



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 29, 1998

Ms. Ruth Graves
Sand Key Cleaners
1261 Gulf Boulevard
Clearwater, Florida 33767

Re: Facility No.: 1030444

Dear Ms. Graves:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 18, 1998.

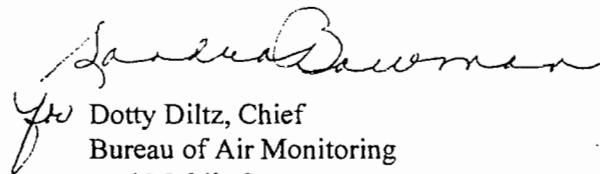
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

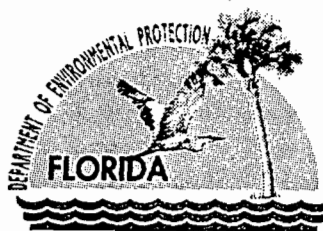
If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 9, 2001

Ms. Ruth Graves
Sand Key Cleaners
1261 Gulf Boulevard
Clearwater, Florida 33767

Dear Ms. Graves:

Thank you for your note informing the Division of Air Resource Management that your facility Sand Key Cleaners has been sold. We received your note on January 5 and changed your facility status to inactive in our files.

The invoice you received was for the annual air operation fee. Rule 62-213.300(3), Florida Administrative Code (F.A.C.), requires the owner or operator of a facility, upon written notice from the Department, to submit payment of an annual operation fee in the amount of \$50. This fee is due and payable annually between January 15 and March 1 for the **preceding** year which the facility was in operation and subject to the requirements. Therefore, since our files indicate that Sand Key Cleaners (AIRS ID #1030444) was in operation in 1999, the fee is due.

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

Sincerely,

Sandra Bowman
Mobile Source Control Section
Bureau of Air Monitoring
and Mobile Sources

SB/

Enclosures

cc: Matt McCann, Pinellas County
Jeff Morris, Pinellas County

"More Protection, Less Process"



Department of Environmental Protection

Jeb Bush
Governor

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2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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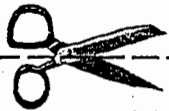
TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030444

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

Sold Business

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

Bureau of Air Monitoring
& Mobile Sources

JAN 5 2004

RECEIVED

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION)

1. Jeff Morris
2. _____

3. _____
4. _____
5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

COMMENTS:

Please forward copy to Jeff Morris Pinedas Co Truckee Bank

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

mailed 1/9/2000

FROM: Sandy Bowman DATE: 1/9/2001 PHONE: 850/921-9083



Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

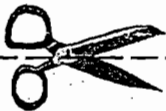
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Do **NOT** Remove Label

AIRS ID # 1030444

SAND KEY CLEANERS
RUTH GRAVES
1261 GULE BLVD
CLEARWATER FL 33767

Sold Business

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

Bureau of Air Quality
& Mobile Sources

JAN 5 2000

RECEIVED



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

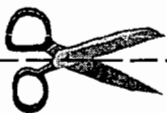
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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1030444

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

Sold Business

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

Bureau of Air
& Mobile Sources

JAN 5 2009

RECEIVED

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): RUTH GRAVES	RECEIVED DEC 18 1998 Bureau of Air Monitoring & Mobile Sources
2. Site Name (For example, plant name or number): SAND KEY CLEANERS	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address: 1261 GULFBIND City: CLEARWATER County: PINELLAS Zip Code: 33767	

Responsible Official

AIRS ID # 1030444

6. Name and Title of Responsible Official: RUTH GRAVES
7. Responsible Official Mailing Address: Organization/Firm: SAND KEY CLEANERS Street Address: City: SAME AS ABOVE County: Zip Code:
8. Responsible Official Telephone Number: Telephone: (727) 596-8300 Fax: N/A

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager): RUTH GRAVES
10. Facility Contact Address: Street Address: City: SAME AS ABOVE County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (727) 596-8300 Fax: N/A

1030444

P.13

6. add title of responsible official

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

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

(c) No control devices are required to be installed

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

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

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

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

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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

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

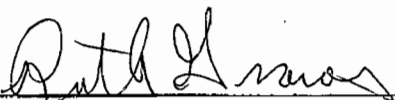
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form, specifically, permit number(s)

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

Responsible Official Certification

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

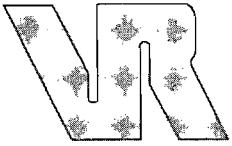
I will promptly notify the Department of any changes to the information contained in this notification.



Signature

12-1-98

Date



**BUSINESS
BROKERS®**

EACH OFFICE INDEPENDENTLY OWNED AND OPERATED
E-MAIL: vrrb@businessinfo.com

Business Ventures of Tampa Bay, Inc.

4625 East Bay Drive, Suite 305

Clearwater, FL 33764

Tel: 727-536-4568 • FAX 727-536-3080

INTERNET: <http://www.businessinfo.com>

12-17-98

Dear Rich,

If you could expedite ASOP
it would be greatly appreciated. Thank
you for all your help.

Happy Holidays

St. Kelouse

RECEIVED
DEC 18 1998
Bureau of Air Monitoring
& Mobile Sources

Serving Tampa Bay Area Since 1979

VR® Has Sold More Businesses In The USA Than Anyone

ACC
*

AERS ID#: 1030444

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Sand Key Cleaners DATE: 1/6/2000
 FACILITY LOCATION: 1261 Gulf Boulevard Suite 122
Clearwater FL 33767

Annual Reporting Period: Dec 27 19 99 TO January 6 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Owner was misinformed by another inspector about monitoring requirements. Had performed temp monitoring prior to 8/10/99.

Exact period of non-compliance: from August 10, 1999 to January 6, 2000

Action(s) taken to achieve compliance: Resume temperature monitoring

Method used to demonstrate compliance: return inspection

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Ruth Graves Ruth Graves 2-1-00
Name (Please Print) Signature Date

RECEIVED

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.

FEB 11 2000

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 1030444 001 DATE: 1-5-2000 TIME IN: 2:00 TIME OUT: 3:00

FACILITY NAME: Sand Key Cleaners

FACILITY LOCATION: 1261 Gulf Blvd., Suite 122
Clearwater, FL, 33767

RESPONSIBLE OFFICIAL: Ruth Graves Phone: 596-8300

Permit No. 1030444-001-AG Exp. Date: 12/23/2003

- 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 (only items which are checked):

Inspection Summary Report Guidance

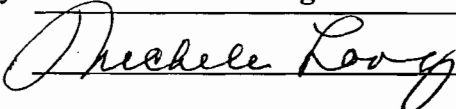
Compliance Requirement/Problem	Follow-up Action Required
<input type="checkbox"/> Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures 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 recordkeeping 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 perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive 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.

	Compliance Requirement/Problem	Follow-up Action Required
<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.
<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 checked="" 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 cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
<input type="checkbox"/>	Containers for perchloroethylene and/or perchloroethylen-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: 8/10/99 Owner was advised by AQ inspector that temp. monitoring was not required, mis-communication. The owner will re-start documenting.

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.

Inspection Conducted by: Michele Long

Inspector's Signature: 

Phone Number: 464-4422

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1030444 001 DATE: 1-6-2000 TIME IN: 2:00 TIME OUT: 3:00

FACILITY NAME: Sand Key Cleaners

FACILITY LOCATION: 1261 Gulf Blvd., Suite 122
Clearwater, FL, 33767

RESPONSIBLE OFFICIAL: Ruth Graves PHONE: 596-8300 (727)

CONTACT: Ruth Graves PHONE: _____

PART I: NOTIFICATION

(Check appropriate box)

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

2. New facility notified DARM 30 days prior to startup

3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

No notification form
 Drop store / out of business / petroleum

A.

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

This is a correct facility classification: Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number 39 above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 39.6 gallons.
39

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N NA
- 2. Examining the containers for leakage? Y N NA
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N NA
- 5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N NA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification (1) has been checked, no controls are required. Proceed to Part V.

If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)

If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.

If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N NA
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N NA
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N *see comment*
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? Y N NA *MDH*
- 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
 Is the temperature differential equal to or greater than 20° F? Y N NA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N NA
 Is the perc concentration equal to or less than 100 ppm? Y N NA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc. concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend contraction, or expansion; and downstream from no other inlet? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N NA
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N NA
4. Maintained calibration data? (for direct reading instrument only) Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? *uses manual reviewed procedures* Y N
7. Maintained deviation reports? Y N NA
 Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks:

- | | | | |
|---|--|--------------------------|--|
| Hose connections, fitting couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | Cartridge Filter housing | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA | | |

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

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

If using direct-reading instrumentation, is the equipment:

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

MICHELE LONG
Inspector's Name (Please Print)

Michele Long
Inspector's Signature

1-5-2000
Date of Inspection

1/5/2001
Approximate Date of Next Inspection

1/6/2000

Sand Key Cleaners

ADDITIONAL SITE INFORMATION:

Send copy of permit to Ms Graves
discussed placing temp on log as
prev. inspector. had confusion & Ms Graves
quit taking bi weekly temp, she will
start this inspection

Rec'd
01/15/01
ASBP

**DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME:	Sand Key Cleaners	DATE:	01-22-2001
FACILITY LOCATION:	1261 Gulf Blvd., Suite 122 Clearwater, FL, 33767		

Annual Reporting Period: Sept 05
~~Jan 22~~ 2001 To Jan 22 2001

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

IF NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

New owner had not filed NOTIFICATION to Dep.
Exact period of non-compliance: from Sept 5, 2000 to Jan 22, 2001
Action(s) taken to achieve compliance: New Owner filed NOTIFICATION FORM
Method used to demonstrate compliance: VERBAL WARNING

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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:	<u>ABDELAHAP ZEIRO</u> Ruth Graves (Name, Please Print)	<u>[Signature]</u> Signature
		<u>01-22-01</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/DISCOVERY RE-INSPECTION

AIRS ID	103 0444 001	DATE:	1/29/2001 12/23/03	TIME IN:	2:00	TIME OUT:	3:15
FACILITY NAME:	Sand Key Cleaners						
FACILITY LOCATION:	1261 Gulf Blvd., Suite 122, Clearwater, 33767						
RESPONSIBLE OFFICIAL:	ABDELAHAP ZEIRO Ruth Graves			PHONE NUMBER:	596-8300		
Permit No.	1030444-001-AG			Exp. Date:	12/23/03		

- 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.

	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, reclaimers) 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 checked="" type="checkbox"/>	NOTIFICATION FOR G.P	NOTIFICATION FILED
<input type="checkbox"/>		

Comments:

Verbal warning, New owners and did not notify Previous owner/rescinded permit but did not advise new owners of notification requirements. Assisted new owner with Notification for facility Permit

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 January 22, 2007
(Approximate)

INSPECTION CONDUCTED BY: MICHELE LONG
(Please Print)

INSPECTOR'S SIGNATURE: Michele Long PHONE NUMBER: 464-4422

ASLGP

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#:	103 0444 001	DATE:	1/23/2001	TIME IN:	2:00	TIME OUT:	3:15
FACILITY NAME:	Sand Key Cleaners						
FACILITY LOCATION:	1261 Gulf Blvd., Suite 122 Clearwater, FL, 33767						
RESPONSIBLE OFFICIAL:	Ruth Graves			Phone No.: 596-8300			
PERMIT NO.:	ABDELAHAD VEIRO 1030444-001-AG			EXP. DATE:		12/23/03	
CONTACT:	Ruth Graves			PHONE:		596-8300	

PART I: NOTIFICATION

(Check appropriate box)

1. Existing facility notified DARM by 9/1/96	<input checked="" type="checkbox"/>
2. New facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/>
3. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(Check appropriate box)	<input checked="" type="checkbox"/>	No notification form
	<input type="checkbox"/>	Drop store / out of business / petroleum

A.

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

This is a correct facility classification

Y N Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above.

facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene purchased within the preceding 12-months by this dry cleaning facility was 39 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? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> NA |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification (1) has been checked, no controls are required. Proceed to Part V.

If classification (2) has been checked, the machine should be equipped with a refrigerated condenser (complete A below)

If classification (3) has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993.

If classification (4) has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below.)

**A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)**

- | | | | |
|--|---------------------------------------|----------------------------|-----------------------------|
| 1. Equipped all machines with the appropriate vent controls? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged? | <input type="checkbox"/> Y | <input type="checkbox"/> N | N/A |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N NA
 Is the temperature differential equal to or greater than 7° F? Y N NA
3. Measured and recorded the perc concentration in the final drying cycle while the machine is venting to the atmosphere weekly at the end of the cycle if the machines are equipped with a carbon adsorber? Y N NA
 Is the perc concentration equal to or less than 10 ppm? Y N NA
4. Assured that the sampling location for perc concentration is at least 2 meters upstream of any bend, contraction, or expansion; is at least 2 meters downstream from nozzles or other air inlets? Y N NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N NA
6. Routed airflow to the carbon adsorber (if used) at all times? Y N NA

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(Check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. Documentation of leaks repaired w/in 24 hrs? or; *no deviations* Y N NA
 - b. Documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N NA
4. Maintained calibration data? *(for direct reading instrument only)* Y N NA
5. Maintained exhaust duct monitoring data on perc concentrations? Y N NA
6. Maintained startup/shutdown/malfunction plan? *uses manual* Y N
7. Maintained deviation reports? Y N NA
 Problem corrected? Y N NA
8. Maintained compliance plan, if applicable? Y N NA

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly leak detection and repair inspection?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2.	Which method of detection does the responsible official use?	<input type="checkbox"/> Y	<input type="checkbox"/> N
	Visual examination (condensed solvent of exterior surfaces)	<input checked="" type="checkbox"/>	
	Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>	
	Odor (noticeable perc odor)	<input checked="" type="checkbox"/>	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>	
	If using direct-reading instrumentation, is the equipment:	<input type="checkbox"/> Y	<input type="checkbox"/> N
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	<input type="checkbox"/> Y	<input type="checkbox"/> N
	b. Calibrated against a standard gas prior to and after each use (PID/FID only).	<input type="checkbox"/> Y	<input type="checkbox"/> N
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y	<input type="checkbox"/> N
	d. Kept in a clean and secure area when not in use.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3.	Has the facility maintained a leak log?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4.	The following area should be checked for leaks by the inspector:	<input type="checkbox"/> Y	<input type="checkbox"/> N
	Hose connections, fitting couplings, and valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Door gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Filter gaskets and seating	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Pumps	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Solvent tanks and containers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Water separators	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Muck cookers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N <i>N/A</i>
	Stills	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Exhaust dampers	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Diverter valves	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
	Cartridge Filter housing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

ABDELAHAD ZEIRO
Name of Responsible Official

MICHELE LONG
Inspector's Name (Please Print)

Michelle Long
Inspector's Signature

January 22, 2001
Date of Inspection

January 22, 2002
Approximate Date of Next Inspection

ENFORCEMENT SUMMARY

INSPECTION DATE: 1-22-2001

ARMS #

Viol#	Violation Description	Frequency	From	To
per00	Failure to notify and obtain a permit		9/5/2000	1/23/2001
per01	No purchase records	Monthly		
per02	No perc. purchase rolling totals	Monthly		
per03	No leak log	Weekly / Bi-weekly		
per04	No temp. log	Weekly		
per05	No SSM plan			
per06	Temp. sensor accuracy verification			
per07	No leak checks	Weekly / Bi-weekly		
per08	No temp. checks	Weekly		
per09	Perceptible leaks			
per10	No carbon absorber			
per11	No carbon absorber test	Weekly		
per12	No leak tight containers			
per13	No separator pre-filter			
per14	Leaks not repaired within 24hrs.			
per15	Repair refrig. cond./carbon abs. within 2 days			

Viol#	Comments
1	Verbal warning. Based on prior owner rescinding of permit (reissued 1/9/2001) inspection revealed new owner. Records being kept and owner unaware of notification requirement. Notification filled out and forwarded to FDEP.



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

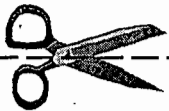
TO: Holder of Title V Air General Permit

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

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

AIRS ID # 1030444

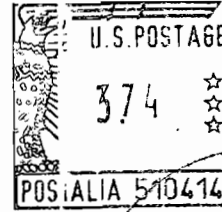
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

CERTIFIED MAIL

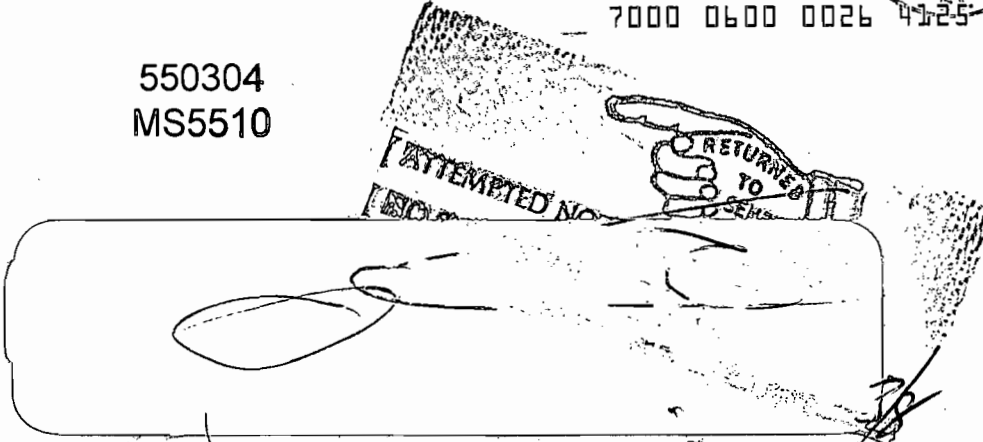
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 0600 0026 4125 8850



550304
MS5510



Not Here

Refused

New

Division of Air Monitoring
& Mobile Sources

MAR 12 2001

RECEIVED



POSTAGE
REQUIRED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392677

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 # 1030444

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

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

RECEIVED
MAIL ROOM
FEB 25 00

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
[Redacted]		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee <small>(Endorsement Required)</small>		
Restricted Delivery Fee <small>(Endorsement Required)</small>		
T SAND KEY CLEANERS Re RUTH GRAVES St 1261 GULF BLVD C CLEARWATER FL 33767		AIRS ID # 1030444
PS Form 3800, February 2000 See Reverse for Instructions		

7000 0600 0026 4125 8850

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS		FILL OUT 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 <i>(Please Print Clearly)</i> B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 1030444</p> <p>SAND KEY CLEANERS RUTH GRAVES 1261 GULF BLVD CLEARWATER FL 33767</p>		<p>C. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number <i>(Copy from service label)</i></p> <p style="font-size: 1.2em;">7000 0600 0026 4125 8850</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><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>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>			

P 174 052 524

US Postal Service
Receipt for Certified Mail

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

AIRS ID # 1030444

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	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1030444

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

P174052024

2 Article Number (Copy from service label)

COMPLETE THIS SECTION ON DELIVERY

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

2/12

C. Signature

Ruth Graves
 Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



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

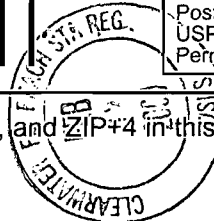
Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED

FEB 16 2000

Bureau of Air Monitoring
& Mobile Sources

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



Z 210 662 476

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (*See reverse*)

AIRS ID # 1030444

SAND KEY CLEANERS
RUTH GRAVES
1261 GULF BLVD
CLEARWATER FL 33767

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER: COMPLETE THIS SECTION	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.	A. Received by (<i>Please Print Clearly</i>)
	B. Date of Delivery 2/24
	C. Signature <i>Ruth Graves</i>
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to: SAND KEY CLEANERS RUTH GRAVES 1261 GULF BLVD CLEARWATER FL 33767	AIRS ID # 1030444
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
2. Article Number (<i>Copy from service label</i>) Z 210 662 476	

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

7000 0600 0026 7825 5433

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

Postmark
Here

AIRS ID # 1030444

SAND KEY CLEANERS
 RUTH GRAVES
 1261 GULF BLVD
 CLEARWATER FL 33767

Reverse for Instructions

SENDER: COMPLETE THIS SECTION

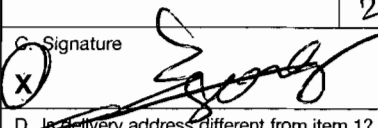
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 1030444
 SAND KEY CLEANERS
 RUTH GRAVES
 1261 GULF BLVD
 CLEARWATER-FL 33767

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery
 2-9-07

C. Signature  Agent
 Addressee

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

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

4. Restricted Delivery? *(Extra Fee)* Yes

2. Article Number *(Copy from service label)*

7000 0600 0026 7825 5433