



1050278

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 4, 1996

Mr. Charles Lake
Laundry Lady Coin Laundry
606 North Massachusetts Avenue
Lakeland, Florida 33801

Dear Mr. Lake:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 1996.

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

cc: Mr. Louis Fernandez, Southwest District

Revised

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Charles Lake / P.O.B. / Laundry Lady Co. in Lakeland		
2. Site Name (For example, plant name or number):			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:			
Street Address:	606 W. Mass. Ave		
City:	County:	Zip Code:	
Lakeland	Polk	FL 33801	
5. Facility Identification Number (DEP Use):	1050278		

Responsible Official

6. Name and Title of Responsible Official:	Charles Lake, Owner		
7. Responsible Official Mailing Address:			
Organization/Firm:	Charles Lake / P.O.B. / Laundry Lady Co. in Lakeland		
Street Address:	1747 E. Bay Road		
City:	County:	Zip Code:	
Lakeland	Polk	FL 33801	
8. Responsible Official Telephone Number:			
Telephone:	Fax:		
941-683-4508	() -		

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:		
() -	() -		

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AUG 13 1996
Bureau of Air Monitoring
& Mobile Sources

#1050278

Laundry Lady Coin Laundry

-spoke with Charles Lake- 8/27/96

p. 14 1.(a) add ID# L

~~p. 15 5.(b) required~~ / corrected on

~~p. 16 no signature~~ / revised form

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									
(2) w/ carbon adsorber									
(3) w/ no controls		8/2/93							
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

existing
 small
 none

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 *Steam or hot water on site*
No such units on-site *but not used in dry cleaning*

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b)** Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

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.

Charles S. Lake
Signature

8-27-96
Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Charles Lake / P.B.A. / Laundry Lady Coin Laundry</i>
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: <i>606 N. Mass. Ave</i> City: <i>Lakeland</i> County: <i>Polk</i> Zip Code: <i>FL 33807</i>
5. Facility Identification Number (DEP Use): <i>1050278</i>

Responsible Official

6. Name and Title of Responsible Official: <i>Charles Lake, Owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Charles Lake / P.B.A. / Laundry Lady Coin Laundry</i> Street Address: <i>1747 E. Bay Road</i> City: <i>Lakeland</i> County: <i>Polk</i> Zip Code: <i>FL 33801</i>
8. Responsible Official Telephone Number: Telephone: <i>(941) 683-4508</i> Fax: () -

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: () -

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AUG 13 1996
Bureau of Air Monitoring
& Mobile Sources

Facility Information

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

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(1) w/ ref. condenser									
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(7) w/ ref. condenser									
(8) w/ carbon adsorber									
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(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

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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

*existing
Small
none*

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

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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:

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

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 but not used in dry cleaning*

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:

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_____.

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

Signature

Date

CHARLES LAKE
LAUNDRY LADY COIN LAUNDRY
1747 E. GARY ROAD
LAKELAND, FL 33801

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

DEAR SIR OR MADAM:

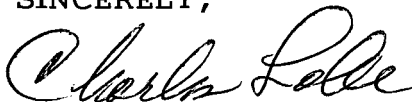
PLEASE CORRECT MAILING ADDRESS AS PER FORMS THAT HAVE BEEN SENT TO YOU AND AS ABOVE.

WHILE THE DRYCLEANER LOCATION IS AS PER FORMS; WE RECEIVE NO BUSINESS MAIL THERE OTHER THAN YOURS AND DO NOT MAINTAIN A MAIL BOX AT THE SIGHT LOCATION.

OTHER PROBLEMS WITH SENDING MAIL TO THE SIGHT LOCATION ARE; THE DRY CLEANING SECTION IS CLOSED JULY AND AUGUST AND NO EMPLOYEES ARE ON SIGHT TO RECEIVE MAIL, ANY MAIL NOT RECEIVED BY AN EMPLOYEE IS LEFT ON AN OPEN COUNTER AND CAN BE PICKED UP BY LAUNDRY CUSTOMERS AND THEIR CHILDREN, AND ANY BUSINESS MAIL MUST STILL BE TRANSPORTED TO THE MAILING ADDRESS BEFORE IT CAN BE ACTED UPON. THE FORMS RELATED TO AIR PERMIT WERE FOUND IN THE TRASH CAN BY A CLEAN UP EMPLOYEE.

I HAVE TRIED TO CORRECT THIS PROBLEM VIA TELEPHONE, AND I HAVE GOTTEN SOME MAIL FROM YOU AT MY OFFICE; HOWEVER, SOME PLACE IN SOME COMPUTER, IMPORTANT INFORMATION IS STILL GOING TO THE WRONG ADDRESS.

SINCERELY,

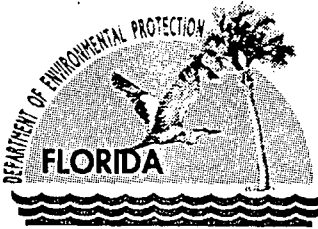


CHARLES LAKE, OWNER

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AUG 13 1996

Bureau of Air Monitoring
& Mobile Sources



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

January 17, 2001

Mr. Charles Lake
Laundry Lady Coin Laundry
1747 E Gary Road
Lakeland, Florida 33801

Dear Mr. Lake:

Thank you for your note informing the Division of Air Resource Management that your facility Laundry Lady Coin Laundry has been sold. We received your note on January 17 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 Laundry Lady Coin Laundry (AIRS ID #1050278) was in operation in 2000, the fee is due.

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

Sincerely,

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

SB/

Enclosures

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

"More Protection, Less Process"



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 # 1050278
LAUNDRY LADY COIN LAUNDRY
CHARLES LAKE
1747 E GARY ROAD
LAKELAND FL 33801

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: R1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 17 2000
Bureau of Air Monitoring
& Mobile Source

2273
3755

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 # 1050278
LAUNDRY LADY COIN LAUNDRY
CHARLES LAKE
1747 E GARY ROAD
LAKELAND FL 33801

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: R1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
JAN 17 2000
Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB - 1 2000
Bureau of Air Monitoring
& Mobile Sources

Laundry Lady Coin Laundry
Charles Lake
1747 E. Gary Road
Lakeland, Fl 33801-2233
01/10/2001

Title V - General Permit
Post Office Box 3070
Tallahassee, Fl 32315-3070

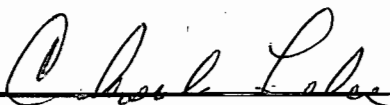
Dear Sir or Madam:

Re: cancellation notification AIRS ID # 1050278

This permit covered the dry cleaning facility location:
Laundry Lady Coin Laundry
606 North Massachusetts Ave.
Lakeland, Florida 33801

The above facility is no longer in existence, closing 09/30/2000. It has been purchased by the State of Florida Dept. of Transportation and will soon be demolished for future road construction. I have no other facility or location to be permitted. As of this date I have not found a new location.

Sincerely,



Charles Lake

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____	TIME OUT: _____	AIRS ID#: <u>1050278</u>
TYPE OF FACILITY: <u>DC</u>		
FACILITY NAME: <u>Laundry Lady Coin Laundry</u>	DATE: <u>1/28/97</u>	
FACILITY LOCATION: <u>606 N. Massachusetts Ave Lakeland, FL 33801</u>		
RESPONSIBLE OFFICIAL: <u>Charles Lake</u>	PHONE NUMBER: <u>941/683-4508</u>	

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>Recordkeeping</u>	<u>Keep perc receipts on site</u> <u>Keep running 12 months total</u> <u>of perc usage</u> <u>Record bi-weekly leak checks.</u>
<u>Start-up / Shut-down / Malfunction plan</u>	<u>- Keep copy of manuals on machine</u>

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: Jan '98
(Approximate)

INSPECTION CONDUCTED BY: MARGARET CANGRO
(Please Print)

INSPECTOR'S SIGNATURE: Margaret Cangro PHONE NUMBER: 813/744-6100

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#:	1050278	DATE:	1/28/97	TIME IN:		TIME OUT:	
FACILITY NAME:	Laundry Lady Coin Laundry						
FACILITY LOCATION:	606 N. Massachusetts Ave Lakeland						

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 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)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A.</p> <p>1. Existing small area source <input checked="" type="checkbox"/>
 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)</p> <p>3. Existing large area source <input type="checkbox"/>
 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)</p> | <p>2. New small area source <input type="checkbox"/>
 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)</p> <p>4. New large area source <input type="checkbox"/>
 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)</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

This is a correct facility classification Y N

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 _____ 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
- 2. Examining the containers for leakage? Y N
- 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
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon 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 N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a 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
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that 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
Is the temperature differential equal to or greater than 20° F? Y N
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 N/A
Is the perc concentration equal to or less than 100 ppm? Y N
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? 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
 - 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
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

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

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

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves Y N

Door gaskets and seating Y N

Filter gaskets and seating Y N

Pumps Y N

Solvent tanks and containers Y N

Water separators Y N

Muck cookers Y N

Stills Y N

Exhaust dampers Y N

Diverter valves Y N

Cartridge filter housings Y N

Charles Lake

Name of Responsible Official

Margaret Cangro

Inspector's Name (Please Print)

Margaret Cangro

Inspector's Signature

1/28/97

Date of Inspection

Jan 98

Approximate Date of Next Inspection

AIRS ID#: 1050278

Mailing Address:
Laundry Lady
1747 E. Bay Rd
Lake Land, FL 33801

all Revised 10/10/96

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

1050278

FACILITY NAME: Laundry Lady Coin Laundry DATE: 08-12-97
 FACILITY LOCATION: 606 N. Massachusetts Ave.
Lake Land, FL 33801

Annual Reporting Period: ~~1996~~ 9-1 1996 TO 08-12 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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:

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

#2. Term or condition of the general permit that has not been in 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: _____

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 SEP 2 1997
 Bureau of Air Monitoring
 & Mobile Sources

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: Charles S. Lake Charles S. Lake 08-12-97
 Name (Please Print) Signature Date

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

RECEIVED
 AUG 22 1997
 D E P

AIRS ID#: 1050278

oil
Revised 10/10/96
RECEIVED
APR 9 1998
Bureau of Air Monitoring
& Mobile Sources

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

FACILITY NAME: Laundry Lady Coin Laundry DATE: 1/14/98
 FACILITY LOCATION: 606 N. Massachusetts Ave
Lakeland, FL 33801

Annual Reporting Period: 1-14- 1998 TO 4-3- 1998

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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in 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 beliefs 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: Charles Lake Charles J. Lake 1/3/98
Name (Please Print) Signature Date

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

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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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 N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon 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 N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 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 N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that 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 N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? 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 N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

ART 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, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

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

Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

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

MARGARET CANERO
Inspector's Name (Please Print)

4/3/98
Date of Inspection

Margaret Canero
Inspector's Signature

April '99
Approximate Date of Next Inspection

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

✓
RECEIVED
APR - 8 1999
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED
RE-INSPECTION

AIRS ID#: 1050278 DATE: 4/5/99 TIME IN: 1:30 TIME OUT: 1:45
 FACILITY NAME: Laundry Lady Coin Laundry
 FACILITY LOCATION: 606 N Massachusetts
Lakeland 33801
 RESPONSIBLE OFFICIAL: Charles Lake PHONE: 941-683-4508
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. 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.

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

5. 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 10 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 N/A
- 2. Examining the containers for leakage? Y N N/A
- 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 N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon 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 N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 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 N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that 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 N/A
 Is the temperature differential equal to or greater than 20° F? Y N N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A

6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
 (check appropriate boxes)

1. Maintained receipts for perc purchased? Y N

2. Maintained rolling monthly total 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 N/A

 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A

4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A

5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A

6. Maintained startup/shutdown/malfunction plan? Y N

7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A

8. Maintained compliance plan, if applicable? Y N N/A

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, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- 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

MARGARET CANGRO
Inspector's Name (Please Print)

4/5/99
Date of Inspection

Margaret Cangro
Inspector's Signature

April 2000
Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Laundry Lady Coin Laundry DATE: 4/5/99
FACILITY LOCATION: 606 N. Massachusetts Lakeland, FL 33801

Annual Reporting Period: 4-4-1998 TO 4-5-1999

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. [X] 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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in 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: _____

RECEIVED APR 20 1999 Bureau of Air Monitoring & Mobile Sources

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: Charles Lake x Charles Lake 4/5/99
Name (Please Print) Signature Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258231 ✓

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
MAIL ROOM
JAN 16 97

Do **NOT** Remove Label

AIRS ID# 1050278
LAUNDRY LADY COIN LAUNDRY CHARLES LAKE 1747 E GARY ROAD LAKELAND FL 33801

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 300129

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

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MAIL ROOM
JAN 16 98

Do **NOT** Remove Label

AIRS ID#1050278
CHARLES LAKE CHARLES LAKE 1747 E GARY ROAD LAKELAND FL 33801

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

LAUNDRY LADY COIN LAUNDRY

2239

DATE	ACCOUNT OR INVOICE NUMBER	CONTROL #	AMOUNT
01-14-1998	AIR ID# 1050278	8206	****50.00

DISCRIPTION >

OUR ACCOUNT NUMBERS

L29	++	++	++	++
****50.00	****0.00	****0.00	****0.00	****0.00

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353855

For 1999-2000

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 # 1050278
 LAUNDRY LADY COIN LAUNDRY
 CHARLES LAKE
 1747 E GARY ROAD
 LAKELAND FL 33801

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

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 MAIL ROOM
 DEC 10 98

Bureau of Air Monitoring
 & Mobile Sources

RECEIVED
 DEC 14 1998

LAUNDRY LADY COIN LAUNDRY

2727

DATE	ACCOUNT OR INVOICE NUMBER	CONTROL #	AMOUNT
12-08-1998	AIRS ID # 1050278	8674	****50.00

DISCRIPTION >

OUR ACCOUNT NUMBERS

L29	++	++	++	++
****50.00	****0.00	****0.00	****0.00	****0.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

039!249

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 # 1050278
 LAUNDRY LADY COIN LAUNDRY
 CHARLES LAKE
 1747 E GARY ROAD
 LAKELAND FL 33801

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 JAN 21 2000
 Bureau of Air Monitoring
 & Mobile Sources

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 MAIL ROOM
 JAN 19 00

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

LAUNDRY LADY COIN LAUNDRY

3401

DATE	ACCOUNT OR INVOICE NUMBER	CONTROL #	AMOUNT
01-13-2000	AIRS # 1050278	9310	\$\$\$50.00
DISCRIPTION > 2000 TITLE V AIR GENERAL PERMIT			

OUR ACCOUNT NUMBERS

L29	++	++	++	++
\$\$\$50.00	\$\$\$*0.00	\$\$\$*0.00	\$\$\$*0.00	\$\$\$*0.00



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 # 1050278
LAUNDRY LADY COIN LAUNDRY
CHARLES LAKE
1747 E GARY ROAD
LAKELAND FL 33801

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: X1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
 JAN 17 2000
 Bureau of Air Monitoring
 & Mobile Sources

LAUNDRY LADY COIN LAUNDRY

3983

DATE	ACCOUNT OR INVOICE NUMBER	CONTROL #	AMOUNT
01-24-2001	AIRS ID# 1050278	9882	***50.00
DISCRIPTION > ATT. Ms Sandra Bowman			

OUR ACCOUNT NUMBERS

L29	++	++	++	++
***50.00	***0.00	***0.00	***0.00	***0.00

RECEIVED
JAN 30 2001
BUREAU of FINANCE
& ACCOUNTING
REVENUE

Z 210 662 416

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

10 AIRS ID # 1050278001AG
CHARLES LAKE
LAUNDRY LADY COIN LAUNDRY
1747 E GARY ROAD
LAKELAND FL 33801

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	

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

Article Sent To:
2210 662 416 (OLD)

7000 0600 0021 6527 0024

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

Name (Please Print Clearly) (to be completed by mailer)
Charles Lake
Street, Apt. No., or PO Box No.
#1050278001AG
City, State, ZIP+4

PS Form 3800, July 1999 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:

10 AIRS ID # 1050278001AG
CHARLES LAKE
LAUNDRY LADY COIN LAUNDRY
1747 E GARY ROAD
LAKELAND FL 33801

53
for
DPS

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
X Charles Lake Agent Addressee
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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)

~~Z 210 662 416~~ 7000 0600 0021 6527 0024