



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 6, 2000

Mr. Marc T. Sayre  
Park Avenue Cleaners  
7672 South Tamiami Trail  
Sarasota, Florida 34231

Re: Facility No.: 1150107-001

Dear Mr. Sayre:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 4, 2000.

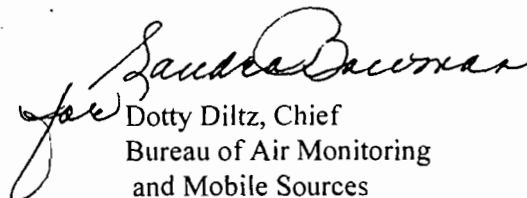
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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

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

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

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. James Goerd, Sarasota County

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

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

**Part III. Notification of Intent to Use General Permit**

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

SERVICE DOCUMENT

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Park Avenue cleaners INC.
2. Site Name (For example, plant name or number):
Park Avenue cleaners
3. Hazardous Waste Generator Identification Number:
7-163-02
4. Facility Location: Street Address:
7672 South Tamiami trail
City: Sarasota County: Sarasota Zip Code: 34231
5. Facility Identification Number (DEP Use ONLY - do not fill in):
115 0107-001

CONT # 8122901091  
 GEN 3-163-02  
 EXPIRES 04/28/99  
 DOC # 001660  
 MANF #  
 00015

**Responsible Official**

6. Name and Title of Responsible Official:	
Name: Marc T. Sayre	Title: Treasurer
7. Responsible Official Mailing Address:	
Organization/Firm: Park Avenue cleaners	
Street Address: 7672 South Tamiami trail	
City: Sarasota	County: Sarasota Zip Code: 34231
8. Responsible Official Telephone Number:	
Telephone: (941) 929-9790	Fax: (941) 929-0941

**Facility Contact (If different from Responsible Official)**

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

RECEIVED

MAY - 4 2000

Bureau of Air Monitoring  
& Mobile Sources

115C107-001

p15

1(a) RC should be circled under  
Control device Required.

p16

5. All steam and hot water  
should be marked.

6(e) required. Should be marked.

Responsible official sign and  
date for changes.

**Facility Information**

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

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

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

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
11/20/1999	Existing <input checked="" type="radio"/> New	RC/CA/None required	same
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

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

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

How many washers do you have on-site?

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

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

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

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

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

gallons (You must fill this in)

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

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

New store:  New machine

Unopened store  (date of expected opening 5/1/2000)

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

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

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

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |

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

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

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:  25

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

6. Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:


- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_.
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

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

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

Marc Saure  
Print name of responsible official

  
Signature

4/1/2000  
Date



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

May 4, 2000

Mr. Marc Sayre  
Park Avenue Cleaners, Inc.  
7672 South Tamiami Trail  
Sarasota, Florida 34231

Dear Mr. Sayre:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#1230) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 850/921-9583.

Sincerely,

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

/SB

Enclosure

971-979-7790		1230
PARK AVENUE CLEANERS INC. 06-99		
7672 SO. TAMIAMI TR.		
SARASOTA, FL 34231		Date: 4/1/2000
Pay to the Order of	D.E.P. AIR RESOURCE DIV	\$ 50.00
	Fifty and 00/100	Dollars
<b>NationsBank</b>		
NationsBank, N.A.		
ACH R/T 063100277		
For		

"Pr"

*Intercepted  
in Air  
9/13/00*

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

*[Handwritten signature]*

Bureau of Air Monitoring  
& Mobile Soil Receiv

SEP 13 2000

RECEIVED

TYPE OF INSPECTION: ANNUAL *1st time*  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 1150107 DATE: 09/08/2000 TIME IN: 10:10a TIME OUT: \_\_\_\_\_

FACILITY NAME: Park Avenue Cleaners

FACILITY LOCATION: 1612 S. Tamiami Trail  
 Sarasota, FL 34231

RESPONSIBLE OFFICIAL: Mark Sagre PHONE: (941) 929-9190

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

- No notification form
- Drop store/out of business/petroleum

A.

- |   |  |
|---|--|
| <p>1. Existing small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p>   | <p>2. New small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input checked="" type="checkbox"/><br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,300</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> |

*Perc. purchase records  
5/100 180 gals*

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_\_\_\_ gallons. *Not Available to S/O*



**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A: *with refrigerated Condenser*

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

Susan Cameron  
Inspector's Name (Please Print)

09/08/00  
Date of Inspection

Susan Cameron  
Inspector's Signature

09/08/01  
Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:10 AM TIME OUT: \_\_\_\_\_ AIRS ID#: \_\_\_\_\_  
 TYPE OF FACILITY: DRY CLEANER  
 FACILITY NAME: Park Avenue Cleaners DATE: 09/08/00  
 FACILITY LOCATION: 1612 S. TAMiami Trail  
Sarasota, FL 34231  
 RESPONSIBLE OFFICIAL: Marc Saure PHONE NUMBER: (941) 929-9190

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: 09/2001  
(Approximate)

INSPECTION CONDUCTED BY: Susan C. Amico  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (941) 378-6128  
EA SCIS

*plc*

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

FACILITY NAME: Park Avenue Cleaners DATE: 09/08/00  
 FACILITY LOCATION: 7672 S. Tamiami Trail  
Sarasota, FL 34231

Annual Reporting Period: May 19<sup>2000</sup> TO Sept. 08 19<sup>2000</sup>  
*Facility opened in May 2000*

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

If NO, complete the following:

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

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

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

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

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Marc Saura [Signature] 9/8/2000  
 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.

Need to get/Agree if comes after 3pm *MSJ*

Entered into ARMS of 1/20/01

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

RECEIVED  
 FEB 19 2001  
 Bill & Mr. Maurice Scuders

AIRS ID#: 1150107 DATE: 1/24/01 TIME IN: 29:30 TIME OUT: 3:00p

FACILITY NAME: PARK AVENUE CLEANERS

FACILITY LOCATION: 7672 SOUTH TAMIAMI TRAIL  
SARASOTA, FLORIDA 34231

RESPONSIBLE OFFICIAL: MARC SAYRE PHONE: 941/929-9790

CONTACT NAME: Lisa Wilinsky, Manager PHONE: onsite

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

- Aerotech USA ES2 100*
- A.
- |  |   |  |
|--|---|--|
| <p>1. Existing small area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>             transfer only, <math>x &lt; 200</math> gal/yr<br/>             both types, <math>x &lt; 140</math> gal/yr<br/>             (constructed before 12/9/91)</p>                                  | <p>2. New small area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>             transfer only, <math>x &lt; 200</math> gal/yr<br/>             both types, <math>x &lt; 140</math> gal/yr<br/>             (constructed on or after 12/9/91)</p>   | <p><i>Purchases</i><br/> <u>3100 to 225 gal.s</u><br/> <u>2100</u></p> |
| <p>3. Existing large area source <input type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>             transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>             both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>             (constructed before 12/9/91)</p> | <p>4. New large area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>             transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>             both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>             (constructed on or after 12/9/91)</p> | <p><u>2501 45 gal.s</u><br/> <u>2100 gallons</u></p>                   |
5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 270 gallons.

*Shop opened 05/00.*

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

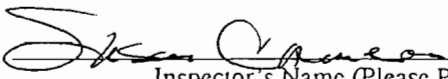
**Has the responsible official:**  
(check appropriate boxes)

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

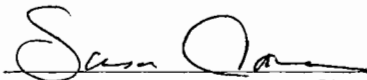


**PART VI: LEAK DETECTION AND REPAIRS**

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

  
 Inspector's Name (Please Print)

08/24/01  
 Date of Inspection

  
 Inspector's Signature

208/27/02  
 Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: _____	TIME OUT: _____	AIRS ID#: 1150107
TYPE OF FACILITY: PARK AVENUE CLEANERS		(perchloroethylene drycleaner)
FACILITY NAME: 7672 SOUTH TAMiami TRAIL	DATE: _____	
FACILITY LOCATION: SARASOTA, FL 34231		
RESPONSIBLE OFFICIAL: MARC SAYRE		PHONE NUMBER: 941/929-9790

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: \_\_\_\_\_

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

DATE OF NEXT INSPECTION: 2 08/02 (Approximate)

INSPECTION CONDUCTED BY: Susan Cameron (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 941-378-6128  
ext. 2615

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

FACILITY NAME: PARK AVENUE CLEANERS DATE: 8/1/01  
 FACILITY LOCATION: 7672 SOUTH TAMiami TRAIL  
SARASOTA, FLORIDA 34231

Annual Reporting Period: 09/08 20 00 TO 08/27 20 01

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Marc Saure [Signature] 8/27/2001  
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.

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OFFICIAL USE

7001 0320 0001 7975 7261

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

*[Handwritten Signature]*  
 Postmark Here

To AIRS ID#1150107

Sen PARK AVENUE CLEANERS  
 MARC T SAYRE

Sire or P 7672 S TAMiami TRAIL  
 SARASOTA FL

City 34231

PS Form 3811, August 2001 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID#1150107

PARK AVENUE CLEANERS  
 MARC T SAYRE  
 7672 S TAMiami TRAIL  
 SARASOTA FL  
 34231

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 x *Adriana Pareja*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Adriana Pareja 2-7-03

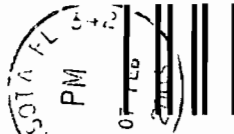
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Transfer from service label) 7001 0320 0001 7975 7261

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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STOP 1450  
2803 BIRCHWOOD ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

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415158 MAR13 2002

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

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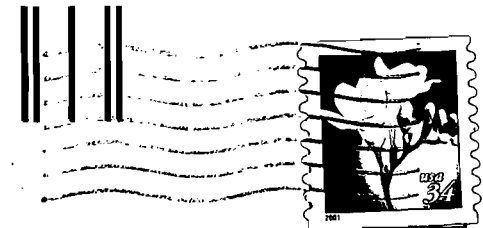
**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 1150107  
 PARK AVENUE CLEANERS  
 MARC T SAYRE  
 7672 S TAMIAMI TRAIL  
 SARASOTA FL  
 34231

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

PARK AVENUE CLEANERS, INC.  
 (352) 592-8851  
 6252 Commercial Way #126  
 Weeki Wachee, FL 34613



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

32315+3070 39



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <b>TEMCELISH</b>	B. Date of Delivery <b>2/13/01</b>
1. Article Addressed to:  <div style="text-align: right;">AIRS ID # 1150107</div> <b>PARK AVENUE CLEANERS            MARC T SAYRE            7672 S TAMIAMI TRAIL            SARASOTA FL 34231</b>	C. Signature <b>x [Signature]</b>	
2. Article Number (Copy from service label) <b>7000 0600 0026 4127 3433</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, July 1999	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

102595-99-M-1789

<b>U.S. Postal Service            CERTIFIED MAIL RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
7000 0600 0026 4127 3433	<div style="border: 1px solid black; height: 30px;"></div>	<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="4" style="text-align: center; vertical-align: middle;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Postmark Here	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)	
Postage	\$	Postmark Here									
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<table border="1"> <tr> <td style="width: 100px;">Total F</td> <td style="text-align: right;">AIRS ID # 1150107</td> </tr> <tr> <td> <b>Recipient:</b>  <b>PARK AVENUE CLEANERS</b>  <b>MARC T SAYRE</b>  <b>7672 S TAMIAMI TRAIL</b>  <b>SARASOTA FL 34231</b> </td> <td></td> </tr> <tr> <td>           Street, City, Sta         </td> <td></td> </tr> </table>	Total F	AIRS ID # 1150107	<b>Recipient:</b> <b>PARK AVENUE CLEANERS</b> <b>MARC T SAYRE</b> <b>7672 S TAMIAMI TRAIL</b> <b>SARASOTA FL 34231</b>		Street, City, Sta		PS Form 3800, February 2000    See Reverse for Instructions				
Total F	AIRS ID # 1150107										
<b>Recipient:</b> <b>PARK AVENUE CLEANERS</b> <b>MARC T SAYRE</b> <b>7672 S TAMIAMI TRAIL</b> <b>SARASOTA FL 34231</b>											
Street, City, Sta											

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450119 MAR31 2005

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**TOTAL AMOUNT DUE: \$50.00**

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1150107

AIRS ID# 1150107...2nd Cert 05  
 PARK AVENUE CLEANERS  
 7672 S Tamiami Trail  
 SARASOTA, FL 34231

**FOR GOVERNMENT USE ONLY**  
 ORG.: 37550101000 EO: A1  
 FUND: 20-2-035001  
 OBJECT: 002273

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428466 APR18 2003

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AIRS ID# 1150107

PARK AVENUE CLEANERS  
 MARC T SAYRE  
 7672 S TAMAMIAMI TRAIL  
 SARASOTA FL  
 34231

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 Fund: 20-2-035001  
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440789 AUG 2 2004

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ID# 1150107  
MARC SAYRE  
PARK AVENUE CLEANERS  
7672 S TAMiami TRAIL  
SARASOTA, FL 34231

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AIRS ID # 1150107  
MARC SAYRE  
PARK AVENUE CLEANERS 1150107  
7672 S TAMiami TRAIL  
SARASOTA, FL 34231

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Fund: 20-2-035001  
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459945 MAR13 2006

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7672 S Tamiami Trail  
SARASOTA, FL 34231

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FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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406169 FEB26 2001

**TOTAL AMOUNT DUE: \$50.00**

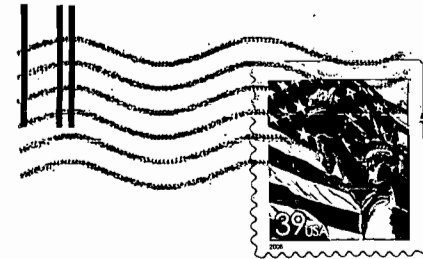
Do NOT Remove Label

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MARC T SAYRE  
7672 S TAMIAMI TRAIL  
SARASOTA FL 34231

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Fund: 20-2-035001  
Obj.: 002273

FLORIDA FL 342  
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32315+3070-70 8099



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*PERMIT  
EXP'D: 6/9/05  
SUBMITTED: 5/4/00*

471194 MAR19 2007

**TOTAL AMOUNT DUE: \$75.00**

*Do Not Confuse*

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AIRS ID#1150107  
PARK AVENUE CLEANERS INC  
7672 S Tamiami Trail  
SARASOTA, FLORIDA 34231

*Bureau of Air Mail  
Mobile Source  
MAR 21 2007*

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200

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ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*MARC T SAYRE (941) 929-9790*

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0002  
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Postage	\$
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Here

Sent To AIRS ID#1.15011e+006.....2<sup>nd</sup> Cert 05  
 PARK AVENUE CLEANERS  
 Street, Apt. or PO Box 7672 S Tamiami Trail  
 City, State, SARASOTA, FL 34231  
 # 1150107

PS Form 3811, February 2004

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

1 Article Addressed to:  
 1150107  
 AIRS ID#1.15011e+006.....2<sup>nd</sup> Cert 05  
 PARK AVENUE CLEANERS  
 7672 S Tamiami Trail  
 SARASOTA, FL 34231

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Shaun White* C. Date of Delivery *3/5/07*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Transfer from service label) 7004 2510 0002 3939 5060

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USPS  
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DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

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MAR 8 2005

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MAR 8 2005

RECEIVED  
MAR 8 2005

U.S. Postal Service  
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Postage	\$	Postmark Here  15 03
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tot: ID# 1150107		
Sen: MARC SAYRE		
PARK AVENUE CLEANERS		
Street or P.O. Box: 7672 S TAMIAMI TRAIL		
City: SARASOTA, FL 34231		
PS Form 3800, January 2001		See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

ID# 1150107  
 MARC SAYRE  
 PARK AVENUE CLEANERS  
 7672 S TAMIAMI TRAIL  
 SARASOTA, FL 34231

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Josh Shkurbat*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 JOSH SHKURBAT 2-6-04

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

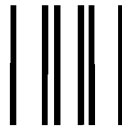
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number  
 (Transfer from service label)

7001 1140 0001 7556 3913

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

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Air Monitoring



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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark  
Here

Sent To AIRS ID# 1150107 1stC  
 PARK AVENUE CLEANERS  
 Street, Apt. # or PO Box No. 7672 S Tamiami Trail  
 City, State, ZIP+4® SARASOTA, FL 34231

PS Form 3800, February 2004

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:  
 AIRS ID# 1150107 1stC  
 PARK AVENUE CLEANERS  
 7672 S Tamiami Trail  
 SARASOTA, FL 34231

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee  
 B. Received by (Printed Name)  
 C. Date of Delivery  
 2-7-05

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

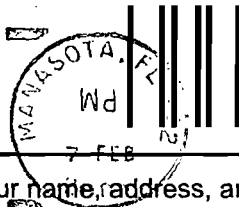
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number  
 (Transfer from service label) 7004 2510 0002 3939 0867



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TALLAHASSEE, FLORIDA 32399-2400

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2796 9812  
 4440 4000 0050 E002

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

*[Handwritten Signature]*  
 Payment Here

AIRS ID # 1150107

MARC SAYRE  
 PARK AVENUE CLEANERS  
 7672 S TAMiami TRAIL  
 SARASOTA, FL 34231

PS Form 3800, June 2002

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID # 1150107  
 MARC SAYRE  
 PARK AVENUE CLEANERS  
 7672 S TAMiami TRAIL  
 SARASOTA, FL 34231

2 Article Number  
 (Transfer from service label)

7003 0500 0004 0144 9812

**COMPLETE THIS SECTION ON DELIVERY**

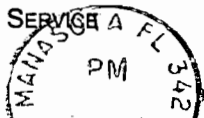
A. Signature  Agent  
 *[Handwritten Signature]*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

DAP/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2000 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 8 2004

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**OFFICIAL USE**

7004 2510 0004 6986 6958

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
1 AIRS ID# 1150107 3 <sup>rd</sup> Cert04 PARK AVENUE CLEANERS 7672 S Tamiami Trail SARASOTA, FL 34231		
PS Form 3800, June 2002		See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID# 1150107 3<sup>rd</sup> Cert04  
 PARK AVENUE CLEANERS  
 7672 S Tamiami Trail  
 SARASOTA, FL 34231

2 Article Number  
 (Transfer from service label)

7004 2510 0004 6986 6958

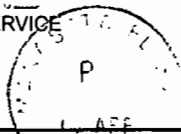
**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *Chris Turpin*  Agent  
 Addressee
- B. Received by (Printed Name), *Chris Turpin* C. Date of Delivery *11-19-05*
- D. Is delivery address different from item 1?  Yes  
 if YES, enter delivery address below:  No

3. Service Type
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered                | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail              | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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7000 1670 0013 3108 8834

070301 1107

Postage	\$	<i>021 3rd Postmark Area</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Postage: AIRS ID#1150107  
**PARK AVENUE CLEANERS**  
 Sent To: **MARC T SAYRE**  
 Street, Apt. No.: **7672 S TAMiami TRAIL**  
 City, State, ZIP: **SARASOTA FL 34231**

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: CC [REDACTED] ON ON DELIVERY [REDACTED]

- 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. Signature  Agent  Addressee  
*x Adriana Diaz*

B. Received by (Printed Name)  Agent  Addressee  
*Adriana Diaz*

C. Date of Delivery  
*4-10-05*

1 Article Addressed to:  
 AIRS ID#1150107  
**PARK AVENUE CLEANERS**  
**MARC T SAYRE**  
**672 S TAMiami TRAIL**  
**SARASOTA FL**  
**34231**

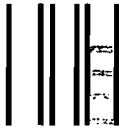
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

2 Article Number  
*70001670001331088834*  
 (Transfer from service label)

4. Restricted Delivery? (Extra Fee)  Yes

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2860 2400



**U.S. Postal Service**  
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7001 0320 0001 7975 4413

**OFFICIAL USE**

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

*[Handwritten Signature]*  
 Postmark Here

AIRS ID#1150107

S PARK AVENUE CLEANERS  
 MARC T SAYRE  
 7672 S TAMIAMI TRAIL  
 SARASOTA FL  
 34231

PS See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

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

1 Article Addressed to:

AIRS ID#1150107

PARK AVENUE CLEANERS  
 MARC T SAYRE  
 672 S TAMIAMI TRAIL  
 SARASOTA FL  
 34231

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  
 Addressee  
 B. Received by (Printed Name) *MARC T SAYRE*  
 C. Date of Delivery *3-9-03*  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number  
 (Transfer from service label)

7001 0320 0001 7975 4413

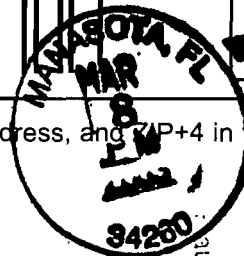


UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage and Fees Paid

Permit No. 6510



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

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7001 0320 0001 7976 0896

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
AIRS ID # 1150107		
1 PARK AVENUE CLEANERS		
Se MARC T SAYRE		
Si 7672 S TAMIAMI TRAIL		
oi SARASOTA FL		
c 34231		

PS Form 3811, July 1999 for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) . B. Date of Delivery  <span style="float: right;">3/9</span></p> <p>C. Signature  <input checked="" type="checkbox"/> <i>Marc T Sayre</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 1150107                  PARK AVENUE CLEANERS                  MARC T SAYRE                  7672 S TAMIAMI TRAIL                  SARASOTA FL                  34231</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>Article Number (Copy from service label)                  7001 0320 0001 7976 0896</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

**U.S. Postal Service**  
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7000 0600 0026 4128 6228

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

AIRS ID # 1150107

<b>Total P</b>	PARK AVENUE CLEANERS
<b>Recipient</b>	MARC T SAYRE
<b>Street, A<sub>1</sub></b>	7672 S TAMIAMI TRAIL
<b>City, Stat</b>	SARASOTA FL 34231