret 7. Date of De | Type ad |
| your RETURN | Received By: (Print Name) Signature: (Addressee dn Agent) | 8. Addressed and fee is | e's Address (Only if requested paid) |
| <u>s</u> | PS Form 3811 , December 1994 | | Domestic Return Fix |

Z 333 667 198
US Postal Service
Receipt for Certified Mail AIRS ID # 1030393 SAND KEY CLEANERS RONALD LEFMAN 1261 GULF BLVD STE 122 CLEARWATER BEACH FL 33767 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

| C. | esember to pot sevelope to seem to a serior of sevelope to seem to see the see | Il ts blo7 | |
|-------------------|--|--|---|
| | ■ Complete items 1 and/or □ 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. | e can return this | I also wish to receive the following services (for an extra fee): |
| reverse | Attach this form to the front of the mailpiece, or on the back if space permit. | e does not | 1. ☐ Addressee's Address 2. ☐ Restricted Delivery |
| ther | ■ Write "Return Receipt Requested" on the mailpiece below the articl ■ The Return Receipt will show to whom the article was delivered an | | |
| on th | delivered. | o ine date | Consult postmaster for fee. |
| ADDRESS completed | AIRS ID # 1030393 SAND KEY CLEANERS RONALD LEFMAN 1261 GULF BLVD STE 122 CLEARWATER BEACH FL 33767 | 4b. Service ☐ Registere ☐ Express ☐ Return Red 7. Date of De | Type ad |
| s your RETURN | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) White White White White Agent) | 8. Addressed and fee is | e's Address (Only if requested 😤 |
| 1 | PS Form 3/811 , December 1994 | 2595-97-B-0179 | Domestic Return Receipt |