Department of
Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

November 17, 1999

Mr. Michael Grubbs, President
Value Cleaners
1800 Fourth Street North
St. Petersburg, Florida 33704

Re: Facility No.: 1030466

Dear Mr. Grubbs:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 11, 1999.

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, of if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

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

DD/jw

cc: Mr. Gary Robbins, Pinellas County

PACER, INC.

1800 4th Street North
St. Petersburg, FL 33704
Phone: (727) 822-3159
Fax: (727) 822-1607

February 23, 2001

Title V Air General Permits Receipts
P.O. Box 3070
Tallahassee FL 32315-3070

RE: Pacer Inc. d/b/a Sterling Cleaners/Value Cleaners

Enclosed are two permit renewals, and a check for three permit renewals. We need to renew for three locations, however I cannot tell which location is missing.

In the past, we had four permits but our location at 2300 9th Street North was completely lost in a fire on October 29, 1999. The locations we are renewing are:

1800 4th Street North, St. Petersburg FL 33704 #1030466
6111 10th Street North, St. Petersburg FL 1030344
4214 Nebraska Avenue, Tampa FL #0571086

Please also change our address to the 4th Street location.

PACER, INC.

Elizabeth Pauley-Wisniewska
Controller

Enclosures

1030466-001

p15

K(a) New should be circled under Status.
RC should be circled under Control device Required.

p16

5. All steam and hot water units exempt should be marked. Mark out and initial "No such units on-site.

p17

Responsible official sign and date for changes

RECEIVED
OCT 11 1999
Bureau of Air Monitoring & Mobile Sources

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PACER INC

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

3. Hazardous Waste Generator Identification Number:
APPLIED FOR

4. Facility Location:
Street Address: 1800 4th ST N
City: ST PETERSBURG County: PINELLAS Zip Code: 33704

5. Facility Identification Number (DEP Use ONLY - do not fill in):
1030466-00

Responsible Official

6. Name and Title of Responsible Official:
Name: MICHAEL GRUBBS Title: PRESIDENT

7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: 2300 4th ST N
City: ST PETERSBURG County: PINELLAS Zip Code: 33704

8. Responsible Official Telephone Number:
Telephone: (727) 822-3159 Fax: (727) 822-1607

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
2/99	Existing/New	RC/CA/None required	6/99
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

1.(b) **TRANSFER MACHINES ONLY**

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

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

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

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

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

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

[30] gallons (You must fill this in)

(b) If less than 12 months, how many? [6] months

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

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening _____)

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

Small Area Source [X]

Dry-to-dry machines only on-site	(used less than 140 gallons of perc per year)
Transfer only on-site	(used less than 200 gallons of perc per year)
Both machine types on-site	(used less than 140 gallons of perc per year)

Large Area Source [ ]

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

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

Existing machines at small area source
(NONE REQUIRED) [ ]

New machines at small area source
Refrigerated condenser [X]

Existing machines at large area source
Carbon adsorber [ ]
Refrigerated condenser [ ]

New machines at 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 (see attached memo for the criteria).

All steam and hot water generating units exempt [ ] **OR**
No such units on-site [X]

How many boilers do you have on-site? [1]

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

What type of fuel do you use?

[ ] propane	[X] natural gas
[ ] No. 2 fuel oil	[ ] No. 4 fuel oil
[ ] No. 6 fuel oil	[ ] Other (please list)_____

6. Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases/solvent addition log [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Startup, shutdown, malfunction plan [X]

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

MICHAEL GRUBBS

Print name of responsible official

Signature

Date 9/17/99

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.

2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.

3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.

4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.

5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.

7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.

8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

5820

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ☐ COMPLAINT DISCOVERY ☑ RE-INSPECTION ☐

AIRS ID#: ~~1BD0315~~ 1030466 **DATE:** 9/17/99 **TIME IN:** 8:47 a.m. **TIME OUT:** 9:40 a.m.

FACILITY NAME: Value Cleaners

FACILITY LOCATION: 1800 4th St. N.
St. Petersburg, FL

RESPONSIBLE OFFICIAL: Michael Grubbs Phone No.: 822-1159

Permit No. — Exp. Date: —

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☑ Based of 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
☐	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
☐	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
☐	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.
☐	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.
☐	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).
☐	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.
☐	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.

☐	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.
☐	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..
☐	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.
☐	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.
☐	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.
☐	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.
☐	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.
☐	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.
☐		
☐		

Comments: Facility completed the notification form within 30 days of start up. gm

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 ☐

Inspection Conducted by: Jeff Morris (Please Print)

Inspector's Signature: Jeffrey Morris

Phone Number: 464-4422 Date of next Inspection: 4/3/2000 (Approximate)

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: ~~TBD03155~~ 1030466 **DATE:** 9/17/99 **TIME IN:** 8:42a.m. **TIME OUT:** 9:40a.m.

FACILITY NAME: Value Cleaners

FACILITY LOCATION: 1800 4th St. N.
St. Petersburg, FL

RESPONSIBLE OFFICIAL: Michael Grubbs **PHONE:** 822-3159

CONTACT: Diane Brown **PHONE:** 896-3129

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)

2. **New small area source** ☑
   dry-to-dry only, x<140 gal/yr
   transfer only, x<200 gal/yr
   both types, x<140 gal/yr
   (Constructed on or after 12/9/91)

3. **Existing large area source** ☐
   dry-to-dry only, 140<x<2,100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (Constructed before 12/9/91)

4. **New large area source** ☐
   dry-to-dry only, 140<x<2,100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (Constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 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? ☑ 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
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ☑ Y ☐ N ☐ NA
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 dust 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? ☑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	☑Y	☐N	☐NA	Muck cookers	☐Y	☐N	☑NA
Door gaskets and seating	☑Y	☐N	☐NA	Stills	☑Y	☐N	☐NA
Filter gaskets and seating	☑Y	☐N	☐NA	Exhaust dampers	☑Y	☐N	☐NA
Pumps	☑Y	☐N	☐NA	Diverter valves	☑Y	☐N	☐NA
Solvent tanks and containers	☑Y	☐N	☐NA	Cartridge Filter housing	☑Y	☐N	☐NA
Water separators	☑Y	☐N	☐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

Jeff Morris
Inspector's Name (Please Print)

9/17/99
Date of Inspection

Jeff Morris
Inspector's Signature

3/17/2000
Approximate Date of Next Inspection

FACILITY DETAILS:

FACILITY NAME: Value Cleaners

Dry Cleaning Machine #1:

Manufacturer Realstar Capacity 70 lbs

Model# RS 640 Serial# 64M8132 Mfg yr 1998

Dry Cleaning Machine #2:

Manufacturer _____ Capacity _____ lbs

Model# _____ Serial# _____ Mfg yr _____

Boiler:

Manufacturer Fulton Hp 30

Model # FB060-A Serial # 087545 Mfg yr 1987

Fuel Type: Natural gas? ☑ propane? ☐ fuel oil? ☐

Notification (unpermitted sources only):

1. Was the facility assisted in filling out the notification by the inspector? ☑Y ☐N
2. Did the facility insist on filling out its own notification, and will send it to FDEP? ☐Y ☐N N/A

Record keeping :

1. Does facility have statement/specs as to the design accuracy of the temperature sensor? ☑Y ☐N
   (temperature of 45°F w/accuracy ±2°F, or 7.2°C w/accuracy of ±1.1°C)

Hazardous Waste:

1. Is all perc. contaminated wastewater either treated or disposed of properly? ☑Y ☐N
2. If wastewater is evaporated, is it an approved system, and using carbon filtration? ☑Y ☐N
3. Does the facility have secondary containment for the dry-dry machine? ☑Y ☐N
4. Does the facility have secondary containment for any perc. waste containers? ☑Y ☐N

Comments:

ADDITIONAL SITE INFORMATION:

* New facility. Notification within 30 days of startup. Record keeping has begun and both temperature sensor weekly monitoring and leak detection bi-weekly monitoring with associated records are in compliance. In addition, facility is in compliance with maintaining its 12-month consecutive perchloroethylene record. jm

TITLE V AIR QUALITY AIR GENERAL PERMIT
INSPECTION SUMMARY REPORT

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

AIRS ID#: 1030466 **DATE:** 12/6/99 **TIME IN:** 10:12am **TIME OUT:** 11:35a.m.

FACILITY NAME: Value Cleaners (Pacer, Inc.)

FACILITY LOCATION: 1800 4th St. N.
St. Petersburg, FL 33714

RESPONSIBLE OFFICIAL: Michael Grubbs Phone No.: 822-1007

Permit No. 1030466 Exp. Date: _____

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☑ Based of 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
☐	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
☐	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
☐	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.
☐	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.
☐	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).
☐	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.
☐	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.

☐	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.
☐	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..
☐	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.
☐	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.
☐	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.
☐	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.
☐	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.
☐	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.
☐		
☐		

Comments:_____

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 ☐

Inspection Conducted by: Jeffrey Morris (Please Print)

Inspector's Signature: [signature]

Phone Number: 464-4422 Date of next Inspection: 6/6/2000 (Approximate)

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

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

AIRS ID#: 1030466 **DATE:** 12/6/99 **TIME IN:** 10:12a.m. **TIME OUT:** 11:35a.m.

FACILITY NAME: Value Cleaners

FACILITY LOCATION: 1800 4th St. N.
St. Petersburg, FL 33714

RESPONSIBLE OFFICIAL: Michael Grubbs **PHONE:** 822-1607

CONTACT: Michael Grubbs **PHONE:** 822-1607

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)

2. **New small area source** ☑
   dry-to-dry only, x<140 gal/yr
   transfer only, x<200 gal/yr
   both types, x<140 gal/yr
   (Constructed on or after 12/9/91)

3. **Existing large area source** ☐
   dry-to-dry only, 140<x<2,100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (Constructed before 12/9/91)

4. **New large area source** ☐
   dry-to-dry only, 140<x<2,100 gal/yr
   transfer only, 200<x<1,800 gal/yr
   both types, 140<x<1,800 gal/yr
   (Constructed on or after 12/9/91)

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

If no, please check the appropriate classification:
☐ facility qualified for a general permit as number _____ above
☐ facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 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? ☑ 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
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ☑ Y ☐ N ☐ NA
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 dust 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? ☑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	☑Y	☐N	☐NA	Muck cookers	☐Y	☐N	☑NA
Door gaskets and seating	☑Y	☐N	☐NA	Stills	☑Y	☐N	☐NA
Filter gaskets and seating	☑Y	☐N	☐NA	Exhaust dampers	☑Y	☐N	☐NA
Pumps	☑Y	☐N	☐NA	Diverter valves	☑Y	☐N	☐NA
Solvent tanks and containers	☑Y	☐N	☐NA	Cartridge Filter housing	☑Y	☐N	☐NA
Water separators	☑Y	☐N	☐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

Jeff Morris
Inspector's Name (Please Print)

12/6/99
Date of Inspection

Jeff Morris
Inspector's Signature

6/6/2000
Approximate Date of Next Inspection

file

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
OCT - 3 2001
Bureau of Air Monitoring & Mobile Sources

Part III. Notification of Intent to Use General Permit

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

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
   PACER INC
2. Site Name (For example, plant name or number):
   VALUE CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
   Street Address: 1800 4th STN
   City: St Petersburg County: Pinellas Zip Code: 33704
5. Facility Identification Number (DEP Use ONLY - do not fill in):
   1030466-002

Responsible Official

6. Name and Title of Responsible Official:
   Name: Matthew Blaine Title: General Manager
7. Responsible Official Mailing Address:
   Organization/Firm: Pacer Inc
   Street Address: 1800-4th St No
   City: St. Petersburg County: Pinellas Zip Code: 33704
8. Responsible Official Telephone Number:
   Telephone: (727) 822-3159 Fax: (727) 822-1607

Facility Contact (If different from Responsible Official)

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

Facility Information

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

How many dry-to-dry machines do you have on-site? [1]

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
4/99	Existing/New	RC/CA/None required	Same
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	

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

1.(b) **TRANSFER MACHINES ONLY**

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

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

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

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

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

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

[180] gallons (You must fill this in)

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

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

New store: [ ] New machine [ ]

Unopened store [ ] (date of expected opening _____)

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

Small Area Source [ ]

Dry-to-dry machines only on-site	(used less than 140 gallons of perc per year)
Transfer only on-site	(used less than 200 gallons of perc per year)
Both machine types on-site	(used less than 140 gallons of perc per year)

Large Area Source [X]

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

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

Existing machines at small area source
(NONE REQUIRED) [ ]

New machines at small area source
Refrigerated condenser [ ]

Existing machines at large area source
Carbon adsorber [ ]
Refrigerated condenser [X]

New machines at large area source
Refrigerated condenser [X]

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

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

How many boilers do you have on-site? [1]

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

What type of fuel do you use?

[ ] propane	[X] natural gas
[ ] No. 2 fuel oil	[ ] No. 4 fuel oil
[ ] No. 6 fuel oil	[ ] Other (please list)_____

6. Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases/solvent addition log [X]

(b) Leak detection inspection and repair [X]

(c) Refrigerated condenser temperature monitoring [X]

(d) Carbon adsorber exhaust perc concentration monitoring [ ]

(e) Startup, shutdown, malfunction plan [X]

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

_____.

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

Responsible Official Certification

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

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

Matthew Blaine

Print name of responsible official

Matthew Blaine

Signature

9/25/01

Date

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.

2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.

3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.

4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.

5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.

7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.

8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

11. **Facility Contact Telephone Number** - Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a **NEW** unit. Beginning with dry-to-dry machines, enter the date the machine was **initially purchased from the manufacturer** in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.

2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.

3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.

4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.

5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

File 10/10/01

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

7000 0600 0026 4128 6174

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

Postmark Here

AIRS ID # 1030466

Total P

Recipient VALUE CLEANERS
MATTHEW BLAINE

Street, Ap 1800 4TH STREET NORTH

City, State, ST PETERSBURG FL 33704

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

SENDER: CO

ON ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse 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 # 1030466
VALUE CLEANERS
MATTHEW BLAINE
1800 4TH STREET NORTH
ST PETERSBURG FL
33704

A. Received by *(Please Print Clearly)*

B. Date of Delivery 2/4

C. Signature
X Laura Jochmer ☐ 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

7000 0600 0026 4128 6174

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

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

UNITED STATES POSTAL SERVICE

PETERSBURG FL 33
PM
09 FEB

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 11 2002
Bureau of Air Monitoring
& Mobile Sources

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

32399+2400

P 174 052 592

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to Value Cleaners	
Street & Number 1800 4th Street N	
Post Office, State, & ZIP Code St. Petersburg FL 33704-4306	
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 Michael Grubbs 3/7/2001	

PS Form **3800**, April 1995

Fold at line over top of envelope to the right of the return address

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

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

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

Consult postmaster for fee.

3. Article Addressed to: 1030466

VALUE CLEANERS
MICHAEL GRUBBS
1800 4TH ST N
ST PETERSBURG FL 33704-4306

4a. Article Number P 174 052 592

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery MAR 10 2001

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X [illegible]

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

PS Form **3811**, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE

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

• Print your name, address, and ZIP Code in this box •

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

RECEIVED
MAR 15 2001
Bureau of Air Monitoring
& Mobile Sources

7003 2260 0003 5650 9974

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(Domestic Mail Only; No Insurance Coverage Provided)

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Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postag	

Postmark Here

Sent To
Street, Apt. No or PO Box No.
City, State, ZIP

ID# 1030466
MICHAEL GRUBBS
VALUE CLEANERS
1800 4TH STREET NORTH
ST PETERSBURG, FL 33704

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1 Article Addressed to:

ID# 1030466
MICHAEL GRUBBS
VALUE CLEANERS
1800 4TH STREET NORTH
ST PETERSBURG, FL 33704

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 2/10/09

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

2 Article Number (Transfer from service label) 7003 2260 0003 5650 9974

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

ST PETERSBURG FL 337
PM
11 FEB 2004

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

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

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

RECEIVED
FEB 16 2004
Bureau of Air Monitoring & Mobile Sources

01

7003 0500 0004 0144 4978

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

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Reciept Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P	

Recd 10/04

Postmark Here

Sent To AIRS ID# 01030466
VALUE CLEANERS
MICHAELGRUBB
Street, A 1800 4TH ST NORTH
or PO Bo
City, Sta ST PETERSBURGH, FL 33704

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

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

1 Article Addressed to:

AIRS ID# 01030466
VALUE CLEANERS
MICHAELGRUBB
1800 4TH ST NORTH
ST PETERSBURGH, FL 33704

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☒ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 9/16

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

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

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

2 Article Number
(Transfer from service la
7003 0500 0004 0144 4978

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

ST PETERSBURG FL 337
PM
16 SEP

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

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

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

RECEIVED
SEP 20 2004
Bureau of Air Monitoring
& Mobile Sources

32399+2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390875

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 # 1030466
VALUE CLEANERS
MICHAEL GRUBBS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

RECEIVED
MAIL ROOM
JAN 10 2002

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413957 FEB11 2002

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

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 1030466
VALUE CLEANERS
MATTHEW BLAINE
1800 4TH STREET NORTH
ST PETERSBURG FL
33704

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

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.

RECEIVED

TOTAL AMOUNT DUE: $50.00

JAN 09 2003

Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

AIRS ID#1030466
VALUE CLEANERS
MATTHEW BLAINE
1800 4TH STREET NORTH
ST PETERSBURG FL
33704

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

436149 FEB 9 2004

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

TOTAL AMOUNT DUE: $50.00

RECEIVED
FEB 13 2004
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

1030466
MICHAEL GRUBBS
VALUE CLEANERS
2300 9TH STREET NORTH
ST PETERSBURG FL 33704

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

438977 MAY 10 2004

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

TOTAL AMOUNT DUE: $50.00

Refund issued 5/04

RECEIVED MAY 14 2004 Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Michael Grubbs 1030466
MR. ~~Matthew Blaine~~
Value Cleaners
1800 4th Street North
St. Petersburg, Florida 33704

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

pd ✓

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

#406164

TOTAL AMOUNT DUE: $50.00

Do NOT Remove Label

AIRS ID # 1030466
VALUE CLEANERS
MICHAEL GRUBBS
~~2300 9TH STREET NORTH~~ 1800 4th Street North
ST PETERSBURG FL 33704

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