

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Michael Galyean Courtesy Cleaners #2 5306 Cortez Road West Suite 5 Bradenton, Florida 34210

Dear Mr. Galyean:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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 is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MICHAEL GALYEAN
2.	Site Name (For example, plant name or number):
	COURTESY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 054903869
(4)	Facility Location: COURTESY CLEANERS #2
	Street Address: 700 SOUTH OSPREY
	City: SARASOTAN (County), FL Zip Code: 34236
.5.%	Facility Identification Number (DEP Use):
	######################################
	Donos-sible Official

Responsible Official

(6)	Name and Title of Responsible Officia	l:		
	MICHAEL GALYEAN			
(7)	Responsible Official Mailing Address:	COURTESY C	LEANERS	
	Organization/Firm:			
	Street Address: 5306 CORTEZ	ROAD WEST	STE.5	
	City: BRADENTON	County:	${ t FL}$	Zip Code: 34210
8.	Responsible Official Telephone Numb		-	
	Telephone: (941) 795 - 473	34	Fax: (941) 795 -	1176

Facility Contact (If different from Responsible Official)

(9).	Name and Title of Facility Contact (For example, plant m	nanager):		
	JACK HAILE			
_	Facility Contact Address: COURTESY CLEANERS			
	Street Address: 700 SOUTH OSPREY City: SARASOTA County; FL		Zip Code:	34236
11.	Facility Contact Telephone Number: Telephone: (941) 366-7661	Fax: (

RECEIVED

AUG 2 6 1996

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Bureau of Air Monitoring & Mobile Sources

#1150075

	Courtesy Cleaners
	spoke with Michael Galyean 1/13/96
p./3	4,7,+10. add County 6 add title - Owner 9. add title - Manager
p./4	1.(a) add date(s) control device(s) installed 5.(f) required

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#1	01-MAR-	-91						
(1) w/ ref. condense	r X	01-MAR-	T						
(2) w/ carbon adsor	ber X	01-MAR-							
(3) w/ no controls									
Washer Unit					•				•
(4) w/ ref. condense	r								
(5) w/ carbon adsor	ber								
(6) w/ no controls									
Dryer Unit						-		•	
(7) w/ ref. condense	r								
(8) w/ carbon adsor	ber								
(9) w/ no controls				-					
Reclaimer Unit		1	l			<u> </u>			
(10) w/ ref. condens	ser								
(11) w/carbon adsor	ber								
(12) w/ no controls									
(b) Control devices (c) No control devices 2.(a) What was the to [170 (b) If less than 12 m Check why it is	tal quanti	equired to be ity of perchloons	installed [perc)	purchased in				
3. What is the facility' (Indicate with an ") Existing sma	<". Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large	e area sou	irce [X]	Ne	w lai	rge area sour	ce []			

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [X]	Refrigerated condenser X
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	inits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X]
Equipment Monitoring a	nd Recordkeeping Information
	nd Recordkeeping Information n accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site i (a) Purchase receipts and solvent purchases	n accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site i (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	n accordance with the requirements of this general permit: X [X] [X] [X]
Check all logs which are required to be kept on-site it (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	n accordance with the requirements of this general permit: X [X] [X] [X]

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Surrender of Existing Air Permit(s)

lease indicat	te with an "X" the appropriate selection:				
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
<u> </u>	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.					
<u>JN</u> v Signature	M W M Date				

Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	OMPLAINT/DISCO	VERY 🗆
AIRS ID#: 1/50075 DATE: 7/22 FACILITY NAME: Courtes FACILITY LOCATION: 700 S. Sarasota RESPONSIBLE OFFICIAL: JULE 1.	199 TIME IN: 9:154 TIME 4 Cleaners = 2 OS Prey FL 34236 Haile PHONE: 941	OUT: JUL 2 > VE Bureau of Air Monitorin & Mobile Sources
PART I: NOTIFICATION	***	
(check appropriate box)	-	
1. New facility notified DARM 30 days prior to st	artup	
2. Facility failed to notify DARM to use general p	permit	0
PART II: CLASSIFICATION	<u> </u>	
Facility indicated on notification form that it is: (check appropriate box) 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)	☐ Drop store/out of bu	
 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) 5. This is a correct facility classification 	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y$ $\square Can$ not determine	
If no, please check the appropriate classiff facility qualified for a g	ication: general permit as number above imits and is not eligible for a general permit	

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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YX verifying that the coolant had been completely charged?

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 ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON DEN/A
	Is the temperature differential equal to or greater than 20° F?	OY ON MINA
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,	a
	if machines are equipped with a carbon adsorber?	DY DN DY(I/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON BONIA
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?	OY ON AN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	A/MJS NO YO
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN ANIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
I. Maintained receipts for perc purchased?	X 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;	A'NO NO YE
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON SAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	a/M js k no yo
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIVA
6. Maintained startup/shutdown/malfunction plan?	Æ(Ý □N
7. Maintained deviation reports?	OY ON MINA
Problem corrected?	DY DN ZN/A
8. Maintained compliance plan, if applicable?	OY ON ANA

PART	PART VI: LEAK DETECTION AND REPAIRS				
1. Doe	s the responsible official conduct a	weekly (for small sources, b	bi-weekly) leak detection ar	nd repair	
insp	pection?			A Y □N	
2. Has	the facility maintained a leak log?			43 YY □N	
3. Doe	s the responsible official check the f	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	AND ND PX	Muck cookers	OY ON LONA	
	Door gaskets and seating	AND ND YE	Stills	DY ON ON/A	
	Filter gaskets and seating	AA ON ON'Y	Exhaust dampers	Y ON ON/A	
	Pumps	DYY ON ON/A	Diverter valves	XY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	Ø □N □N/A	
	Water separators	MY ON ON/A			
4. Whi	ich method of detection is used by th	e responsible official?			
	Visual examination (condensed so	lvent on exterior surfaces)		蔥	
	Physical detection (airflow felt thr	ough gaskets)		X.	
	Odor (noticeable perc odor)			X	
ı	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	a	
	Halogen leak detector				
	- If using direct-reading instru	mentation, is the equipm	ent:	24N/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)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy	by use of duplicate samples	s (calorimetric only)?	מם צם	
		· •			

MARGARET CANGRO	7/22/99
Inspector's Name (Please Print)	Date of Inspection
Margaret Cangas	N/n
U Inspector's Signaturé	Approximate Date of Next Inspection



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVER	Υ 🗆
AIRS ID#: \\.5 \\\.7.5		•	,	1:50p
FACILITY NAME: FACILITY LOCATION:	50 South			
RESPONSIBLE OFFICIAL:		•		
PART I: NOTIFICATION				
(check appropriate box)				
 New facility notified DARM Facility failed to notify DAR 				
PART II: CLASSIFICATION	۱ 			
Facility indicated on notificati (check appropriate box) A.			No notification form Drop store/out of busines	ss/petroleum
Facility indicated on notificati (check appropriate box)	rce		Drop store/out of busines a source < 140 gal/yr 200 gal/yr 0 gal/yr	es/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: The Construction form that it	few small area to-dry only, x < 2 types, x < 140 structed on or few large area o-dry only, 14 fer only, 200	Drop store/out of business a source $< 140 \text{ gal/yr}$ 200 gal/yr after $12/9/91$) a source $0 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,300 \text{ gal/yr}$ $\le 1,800 \text{ gal/yr}$	es/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 goth types, 140 ≤ x ≤ 1,800 g	ion form that it is: The second 2. No dry-togons The second 2. No dry-to	few small are: to-dry only, $x < 2$ types, $x < 140$ structed on or few large area o-dry only, $x < 2$ types, $x < 140 \le 2$ types, $x < 140 \le 2$ structed on or	Drop store/out of business a source $< 140 \text{ gal/yr}$ 200 gal/yr after $12/9/91$) a source $0 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,300 \text{ gal/yr}$ $\le 1,800 \text{ gal/yr}$	es/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified in the facility of the property of the facility of the property of the property of the facility of the property	ion form that it is: The second 2. No dry-togons The second 2. No dry-to	lew small are: so-dry only, x < 2 types, x < 140 structed on or lew large area o-dry only, 14 sfer only, 200 types, 140 ≤ x structed on or	Drop store/out of business a source $< 140 \text{ gal/yr}$ 200 gal/yr 200 gal/yr after 12/9/91) a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,300 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ after 12/9/91) Can not determine	es/petroleum

1 of 5

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?	MY ON ON/A				
2. Examining the containers for leakage?	MY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	MO VÀ				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	XY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XN/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 refrience (complete A below).	gerated condenser				
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 refri (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	Ø(A □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XA ON ONIV				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A'N ON ON'A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AVAK NO YO				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Xy on				

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					YΥ		N
2.	Has the facility maintained a leak log?					ZY		אנ
3.	Does the responsible official check the	follow	ing ai	reas for leaks?				
	Hose connections, fittings,							
	couplings, and valves	XY	ПN	□N/A	Muck cookers	ΣY	ΠN	□N/A
	Door gaskets and seating	X	ΠN	□N/A	Stills	ŻΥ	□N	□N/A
	Filter gaskets and seating	XY	ΠN	□N/A	Exhaust dampers	Y	ПN	□N/A
	Pumps	ŔΥ	ПN	□N/A	Diverter valves	ĽΥ	ПN	□N/A
	Solvent tanks and containers	¥Υ	ПΝ	□N/A	Cartridge filter housings	Σίγ	□N	□N/A
	Water separators	ŻΥ	□И	□N/A				
4.	Which method of detection is used by t	he resp	onsib	ole official?				
	Visual examination (condensed solvent on exterior surfaces)					×		
	Physical detection (airflow felt through gaskets)					Ø		
	Odor (noticeable perc odor)					X		
	Use of direct-reading instrumenta	tion (F	(TD/P	ID/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instr	ument	ation	, is the equipme	ent:	□N/	Ά	
	a. Capable of detecting p	perc va	ipor c	oncentrations in	a range of 0-500 ppm?	ŪΥ	□N	
	b. Calibrated against a s	tandar	d gas	prior to and after	er each use	ΠV	□N	
(PID/FID only)?					, , , , , , , , , , , , , , , , , , ,			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and so						ПN	
	e. Verified for accuracy	by use	of du	plicate samples	(calorimetric only)?	ШΥ	ΠN	
	••							

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

SN 901162173

Revised 8/11/97

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?	×Υ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN) X/N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	AVN
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?	ΩY	□N	¤ (N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩУ	ПΝ	ÀN/A
4.	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,			> 6
	or expansion; and downstream from no other inlet?	ЦΥ	ЦN	MNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	ПN	₩N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ΠИ	MN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Y XY ON
2. Maintained rolling monthly averages of perc consumption?	X DN
3. Maintained leak detection inspection and repair reports for the following:	93
a. documentation of leaks repaired w/in 24 hrs? or;	X UN XN/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?	מאל אם עם אם A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XXVIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XXN/A
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	OY ON X
Problem corrected?	DY DN ÅN/A
8. Maintained compliance plan, if applicable?	OY ON XVIA

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
FACILITY NAME: Carfesy Clauser, Facility LOCATION: 100 S. C RESPONSIBLE OFFICIAL: M. Galylan CONTACT NAME: 100 S. C PART I: NOTIFICATION	TIME IN: 9:000 TIME ONT: 10:0000
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	ation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchlorocthylene (perc) pu facility was facility was gallons	irchased within the preceding 12 months by this dry cleaning is 07 1/98 (Note: New unit is sold machine)

Revised 8/11/97

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PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly scaled and impervious containers?

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? Perhander Cartridge filters

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

AN ON ONA

TY ON ON/A

TO TAN

OY ON MINA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification I 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 on a earbon 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?

фY □и

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?

AVA ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

dy on

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

DY DN DNA

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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₿.	. 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?	ďΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	DN/A DN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	NIA
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?	\Box Y	ПИ	MN/A
	Is the perc concentration equal to or less than 100 ppm?	ΩУ	ПN	AM
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?	ΩY	ПИ	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□и	N/A

17 P.M

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
	h. D.			
1. Maintained receipts for perc purchased?	DA DA			
2. Maintained rolling monthly averages of perc consumption?	MY DN			
3. Maintained leak detection inspection and repair reports for the following:	, D			
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אם אם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON WINA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WN/A			
6. Maintained startup/shutdown/malfunction plan?	NO A			
7. Maintained deviation reports?	AND NO YO			
Problem corrected?	AMA NO YO			
8. Maintained compliance plan, if applicable?	AMA NO YO			

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	ПN	
2.	Has the facility maintained a leak log?	•		βY	ИD	.,
3.	Does the responsible official check the	following areas for leak	s?	, I.		
	Hose connections, fittings, couplings, and valves	אואם אם צל	Muck cookers por the	Je Thy	DN pr	N/A
	Door gaskets and seating	AND ND AA	Stills	PY	מם אם	N/A
	Filter gaskets and seating	אואם אם אא	Exhaust dampers	βY	אם אם	1/ A
	Pumps	אואם אם א	Diverter valves	þΥ	מם מם	A/A
	Solvent tanks and containers	אועם אוע מאוא	Cartridge filter housings	\$P.	אם אם	N/A
	Water separators	אואם אם צקל				
4.	Which method of detection is used by	the responsible official?		d		
	Visual examination (condensed s	solvent on exterior surfac	es)	þ		
	Physical detection (airflow felt the	₩				
	Odor (noticeable perc odor)			种		
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)			
	Halogen leak detector					
	If using direct-reading instr	rumentation, is the equi	pment:	\$NIA	A	
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	ŪΥ	ПN	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	ΠY	ПИ	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and s	secure area when not in u	ise?	ПΥ	ПN	
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	ПΥ	ПN	
	•					

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#: 1150075
4 ,		
FACILITY NAME:	Courtesy Cleaners	DATE:08/10/98
FACILITY LOCATION: • 70	00 S. Osprey Ave	· · · · · · · · · · · · · · · · · · ·
Sa	rasota, FL	<u> </u>
RESPONSIBLE OFFICIAL:_	M. Galyean /Aaron	n Carver PHONE NUMBER: 941/795-4734
		nts evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of discrepancies were no		nts evaluated during this inspection, the following compliance
COMPLIANCE REC	QUIREMENT/PROBL	LEM FOLLOW-UP ACTION REQUIRED
		P
		Bureau of Air Monitoring & Nobile Sources
·		oblie Source on the Source of
		i coring
COMMENTS:		
		·
The Annual Compliance Certif	ication form has been proper	rly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTI	ON:	08/99 (Approximate)
INSPECTION CONDUCTED) BY:S	Susan Cameron (Please Print)
INSPECTOR'S SIGNATURI	Shen Can	PHONE NUMBER: 378-6128

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	□ COMP	PLAINT/DISCOVERY	
	rtens (200000 200000		
RESPONSIBLE OFFICIAL:	*	•		
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 3 2. Facility failed to notify DARM	•			٥
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) 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) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,10 transfer only, 200 \le x \le 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class	2. Idry- trar both (cor 2. 1) 4. 1) 00 gal/yr dry- gal/yr tran both (cor	New small area sour- to-dry only, $x < 140$ asfer only, $x < 200$ ga in types, $x < 140$ gally instructed on or after 1 New large area sour- to-dry only, $140 \le x$ asfer only, $200 \le x \le 1$ in types, $140 \le x \le 1$, 8 instructed on or after 1	gal/yr l/yr r 12/9/91) cc	etroleum
If no, please check the ap				ı
	qualified for a general exceeds above limits an octhylene (perc) purcha	permit as number nd is not eligible for a	a general permit	ץ cleaning

BEST AVAILABLE COPY

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	MY ON ON/A				
2. Examining the containers for leakage?	AIN ON ONIA				
3. Closing and securing machine doors except during loading/unloading?	MO VE				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON XIN/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 ref (complete A below).	rigerated condenser				
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 ref (complete A and B below).	rigerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	Z(A DM				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANO NO YA				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN XXIVA				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XY ON				

BEST AVAILABLE COPY

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?	ЖY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□иј	AVN
	ls the temperature differential equal to or greater than 20° F?	ΩΥ	□N }	AME
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?		□N ∫	
	ls the perc concentration equal to or less than 100 ppm?	$\Box Y$	□N j	ANYE
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?	Пλ	□и ј	Z(N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ו אם	A/M
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟΥ	, и п	ZÍN/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MA DN
2. Maintained rolling monthly averages of perc consumption?	MA ON
3. Maintained leak detection inspection and repair reports for the following:	95
a. documentation of leaks repaired w/in 24 hrs? or;	ANA NO YA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANA
4. Maintained calibration data? (for applicable direct reading instruments)	איא לא אם אם ארש
5. Maintained exhaust duct monitoring data on perc concentrations?	אאאַ אם צם ANA
6. Maintained startup/shutdown/malfunction plan?	MA ON
7. Maintained deviation reports?	OY ON X(N/A
Problem corrected?	OY ON AMA
8. Maintained compliance plan, if applicable?	איא אַל אם עם

PART VI: LEAK DETECTION AND REPAIRS								
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
inspe	ction?			MA DN				
2. Has th	he facility maintained a leak log?			אם אַלַע				
3. Does	the responsible official check the f	ollowing areas for leaks?						
	Hose connections, fittings, couplings, and valves	DAY ON ONIA	Muck cookers	AVA NO AVA				
	Door gaskets and scating	אואם אם עוֹלְ	Sülls	DANO NO TANA				
	Filter gaskets and seating	AND ND YA	Exhaust dampers	AINO NO Y				
	Pumps	AND ND Y	Diverter valves	DANA UN DNIA				
	Solvent tanks and containers	AND ND Y	Cartridge filter housings	DA DANA				
	Water separators	AVN UN UX						
4. Whic	h method of detection is used by th	e responsible official?						
	Visual examination (condensed so	lvent on exterior surfaces)		Ĭ Ĭ				
	Physical detection (airflow felt three	ough gaskets)		'A				
		N.						
	□N/A							
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	□У □И				
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and aft	er each use	□У □И				
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	□У □Й				
	d. Kept in a clean and se	cure area when not in use?		. ПЛ ПЙ				
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	ПЛ ПИ				
	•							
١.	/							
	Inspector's Name (Please Print) Bate of Inspection							
	/ Doer lt		3/98					
	Inspector's Signature		Approximate Date of I	Next Inspection				
	(m) um bia							

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MICHAEL GALYEAN
2.	Site Name (For example, plant name or number):
	COURTESY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 054903869
4.	Facility Location: COURTESY CLEANERS #2
	Street Address: 700 SOUTH OSPREY City: SARASOTA: County: EL Zip Code: 34236
۲5:¾	Facility Identification: Number (DEP Use)
	1150075
	The first property of the section of

Responsible Official

6.	Name and Title of Responsible Official:
٠.	Traine and Trive of Responsible Official.
	MICHARI CALVRAN CO
	MICHAEL GALYEAN Own
7.	Responsible Official Mailing Address: COURTESY CLEANERS
٠.	•
	Organization/Firm:
	Street Address: 5306 CORTEZ ROAD WEST STE.5
	City: BRADENTON County: FL Zip Code: 34210
	Savasta Manute
8.	Responsible Official Telephone Number:
٥.	
	Telephone: (941) 795 - 4734 Fax: (941) 795 - 1176

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (For example, plant m	anager):			
	JACK HAILE, Plant manac	~e~			
10.	Facility Contact Address: COURTESY CLEANERS	#2	_		
	Street Address: 700 SOUTH OSPREY City: SARASOTA County:	સ્ <i>યુ</i> જ્ય	A ec	Zip Code:	34236
1	Facility Contact Telephone Number: Telephone: (94) 366-7661	Fax: ()	-	

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Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	1 -	Installed	ID	Purchased	Installed	ID	Purchased	Installed
71		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			1		1
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#1	01-MAR-	-91					_	
(1) w/ ref. condenser	Х	01-MAR	91 ON-M	A C	1				
(2) w/ carbon adsorber	х	01-MAR-							
(3) w/ no controls									
Washer Unit				-					
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		•		•		•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					'				
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the standard of t	are re quanti gallo hs, he	equired to be ity of perchloons	installed [_ proethylene (perc)	_] purchased in				
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small are	urce (Selec	classification t one classifi	based on the cation only.)	e defi		d in section (3		•	
Existing large are	ea sou	irce [X]	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [X]	Refrigerated condenser X
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	inits shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X]
·	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X_]
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Ple	ase indicate	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
	[<u>X</u>]	No air permits currently exist for the operation of the facility indicated in this notification form.						
		Responsible Official Certification						
	this notific statements maintain t comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form. Inpuly notify the Department of any changes to the information contained in this notification.						
	111V Signature	S-21-96 Date						
	O~	inojinal will be forwarded up en i ogt it back from R.O.						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Sago

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MICHAEL GALYEAN
2.	Site Name (For example, plant name or number):
	COURTESY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 054903869
4.	y = v v v v v v v v v v v v v v v v v v
	Street Address: 700 SOUTH OSPREY City: SARASOTA: Zip Code: 34236
ar Awar	Sarabota
	Facility Identification Number (DEP Use):
	列門を表現では、10mmに対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に対象に
	Responsible Official
6.	Name and Title of Responsible Official:
_	MICHAEL GALYEAN, Own
7.	Responsible Official Mailing Address: COURTESY CLEANERS Organization/Firm:
	Street Address: 5306 CORTEZ ROAD WEST STE.5
	City: BRADENTON County: PE Zip Code: 34210
8.	Responsible Official Telephone Number:
0.	Telephone: (941) 795 - 4734 Fax: (941) 795 - 1176
	<u> </u>
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	JACK HAILE, Plant manager
10.	Facility Contact Address: COURTESY CLEANERS #2
	Street Address: 700 SOUTH OSPREY City: SARASOTA County: Zip Code: 34236
	Sayasota
11.	Facility Contact Telephone Number: Telephone: (941) 366-7661 Fax: () -
	Telephone: (941) 366-7661 Fax: () -

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AUG 2 6 1995

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.

	٠.	Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
						instance			
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	#1	01-MAR-				,		,	
(1) w/ ref. condenser	X	01-MAR-	91 ON-M	4-0	3)			_	
(2) w/ carbon adsorber	<u>x</u>	01-MAR-	91		ļ <u>.</u>				ļ
(3) w/ no controls								<u> </u>	
Washer Unit						,	1	<u> </u>	,
(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(c) No control devices2.(a) What was the total of	are re	equired to be	installed [_			n the latest 12	? mor	nths?	
[170]	-	•			•				
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sm	nall area sour	rce []			
Existing large are	ea sou	irce X	Ne	w lar	ge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	<u> </u>
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
<u>JN</u> v Signature	M W M 2 1-96 Date
2	211 1- 9/9/97

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

DRY CLEANER AIR QUALIT OCCUPATED PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	Bureau of Air	Monitoring (e Becei	inspiral 2
+	& Mobile S	ources	Pollution	sion A
FACILITY NAME: COUNTERNAME:	(Quanus)		Pollution PATE: 8	<u>-9000</u>
FACILITY LOCATION:) S. Z	Sprea >	*/*	51-12	:08.80
Sarasota	"			
32725072				
Annual Reporting Period:	19 <u>9 b</u> TO	8-29		1997
Based on each term or condition of the Title V general ai	r permit, my facility has rer	mained in complian	nce with DEP R	ule
62-213.300, Florida Administrative Code (F.A.C.), durin	g the period covered by this	s statement. 🏻 Y	ES \square	NO
If NO, complete the following:				
#1. Term or condition of the general permit that has not	been in continuous complia	ance during the ren	orting period st	ated above:
was a common or and gonoral pormit and has not			orang portor or	20010.
Exact period of non-compliance: from		_ to	i i i i i i i i i i i i i i i i i i i	,
Action(s) taken to achieve compliance:			7 ()	<u> </u>
Method used to demonstrate compliance:				
//a 57				
#2. Term or condition of the general permit that has not	been in continuous complia	ince during the rep	orting period st	ated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
• • • • • • • • • • • • • • • • • • •	<u> </u>			
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on info made in this notification are true, accurate and complete upon rolling averages of purchase receipts, does not exc year for transfer or combination facilities.	. Further, my annual consi	umption of perchlo	roethylene solv	ent, based
RESPONSIBLE OFFICIAL: Mich nel Gr	2/4.1. Mm M. 1	1 w/	<i>9</i>	19197
RESPONSIBLE OFFICIAL: Mich nel Gr Name (Please Pr	int)	Signature		Date
<u> </u>	<u> </u>	<u> </u>		

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

Page _ \ of _ \.

OCT, 2 3 1997

AIR'S ID#: 15015

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Conte-y Clares	DATE: 8 9
FACILITY LOCATION: 160 2. Sorry Hil.	
- Arassia, Fl	
Annual Reporting Period: \$\frac{1}{29}\frac{9}{9}\frac{1}{9}	1978
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following:	unce with DEP Rule YES □NO
#1. Term or condition of the general permit that has not been in continuous compliance during the re-	porting period stated above:
Exact period of non-compliance: from to	C TT
Action(s) taken to achieve compliance:	
McHiod fisca to demonstrate compliance.	7 4
#2. Term or condition of the general permit that has not been in continuous compliance during the rep	porting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable is made in this notification are true, accurate and complete. Further, my annual consumption of perchloupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	proethylene solvent, based

^{*}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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	MX COMPLAINT/DISCOVER OF O	
FACILITY NAME: COURTESY CLEAN FACILITY LOCATION: 700 SOUTH OSPE	NERS OF THE STATE	
SARASOTA, FL RESPONSIBLE OFFICIAL: M. GAUYLAN, CONTACT NAME: JACK HAILE	/AARON CARVERHONE: 941/366-7661PHONE:	_
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per	<u>-</u>	
PART II: CLASSIFICATION Facility indicated on notification form that it is:	□ No notification form Plant III	Z. Michae H-
(check appropriate box) 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)	Drop store/out of business/petroleum 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)	was -
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	960 galbos
	Cation: neral permit as number above nits and is not eligible for a general permit Talu-	2 Macin Ha
B. The total quantity of perchlorocthylenc (perc) perfacility was 361.2 gallons (MON) H	urchased within the preceding 12 months by this dry cleaning	g

30 1.0

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DAY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DN 4. Draining cartridge filters in their housing or in sealed containers for at Permanent Cartidde Silters DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber on the beds according to the manufacturer's specifications? DY DN DNIA 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) MD VID 1. Equipped all machines with the appropriate vent controls? AYNO NO YOU 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVAD NO YOU condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated \square \square \square \square condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OY ON ØN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY □N verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	OY ON WINA	
	Is the temperature differential equal to or greater than 20° F?	DY DN DNA	i.
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?	OY ON ANIA	
	Is the perc concentration equal to or less than 100 ppm?	DY DN DNA	`
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?	ם א סא של אים	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA	
6.	Routed airflow to the carbon adsorber (if used) at all times?	אוא ל אם צם	k.

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

P.	ART VI: LEAK DETECTION AN	D REPAIRS		·
_	Does the responsible official conduc		, bi-weekly) leak detection at	nd repair
	inspection?	• •		Y DN
2.	Has the facility maintained a leak lo	g?		AN DM
3.	Does the responsible official check t	he following areas for leaks?		^
	Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers Het	OY ON MANA
	Door gaskets and seating	AND NO YE	Stills	AVA UN YA
	Filter gaskets and seating	AND ND YA	Exhaust dampers	AND ND YA
	Pumps	AND NO YA	Diverter valves	AYY ON ON/A
	Solvent tanks and containers	AND ND YA	Cartridge filter housings	AND NO NA
	Water separators	AMO NO Y		
4.	Which method of detection is used b	y the responsible official?		
	Visual examination (condense	d solvent on exterior surfaces	s)	Þ
	Physical detection (airflow felt	through gaskets)		É
	Odor (noticeable perc odor)			# #
	Use of direct-reading instrume	ntation (FID/PID/calorimetri	ic tubes)	
	Halogen leak detector			
	If using direct-reading in	strumentation, is the equip	ment:	#N/A
	a. Capable of detection	ng perc vapor concentrations	in a range of 0-500 ppm?	UN UN
		a standard gas prior to and a	ıfter each use	
	(PID/FID only)?			
	•	and obvious signs of wear or	-	UY UN
	•	d secure area when not in use		OY ON
	e. Verified for accura	cy by use of duplicate sample	es (calorimetric only)?	ОУ ОИ
	America		9/1/99	

Inspector's Name (Please Print)

Date of Inspection

Option

Inspector's Signature

Approximate Date of Next Inspection

AIRS ID#: 1150075

A

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:CO	OURTESY CLEANERS		DAT	E: 9/1/99
FACILITY LOCATION:	700 SOUTH OSPREY	AVENUE		
<u></u>	SARASOTA, FL			_
<u>. </u>			al	
Annual Reporting Period:	08/10	19 <u>98</u> TO	9.11	
	on of the Title V general air perrative Code (F.A.C.), during the	-	#	DEP Rule
If NO, complete the following:		•	! \	
#1. Term or condition of the g	eneral permit that has not been	in continuous complianc	e during the reporting pe	eriod stated above:
Exact period of non-complianc	e: from	to	0	
Action(s) taken to achieve com	•		:	
Method used to demonstrate co				
#2. Term or condition of the g	eneral permit that has not been	in continuous complianc	e during the reporting pe	riod stated above:
Exact period of non-compliance	e: from	to_		_
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	ompliance:		·	
made in this notification are tri	ereby certify, based on information accurate and complete. Fur wase receipts, does not exceed 2, on facilities. Name (Please Print)	ther, my annual consum	ption of perchloroethyler	ne solvent, based

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

discretion of the responsible official to use this form.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMPLA	INT/DISCOVERY	RE-INSPE	CTION [
TIME IN: 10:35	TIME OUT:		AIRS ID#:_	1150075	
TYPE OF FACILITY:	DRYCLEANER				
FACILITY NAME:	COURTESY CLEANERS			date: <u>9///</u>	99
FACILITY LOCATION:	700 SOUTH OSPREY A	AVENUE			
	SARASOTA, FL				
RESPONSIBLE OFFICIAL:	M. GALYLAN/AARON	CARVER	PHONE NUME	BER: <u>941/795-</u> 47	34`
L-Δ-1	of the compliance requirements of Rule 62-213.300, Florida Adm		· ·	e facility is found to be	e in
Based on the results discrepancies were r	of the compliance requirements on the compliance requirements of the compliance requirement of the compliance requirements o	evaluated d	uring this inspection, the	e following complianc	e
COMPLIANCE RE	QUIREMENT/PROBLEM	M	FOLLOW-UP AG	CTION REQUIR	ED ·
					•
			_		
COMMENTS:					
•	rification form has been properly o	certified an	d submitted to the inspec	ctor. YES	ио[]
DATE OF NEXT INSPECT	10N: 01/2000	(Approxi	mate)	, .	
INSPECTION CONDUCTE	ED BY: SUSAN CA		,		
INSPECTOR'S SIGNATUF	E. Juan (Ame c	2~	PHONE NUMB	ER: 941/378-	6128

Revised 10/96

lr		100	00
<u>ا</u> ر/	9	13	00

(constructed before 12/9/91) (constructed on or after 12/9/91) (30 0 55. This is a correct facility classification	Independent PER	CHLOROETH TITLE V C COMPLIANCE I	GENERAL PER	MIT	RS	,	\sim
FACILITY NAME: COURTESY CLEANERS FACILITY LOCATION: 700 SOUTH OSPREY AVENUE SARASOTA, FL RESPONSIBLE OFFICIAL: M. GALYLAN/AARON CARVERPHONE: 941/366-7661 CONTACT NAME: JACK HAILE PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility indified 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) 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification Y N Can not determine		RE-INSPECTIO	N 🗆		of Air Vlobile (SEP 15	
SARASOTA, FL RESPONSIBLE OFFICIAL: M. GALYLAN/AARON CARVERPHONE: 941/366-7661 CONTACT NAME: JACK HAILE 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 Part II: CLASSIFICATION		v		N: <u>2 - 20pm</u>	Our Os	2600	
PART I: NOTIFICATION	FACILITY LOCATION:			UE			_
(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		,	_		1/366-76	61	_ _
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 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 both types, $x < 140$ gal/yr (constructed before $12/9/91$) 2. New small area source dry-to-dry only, $x < 140$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification \Box	(check appropriate box) 1. New facility notified DAR)	- -	-				
(check appropriate box) 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) 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) 5. This is a correct facility classification Drop store/out of business/petroleum Constructed business/pet	PART II: CLASSIFICATIO	ON		□ No notificatio	n form!		
ZZ W UTDO DIESCE CHECK THE SUBTODITISE CISCULICATION: /// - '/) / " "	 (check appropriate box) A. 1. Existing small area sordry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area sordry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility 	urce	dry-to-dry only, transfer only, x both types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	Drop store/out irea source $x < 140 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ of $x \le 1,300 \text{ gal/yr}$ or after $12/9/91$)	ally 10/99 0		0 9al
If no, please check the appropriate classification: facility qualified for a general permit as number above 500 18 901 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					4100 9	's and	\tilde{O}

wit bion att 180 Allicone based - No per to retroleur

(check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) ďY □N 1. Equipped all machines with the appropriate vent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN MINA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

-		
В.	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	∰Y □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DNA
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?	OY ON ONA
	Is the perc concentration equal to or less than 100 ppm?	OY ON WINA
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?	ם אוען אם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN ØN/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	V
1.	Maintained receipts for perc purchased?	MD AU
2.	Maintained rolling monthly averages of perc consumption?	DY ON
3.	Maintained leak detection inspection and repair reports for the following:	l,
	a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם אם
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
i	and parts instance with 5 days of recorpt:	

DY DN DNA

ANA NO YO

OY ON ØN/A

OY ON DINA

MY ON

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

P.4	ART VI: LEAK DETECTION AND	REPAIRS				2		
J.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
ľ	inspection?				ÞΥ	N		
2.	Has the facility maintained a leak log'	?		·	ΔY	ND		
3.	Does the responsible official check the	following a	reas for le	aks?				
	Hose connections, fittings, couplings, and valves	фу Пи	I □N/A	Muck cookers not	WY.	ON ON/A		
	Door gaskets and seating	AY DM	□N/A	Stills	ΔY	ON ON/A		
	Filter gaskets and seating	ру ои	□N/A	Exhaust dampers	7Y	□N □N/A		
	Pumps	AA ON	□N/A	Diverter valves	\(\begin{picture}(1) \\ \perp \perp \\ \perp \perp \\ \perp \perp \\ \perp \perp \perp \perp \\ \perp \perp	□N □N/A		
	Solvent tanks and containers	MY UN	□N/A	Cartridge filter housing	s DY.	□N □N/A		
ļ	Water separators	ďY □N	□N/A					
4.	Which method of detection is used by	the responsi	ble official	?	L			
	Visual examination (condensed s	solvent on ex	cterior surf	aces)	ΔX			
	Physical detection (airflow felt the	rough gask	ets)		ďλ			
	Odor (noticeable perc odor)				4			
	Use of direct-reading instrument	ation (FID/P	ID/calorin	netric tubes)				
	Halogen leak detector				رَ			
	If using direct-reading inst	rumentation	, is the eq	uipment:	₩N/	/A		
	a. Capable of detecting	perc vapor o	concentrati	ons in a range of 0-500 ppm?	Y	□и		
	b. Calibrated against a (PID/FID only)?	standard gas	s prior to a	nd after each use	ΟY	□N		
	c. Inspected for leaks a	nd obvious s	igns of wea	ar on a weekly basis?	ΩY	ПИ		
	d. Kept in a clean and s	secure area v	vhen not ir	ı use?	ΠY	מם		
	e. Verified for accuracy	by use of di	iplicate sai	mples (calorimetric only)?	ΩY	□N		
	<u> </u>							
						-		
<	Jusan Ana			08/03/200-				
~	Inspector's Name (Please Pri	nt)		Date of Insp	ection			
_								
	Da A			108/2001				
	Inspector's Signature			Approximate Date of	. Next I	nspection		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COM	IPLAINT/	DISCOVERY		RE-INSP	ECTION
TIME IN:	TIME OUT:			AIRS II	D#: <u>11</u>	50075	
TYPE OF FACILITY:	DRYCLEANER		•				
FACILITY NAME:	COURTESY CLEANER	s				DATE: 08	63 2000
FACILITY LOCATION:	700 SOUTH OSPREY	AVEN	IUE		_	-	<u> </u>
	SARASOTA, FL					÷	
RESPONSIBLE OFFICIAL:	M.GALYLAN/AARON C	ARVE	? .	PHONE N	JMBER:_	941/795-	4734
LU	of the compliance requirements P Rule 62-213.300, Florida Ad		_	-	, the facili	ty is found to	be in
Based on the results of discrepancies were no	of the compliance requirements oted:	s evalua	ted during	this inspection	, the follow	ving compliar	nce
COMPLIANCE REC	QUIREMENT/PROBLE	E M	FC	DLLOW-UP	ACTIO	N REQUI	RED
	· 						
	·						
·							
							·
		-					
	· · ·						
				•			
·							
COMMENTS:							
The Annual Compliance Certif	1	y certific	ed and sub	mitted to the in	spector.	YES∰	ио[
DATE OF NEXT INSPECTI	ON: 18/200	(4		\			· ·
INSPECTION CONDUCTE	DBY: SAN CAMER	(App	oroximate	,		_	
INSPECTION CONDUCTED	E Jua Chu	- (rie	ase Frint)	_PHONE NU	MBER:_	141) 318- 816	6128 5CIS

Revised 10/96

AIRS ID#:	 1150075	

Revised 10/10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:COURTES	SY CLEANERS			DATE: 18/3 2000
FACILITY LOCATION: 700 SOL	JTH OSPREY AVI	ENUE		
SARASOT	TA, FL			
				_
Annual Reporting Period: 090/9	9	TO	08/03/200	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (l		•	-/ /	
If NO, complete the following:			١.	
#1. Term or condition of the general permi	t that has not been in c	ontinuous compliar	nce during the report	ing 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 permi	t that has not been in c	ontinuous compliar	nce during the report	ing period stated above:
Exact period of non-compliance: from	·	1	to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Furthe does not exceed 2,100	r, my annual consu	mption of perchloro	ethylene solvent, based es or 1,800 gallons per
Na	me (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.

PERCHLOROETHYLENE DRY CLEANER'S

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	XX	COMPL	aint/discovi	ERY	
AIRS ID#: 1150075	DATE: 1/24/0	TIM	E IN: ~/6:	300 TIME O) UMT	
FACILITY NAME:	COURTESY CL	EANERS		SEP 1 9 reau of Air & Mobile		
FACILITY LOCATION:	700 SOUTH O	SPREY AV	ENUE	f Air		
	SARASOTA, F	LORIDA		2001 Month Source		
RESPONSIBLE OFFICIAL	: M. GALYLAN/	AARON CA	RVE BHONE:	σ 💝 –	766	
CONTACT NAME:	JACK HAILE		PHONE:			
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARN	A 30 days prior to star	tup				
2. Facility failed to notify DA	RM to use general per	mit				
PART II: CLASSIFICATIO	N					
						<u> </u>
Facility indicated on notification (check appropriate box)	non form that it is:			tification form store/out of busin	ness/petro	leum
A.				Per	e. pa	chases
1. Existing small area sou			ll area source			
dry-to-dry only, $x < 140$ ga			x < 140 ga	· · · · · · · · · · · · · · · · · · ·	: T	# 1 / 2 90
transfer only, $x < 200$ gal/y both types, $x < 140$ gal/yr	I		, x < 200 gal/y < 140 gal/ут	2/a/si 5	X500	11401 1
(constructed before 12/9/91)	(constructed	on or after 12/	19/91) \$ 5	8 Sal	5/86/1994
3. Existing large area sou	rce 🖟	4. New larg	e arca source	<u></u>	3.	M 1. 9
dry-to-dry only, $140 \le x \le 2$			$140 \le x \le 1$		7.0gal.	
transfer only, $200 \le x \le 1.8$			$200 \le x \le 1,3$) -	\ /
both types, $140 \le x \le 1,800$			$40 \le x \le 1,800$		1	Ϋ́
(constructed before 12/9/91)	(constructed	on or after 12/	/9/91)	111	-
5. This is a correct facility of	classification	OY ON	□Can no	ot determine +	$\frac{111}{24}$	
If no, please check the	appropriate classific	ation.		7	2	I
· •	lity qualified for a gen		number	above		
	lity exceeds above lim	•		general permit		

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

(check appropriate boxes) DY ON ONIA 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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) . מם עם 1. Equipped all machines with the appropriate vent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אאם עם condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

-				
В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÚΥ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	X N/A
	Is the temperature differential equal to or greater than 20° F?	ΟΥ	ПN	DNIA
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?	ΟY	ПΝ	6 _{N/A}
	Is the pere concentration equal to or less than 100 ppin?	ΩΥ	ΠN	\$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?	ΟY	□и	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	MINIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	AIME
-				

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly averages of perc consumption?	AN ON			
3. Maintained leak detection inspection and repair reports for the following:	,			
 a. documentation of leaks repaired w/in 24 hrs? or; 	OY ON ANA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANIA			
4. Maintained calibration data? (for applicable direct reading instruments)	ANN NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WONA			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?				
8. Maintained compliance plan, if applicable?	AMA NO YO			

	RT VI: LEAK DETECTION AN					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			Ŕλ	ПN	
2.	Has the facility maintained a leak lo		PY	ПN		
3.	Does the responsible official check the	he following areas for leaks		•		
	Hose connections, fittings, couplings, and valves	אומם מם צם	Muck cookers to part	qЛ.	ON ANIA	
	Door gaskets and scating	OY ON ON/A	Stills	PΥ	ON ON/A	
	Filter gaskets and seating	אואם אם על	Exhaust dampers	/DY	□N □N/A	
	Pumps	AND ND YO	Diverter valves	DY	□N □N/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ŊY.	□N □N/A	
	Water separators	ØY ON ONY				
4.	Which method of detection is used by	y the responsible official?		١.		
	Visual examination (condensed	l solvent on exterior surface	es)	<i>X</i> 5		
	Physical detection (airflow felt	through gaskets)		χά		
	Odor (noticeable perc odor)			Δ Δ		
	Use of direct-reading instrumer	ntation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector					
	If using direct-reading ins	strumentation, is the equip	oment:	KINIA	4	
	a. Capable of detectin	g perc vapor concentration	s in a range of 0-500 ppm?	\Box Y	□N	
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	ΠY	□и	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	ΟY	ПN	
d. Kept in a clean and secure area when not in use?					ПN	
•					ПN	
			,			
						
			1 .			
<			10/20/21	-		

Inspector's Name (Please Print)

Date of Inspection

208/02

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMP	LAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 10.300	→ TIME OUT:			50075	
TYPE OF FACILITY:	perchloroethyl	ene dry	cleaner		
FACILITY NAME:	COURTESY CLEAN	ERS		DATE: \$124/01	
FACILITY LOCATION:	700 SOUTH OSPR	EY AVEN	IUE		
	SARASOTA, FLOR	I DA			
RESPONSIBLE OFFICIAL: M.	GALYLAN/AARON	CARVER	PHONE NUMBER:	941/795-4734	
/ 	ne compliance requiremen ule 62-213.300, Florida A		d during this inspection, the facilities we Code (F.A.C.).	lity is found to be in	
Based on the results of the discrepancies were noted	•	nts evaluate	d during this inspection, the follo	owing compliance	
COMPLIANCE REQU	IREMENT/PROBL	EM	FOLLOW-UP ACTION	ON REQUIRED	
				•	
				-	
/					
COMMENTS:					
•			·		
The Annual Compliance Codifica	4: f l l			WEST NOT	
The Annual Compliance Certifica	1	riy certified	and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION: (Approximate)					
INSPECTION CONDUCTED B	Y: Jusa (Jan	luon	· 	
		(Pleas	se Print)		
INSPECTOR'S SIGNATURE	Jun Jun		PHONE NUMBER:_	9d1-318-6128 41-5615	
		Pagec	1 of	Revised 10/96	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	COURTESY C	LEANERS	5			DATE: _}	124/01
FACILITY LOCATION:	700 SOUTH	OSPREY	AVENUE				
	SARASOTA,	FLORIDA	<u> </u>		· .		
	00.402				<u> </u>	-	
Annual Reporting Period:	08/03		20_00	TO	\$124	*	20 01
Based on each term or condition of 62-213.300, Florida Administrative	_	•	•			_	ule I NO
If NO, complete the following:							
#1. Term or condition of the gene	ral permit that has no	ot been in c	ontinuous c	ompliance o	during the report	ting period sta	ated above:
Exact period of non-compliance:	from			16			
Action(s) taken to achieve complia	ance:		/				
Method used to demonstrate comp	oliance:						
#2. Term or condition of the gene	ral permit that has n	of been in c	ontinuous c	ompliance o	during the report	ting period sta	ated above:
Exact period of non-compliance:	from			to		-	
Action(s) taken to achieve complia	ance:		_				
Method used to demonstrate comp	liance:						
As the responsible official, I hereby in this notification are true, accurate purchase receipts, does not exceed combination facilities. RESPONSIBLE OFFICIAL:	ate and complete. Fit 12,100 gallons per y	urther, my dear for dry-	annual cons	umption of	perchloroethylei 10 gallons per ye	ne solvent, ba ear for transfe	sed upon
	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.

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150075

COURTESY CLEANERS #2 MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

ļ	COUDTERV CLEAR	IEBC								
	CHECK #	22444	DATE -	1/31/97	040538	DEPARTMENT	Ot.	ENVIRONMENTAL	PROCT.	!

REFERENCE NO.	DATE/DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
1150075	DEPARTMENT OF ENVIRONMENT	50.00		50.00
0810173	DEPARTMENT OF ENVIRONMENT	50.00		50.00
1150074	DEPARTMENT OF ENVIRONMENT	50.00		50.00
	TOTALS FOR CHECK >	150.00		150.00

303437

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 FEB 24 98

Do NOT Remove Label

AIRS ID 1150075

MICHAEL GALYEAN MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210 FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

REFERENCE NO.	DATE/DESCRIP	TION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
0810173	DEPARTMENT OF	ENVIRONMENT	50.00		50.00
1150075	DEPARTMENT OF	ENVIRONMENT	50.00		50,00
	TOTALS FOR	CHECK >	100,00		100.

0358719

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

JAN 28 99

Do NOT Remove Label

AIRS ID # 1150075 COURTESY CLEANERS #2 MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obi.: 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.

TOTAL AMOUNT DUE: \$50.00

(122018)

Do NOT Remove Label

AIRS ID # 1150075

COURTESY CLEANERS #2 MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150075

COURTESY CLEANERS #2 MICHAEL GALYEAN
5306 CORTEZ ROAD WEST STE 5
BRADENTON FL 34210

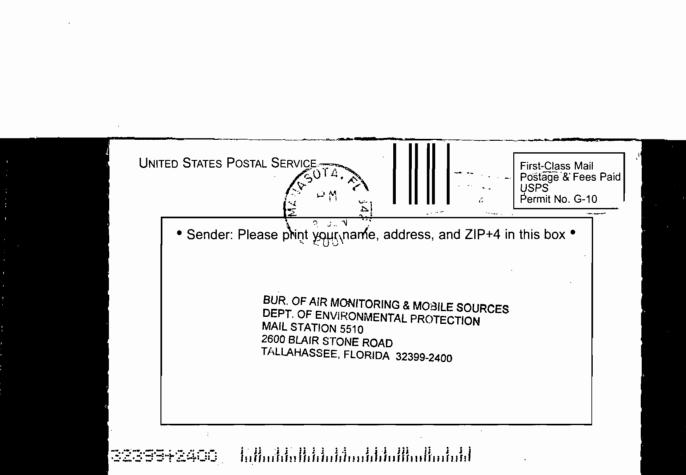
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

X 570 PP5 475 US Postal Service US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 1150076001AG MICHAEL GALYEAN COURTESY CLEANERS 5306 CORTEZ ROAD WEST STE 5 **BRADENTON FL 34210** Γυδιαγυ Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address **TOTAL** Postage & Fees Postmark or Date

ssalphe multar adula idas	
Fold at line over top of envelope to	MPLETE THIS SECTION 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. 	A Received by (Please Print Clearly) 6. Signature D. Is delivery address different from item 1? A Received by (Please Print Clearly) B. Date of Pelivery Agent Addressee
Article Addressed to: Article Addresse	If YES, enter delivery address below: ☐ No
10 AIRS ID # 1150076001AG MICHAEL GALYEAN COURTESY CLEANERS	RECEIVED
5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210	3. Service 200 2 201 Certified Mail
	Beeingredt Air Meturn Receipt for Merchandise ☐ Insgred Mailting
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z 210 662 912	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789



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		313 616
Ì	JS Postal Service Receipt for Ceri	ified Mail
,	No Incurance Coverage	AIRS ID 1150075
	MICHAEL GALYEAN MICHAEL GALYEA 5306 CORTEZ ROAD BRADENTON FL 342	N WEST STE 5
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmass	ee's Address d	
ADDRESS completed	AIRS ID 1150075 MICHAEL GALYEAN MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210	4b. Service Registere Express I Return Rec	Type od Mail ceipt for Merchandise	Certified
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X // gmalu J. Mana	8. Addressee and fee is		
ls you	* Wendy S. Maric	2595-97-B-0179	Domestic Retu	urn Recei

!	P 174 05	2 530					
COUI MICH 5306 (US Postal Service Receipt for Certified Mail AIRS ID # 11500/5 COURTESY CLEANERS #2 MICHAEL GALYEAN 5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210						
	Postage	\$					
	Certified Fee						
	Special Delivery Fee						
	Restricted Delivery Fee						
1995	Return Receipt Showing to Whom & Date Delivered						
, April	Return Receipt Showing to Whom, Date, & Addressee's Address						
800	TOTAL Postage & Fees	\$					
PS Form 3800 , April 1995	Postmark or Date						

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION 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. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 1150075 DURTESY CLEANERS:#2 ICHAEL GALYEAN 306 CORTEZ ROAD WEST STE 5 RADENTON FL 34210	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise
D. 4.1 0 CO 50	☐ Insured Mail ☐ C.O.D.
P174052530	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

x siù Pes dos

US Postal Service Receipt for Certified Mail

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

10 AIRS ID # 1150075001AG MICHAEL GALYEAN
COURTESY CLEANERS #2
5306 CORTEZ ROAD WEST STE 5 **BRADENTON FL 34210**

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	
800	TOTAL Postage & Fees	\$
PS Form 3	Postmark or Date	

Fold at line over top of envelope to	COMPLETE THIS SECTION 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Israelisery & Reserviting partition item 12 Yes		
Article Addressed to:	D. Isdelivery derest different from item 1?		
10 AIRS ID # 1150075001AG MICHAEL GALYEAN COURTESY CLEANERS #2	JUN 1 2 2001		
5306 CORTEZ ROAD WEST STE 5 BRADENTON FL 34210	3. Service Two Air Monitoring Scertified Mail Sparross Mail Registered Receipt for Merchandise Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy, from service label) 2. 210 6.62 902			
PS Form 3811, July 1999 Domestic Return Receipt 1028			