

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 5, 1998

Mr. Jason Saxton Indian Hills Village 905 East Semoran Boulevard Casselberry, Florida 32707

Re: Facility No.: 1170366

Dear Mr. Saxton:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 27, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

CASSELBERRY FL 32707

or PO Box City, State,



# Department of Environmental Protection

Jeb Bush Governor Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

David B. Struhs Secretary

Email Correspondence
Dollar50cleaners@earthlink.net

WARNING LETTER OWL-AP-04-618

Jason Saxton, Owner Park Avenue II Cleaners 905 East Semoran Boulevard Casselberry, Florida 32707

Seminole County - AP
Failure to Submit Notification Form for a General Air Permit

Dear Mr. Saxton:

The purpose of this letter is to advise you of possible violations of the laws for which you may be responsible, and to seek your cooperation in resolving the matter. A file review of your facility located at 905 East Semoran Boulevard, Casselberry, Seminole County, Florida indicates that noncompliance of Florida Statutes and Rules may exist at the above-described facility. The following was observed:

The Company has failed to submit its notification form for re-entitlement of a Title V General Air Permit to operate. The facility has been operating without entitlement since December 11, 2003.

Section 403.161(1)(b), Florida Statutes, provides that it shall be a violation of this chapter, and it shall be prohibited for any person to fail to obtain any permit required by this chapter or by rule or regulation, or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the Department pursuant to its lawful authority.

Florida Administrative Code Rule 62-213.300 (1) Title V Air General Permits provides: Applicability. The following facilities are eligible to operate under the terms of a Title V air general permit issued pursuant to the procedures and conditions of this rule.

(a) Perchloroethylene dry cleaning facilities, provided the responsible official submits a completed Perchloroethylene Dry Cleaner Air General Permit Notification Form (DEP Form No. 62-213.900(2)) to the Department at least 30 days prior to beginning operation under this general permit and, throughout the term of the general permit, all of the conditions are met.

Jason Saxton, Owner OWL-AP-04-618 Page Two

(b) Notification. For each facility intending to operate under the provisions of a Title V air general permit, the responsible official must submit the correct notification form for the specific general permit to be utilized, as set forth in Rule 62-213.900, F.A.C. to give notice to the Department of intent to use one of the air general permits listed in this rule.

Florida Administrative Code Rule 62-213.300 (3) Title V Air General Permits provides:

- (a) The duration of the general permit is five years. No later than 30 days prior to the fifth anniversary of the filing of intent to use the general permit, the responsible official shall submit a new notice of intent which shall contain all current information regarding the facility. The general permit is not transferable and does not follow a change in ownership of the facility. Prior to any sale, other change of ownership, or permanent shutdown of the facility, the responsible official shall notify the Department.
- (b) The owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirements of this rule and the general permit.

Within 15 days receipt of this letter, please submit the completed notification form to our Tallahassee Office at General Permits Section, Bureau of Air Monitoring and Mobile Sources, MS 5510, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, FL 32399-2400 and a copy to the Central District Air Management Section Department of Environmental Protections, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803. Forms can be found on the Department's website address at http://www.dep.state.fl.us/air/forms/titlevgp/dep62\_213\_900(2).doc.

The activities described in this letter, and any other activities at your facility that may be contributing to violations of the above described statutes or rules should be ceased. You are requested to contact Caroline Shine at 407-893-3336 or at the above address within fifteen (15) days receipt of this Warning Letter to arrange a meeting to discuss the matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve the matter.

Jason Saxton, Owner OWL-AP-04-618 Page Three

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(4), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Vivian . Garfein

Director, Central District

Date

VFG/LTK/cs/jY

	1170366
·	6. Odd Title of Responsible Official.
	1/2 Responsible Official sign and date for changes.
·	
	5/4/98 Stoke to Jason Soxton and he stated that he is theowner
	shows sum ne m - waow we

# Perchloroethylene Dry Cleaning Facility Notification

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P
Perchloroethylene Dry Cleaning Facility Notification
Perchioroethylene Dry Cleaning Facility Notification
Facility Name and Location
I. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Perchloroethylene Dry Cleaning Facility Notification  Facility Name and Location  Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Objective Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
1.50 CLEANERS
Hazardous Waste Generator Identification Number:
Street Address: 905 E. SEMORAN BLUD, J.
City: CASSelbery F1, County: SEMINOLE Zip Code: 32707
5. Facility Identification Number (DEP Use):
1170366
Responsible Official
5. Name and Title of Responsible Official:
JASON SAXTON
7. Responsible Official Mailing Address: Organization/Firm:
Street Address: SAME
City: County: Zip Code:
3. Responsible Official Telephone Number:
Telephone: (401)767-5597 Fax: (407)767-5593
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
·
10. Facility Contact Address: SAME
Street Address:
City: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

## **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	Date	_	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	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					<del>_</del>	_			
(1) w/ ref. condenser	П	NOV 96	NOU 96	2	NOU 96	NW 96			
(2) w/ carbon adsorber	•	, ,							
(3) w/ no controls									
Washer Unit			•			-		<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	1								
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls					•				
(b) Control devices are required, but not yet installed									
(b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	3) of	Part II?	
Existing small a	ea so	ource []	No	ew sn	nall area sou	rce [			
Existing large ar	ea so	urce []	Ne	ew la	rge area sou	rce 🔽	]		

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

## Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	
this noting statemer maintair comply to	the air pollutant emissions units and air pollution control equipment described above so as to

### Bowman, Sandy

From: Rice, Rodell

Sent: Monday, October 27, 2003 8:55 AM

To: Bowman, Sandy
Cc: Mulligan, Tom

Subject: RE: RE: Expired Entitlements

#### Hello Sandy,

Sorry for the delay. Yes, all these facilities are in operation. Only 0970064 has changed their name and is under new management. I provided them with the permit application. Central District Air Compliance section will take care of all the other facilities on the list.

We are currently one person short. I'm no longer doing the dry cleaners. I was promoted to another job, same section. Please forward any other Dry Cleaner or Small Business Program correspondence to Tom Mulligan, my supervisor. He should be able to help you.

Thanks for everything.

----Original Message----From: Bowman, Sandy

Sent: Wednesday, October 22, 2003 9:11 AM

To: Rice, Rodell

Subject: RE: Expired Entitlements

Hi Rodell,

In looking through the ARMS database, I noticed that entitlements for the following facilities have expired. The last we heard from each facility was payment of their annual emissions fee.

Are these facilities still in operation? If so, they will need to submit another notification form for entitlement to operate for the next 5 years. If not, please let me know so that I may inactivate them.

Thanks for looking into this for me. If you have any questions, please give me a call.

AIRS ID DATE	EXPIRE DATE		FEE PAYMENT YEAR	R FEE PAYMENT
1270144	1/21/2003	2002		3/12/2003
0970064	1/29/2003	2002		2/20/2003
1170364	3/11/2003	2002		12/16/2002
1270147	4/1/2003	2002		2/6/2003
1170366	5/4/2003	2001		4/18/2002
0970066	7/28/2003	2002		2/13/2003
0090171	8/5/2003	2002		12/19/2002

0090174 8/31/2003 2002 · 12/23/2002

1170369 8/31/2003 2002 2/3/2003

Thanks again,

Sandy Bowman

Sandy Bowman
Environmental Consultant
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

D/3	11/0/266	- · · · · · · · · · · · ·	COPY
6. Add	Title of Respo	nsible Official	Surgar Alpha
1. Facili plb Respons	ible Official or changes	signand	Sureau Solie
}			Ces Oring
3. Haz 5/4/98 Stoke 4. Fac Str Cit	to Jason South	y and he	707
5. Fa Correcté	<del>\</del>	· •	366
6. N		PECEIVED de	
7.	& Mobile	W. 1838 D de:	
8.		Sources Oring 3	
Name and Title of Facility Contact     .	(For example, plant manage		
10. Facility Contact Address:	'AME		
Street Address: City:	County:	Zip Code:	
11. Facility Contact Telephone Numbe Telephone: ( ) -	er: Fax:	( ) -	

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

# Perchloroethylene Dry Cleaning Facility Notification

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	7
Perchloroethylene Dry Cleaning Facility Notification	,,,
Facility Name and Location	10 10 L
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  ARV AVE II CUEANTRS & 4.	PKCK/LO
2. Site Name (For example, plant name or number):	
1.50 CLEANERS "BOUNG	199,
3. Hazardous Waste Generator Identification Number:	On <sub>ii</sub>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	& Oting
4. Facility Location: INDIAN FILLS UITHOUS Street Address: 905 E. SEMORAN BLUD.	
City: CASSelbery, FI, County: SEMINDLE Zip Code: 3270	7
5. Facility Identification Number (DEP Use):	- 0. 16.76 0 W.H.T
117036	6
Responsible Official	
6. Name and Title of Responsible Official:	6/
JASON SAXTON OWNER	
7. Responsible Official Mailing Address:	
Organization/Firm: Street Address: SAWE	
City: Zip Code:	
8. Responsible Official Telephone Number:	
Telephone: (407)767-5597 Fax: (407)767-5593	
	·
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: SAME	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) -	

## **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	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	4P UDIA	NOU 96	2	NOW 96	NO 96			
(2) w/ carbon adsorber							-		
(3) w/ no controls									
Washer Unit		'				•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			,			•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		_							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls				_					
	(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []								
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [] gallons  (b) If less than 12 months, how many? [] months									
Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	3) of	Part II?	
Existing small ar	ea sc	ource []	Ne	ew sn	nall area sou	rce [			
Existing large ar	ea so	urce []	Ne	ew la	rge area sou	rce 💟	J		

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
Instrument calibration
(f) Start-up, shutdown, malfunction plan

## Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ك	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
·	· · · · · · · · · · · · · · · · · · ·
	lersigned, 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 th
statemeni maintain	cation. Thereby certify, based on information and bettef 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
statement maintain comply w	s 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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	СОМІ	PLAINTOISCOVERY	T	RE-INSPECTION	
TIME IN: 10.25	TIME OUT:	11:00	AIRS	ID#:	me @117036	
TYPE OF FACILITY:	Vy Cleaner					
FACILITY NAME: ParlC	Ave. ILCKG	anens	(1,50	Clea	ATE:	
FACILITY LOCATION: 90	5 E. Sem	maso	Blvd.			
()	asselven,	Fi.	30707			
RESPONSIBLE OFFICIAL:		$\overline{m}$	PHONE N	IUMBER45	7 -767-5597	
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 discrepancies were noted		ents evaluat	ed during this inspection	on, the follow	ing compliance	
COMPLIANCE REQU	IREMENT/PROB	LEM	FOLLOW-U	P ACTIO	N REQUIRED	
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					Sources of the second	
COMMENTS:		^	_			
Filled out n	atifization allahasse	i Bron	n today,	maile	d to	
The Annual Compliance Certifica					YES NO	
DATE OF NEXT INSPECTION		1/99		,	الحا -لــا	
		(App	roximate)			
INSPECTION CONDUCTED	ву:А	PIA (Place	OULES ase Print)	H		
INSPECTOR'S SIGNATURE:	1	(110	PHONE N	UMBER:	893-3333	

Page\_\_\_of\_\_\_.

Revised 10/96

AIRS ID#: M10366



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PARK AUT	LJI 1.50	Cleans	DATE	:4-23-9
FACILITY LOCATION: 905	E. SEMOZ	AJ BLUD.	Cassel be	w,
_	ellia Gaioc			/ 7
Annual Reporting Period:	il	19 <b>97</b> то	PRIL	19 <b>98</b>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		•	$\dot{-}$	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in con	tinuous compliance dur	ing the reporting per	riod stated above:
Exact period of non-compliance: from		to	∞	urea &
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·		Model Control	of Z
Method used to demonstrate compliance:				4 1998
Method used to demonstrate compliance: #2. Term or condition of the general permit	that has not been in cor	ntinuous compliance dur	ing the reporting pe	riod tated 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, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities.  RESPONSIBLE OFFICIAL:  Na	and complete. Further, 100 gallons per year for	my annual consumption dry-to dry facilities or	of perchloroethyles	ne solvent, based

<sup>\*</sup>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

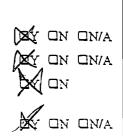
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSP.		AINTOISCOVERY	of Air Monit
FACILITY NAME: Park Ave	n HWS Village Semoren Blad	. Casslberry : : 407-767-5	
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 days prior 2. Facility failed to notify DARM to use gen  PART II: CLASSIFICATION  Facility indicated on notification form that (check appropriate box)	t it is:	otification form store/out of business/petr	oleum
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	dry-to-dry only, x < 140 g transfer only, x < 200 gal both types, x < 140 gal/yr (constructed on or after 1:  4. New large area source dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1 both types, 140 \le x \le 1,8 (constructed on or after 1)	gal/yr /yr 2/9/91) se ≤ 2,100 gal/yr .,800 gal/yr 00 gal/yr	maeteni 2000 old nun
	for a general permit as number	general permit	r cleaning

#### 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 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.

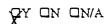
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

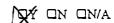
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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 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 condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?







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

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y ON ONA a. documentation of leaks repaired w/in 24 hrs? or, b. documentation of parts ordered to repair leak and leak repaired w/in 2 days AY ON ONIA and parts installed w/in 5 days of receipt? Now makeines 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DXIA AND NO YOU 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? AND ND YX 7. Maintained deviation reports? AMA NO YO Problem corrected? ANYM NO YO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  $\square N$ 2. Has the facility maintained a leak log?  $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, /DY ON ON/A Muck cookers couplings, and valves DY DN DN/A AVAD AD AD Stills Door gaskets and seating DY DN DNA Filter gaskets and seating DY ON ONA Exhaust dampers MY ON ONA QY QN QN/A Diverter valves Pumps DY ON ONA QY QN QN/A Solvent tanks and containers Cartridge filter housings \( \square\) Water separators QY QN QN/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? UN UN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? MD AD

Inspector's Name (Please Print)

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Signature

23/98

Date of Inspection

UN UN

MD AD

Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION:

Good Record Reeping, Though didn't have permit, gave + had him fill out.

eproxy? ys. Janyes

Unim Hoffman 2010

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IN Compliane

1170366 ERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVERY ANNUAL RE-INSPECTION Seminoh TIME IN: 11:05 TIME OUT: 12:00 FACILITY LOCATION: \_ RESPONSIBLE OFFICIAL: PHONE: CONTACT NAME: PART I: NOTIFICATION 1 (check appropriate box) 5-1 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 ☐ Drop store out of business petroleum (check appropriate box) 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gailyr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only,  $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only,  $140 \le x \le 2,100 \text{ gal/yt}$ transfer only, 200 < x < 1,800 gal/vr transfer only, 200 < x < 1,800 gal/yr both types,  $140 \le x \le 1.800$  gallyt both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91) (constructed before 12/9/91)  $\Box$ Y  $\square$ N Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchlorcethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_\_\_\_\_\_ gallons.

## PART III: GENERAL CONTROL REQUIREMENTS

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

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

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#### 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 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 condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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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?	QY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	
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?	ΩY	ПN	□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?	ΩY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	אס גם		
2. Maintained rolling monthly total of perc consumption?	DX CN		
3. Maintained leak detection inspection and repair reports for the following:	Ì		
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON PRIA		
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 DN DAIA		
4. Maintained calioration data? for applicable direct reading instruments)	DY DN DNIA		
5. Maintained exhaust duct monitoring data on perc concentrations?	שאלם אם אם		
6. Maintained startup/shutdown/malfunction plan?	מבי עם		
7. Maintained deviation reports?	DY DN <b>Q</b> XVIA		
Problem corrected?	DY DY DYA		
8. Maintained compliance plan, if applicable?	CY CH CHA		

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  2. Has the facility maintained a leak log?  5. Does the responsible official check the following areas for leaks?  Hose coanections, fittings, couplings, and valves  Door gaskets and seating  Door gaskets and seating  Door gaskets and seating  Door gaskets and seating  Door Qool Qool Qool Qool Qool Qool Qool Q	MCI VI. DEMEDETECTION IN IN				
2. Has the facility maintained a leak log?  3. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  DY ON ON/A  Filter gaskets and seating  YON ON/A  Pumps  OY ON ON/A  Pumps  OY ON ON/A  Cartridge filter housings  YON ON/A  Water separators  YON ON/A  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 pert odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting pert vapor concentrations in a range of 0-500 ppm?  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?  OY ON  d. Kept in a clean and secure area when not in use?  c. Verified for accuracy by use of duplicate samples (calorimetric only)?  ON	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
Flose connections, fittings, couplings, and valves  OY ON ON/A Muck cookers  Door gaskets and seating  OY ON ON/A Stills  Pumps  OY ON ON/A Exhaust dampers  OY ON ON/A  Filter gaskets and seating  OY ON ON/A Diverter valves  OY ON ON/A  Solvent tanks and containers  OY ON ON/A Cartridge filter housings  OY ON ON/A  Water separators  OY ON ON/A Cartridge filter housings  OY ON ON/A  Water separators  OY ON ON/A  Water separators  OY ON ON/A  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 pert odor)  Use of direct-reading instrumentation (FD/PD/Calorimetric tubes)  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?  Dy ON  b. Calibrated against a standard gas prior to and after each use  (PD/FD only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  OY ON  d. Kept in a clean and secure area when not in use?  OY ON  C. Verified for accuracy by use of duplicate samples (calorimetric only)?	inspection?			DY DN	
Flose connections, fittings, couplings, and valves  Deor gaskets and seating  Deor gaskets  Deor Deor Deor Deor Deor Deor Deor Deor	2. Has the facility maintained a leak log	?		MD (M	
couplings, and valves  OY ON ON/A  Deor gaskets and seating  OY ON ON/A  Filter gaskets and seating  OY ON ON/A  Pumps  OY ON ON/A  Pumps  OY ON ON/A  Solvent tanks and containers  OY ON ON/A  Water separators  OY ON ON/A  Water separators  OY ON ON/A  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 pert odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting pert vapor concentrations in a range of 0-500 ppm?  OY ON  b. Calibrated against a standard gas prior to and after each use  (PD/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  OY ON  d. Kept in a clean and secure aren when not in use?  oy ON  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  OY ON	3. Does the responsible official check the	e following areas for leaks?		,	
Filter gaskers and seating	_ ·	AVAD NO YO	Muck cookers	אום אם קים	
Pumps  OY ON ON/A  Solvent tanks and containers  OY ON ON/A  Water separators  OY ON ON/A  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 pere odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  2. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?  Dy ON  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 (calorimetric only)?  OY ON	Door gaskets and seating	אואם אם צף	Stills	DY ON ON/A	
Solvent tanks and containers  OY ON ON/A  Water separators  OY ON ON/A  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 pert odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting pert vapor concentrations in a range of 0-500 ppm?  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?  of ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Filter gaskets and seating	אואם אם צם	Exhaust dampers	אואם אם צים	
Water separators  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 pere odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?  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 (calorimetric only)?  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	Pumps	ב/אם אם אם	Diverter valves	OY ON ON/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:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  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 (calorimetric only)?  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	Solvent tanks and containers	מאס אס אס	Cartridge filter housings	OY ON ON/A	
Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading insurumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  2 Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  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?  QY QN  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  QY QN	Water separators	אואם אם צף			
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:  2. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Dy D	4. Which method of detection is used by	the responsible official?		/	
Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  2. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  3. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  3. C. Inspected for leaks and obvious signs of wear on a weekly basis?  4. Kept in a clean and secure area when not in use?  4. Verified for accuracy by use of duplicate samples (calorimetric only)?  4. Verified for accuracy by use of duplicate samples (calorimetric only)?	Visual examination (condensed	solvent on exterior surfaces)			
Use of direct-reading insurumentation (FID/PID/calorimetric tubes)  Halogen leak detector  If using direct-reading instrumentation, is the equipment:  2. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  3. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  4. Inspected for leaks and obvious signs of wear on a weekly basis?  4. Kept in a clean and secure area when not in use?  5. Verified for accuracy by use of duplicate samples (calorimetric only)?  6. Verified for accuracy by use of duplicate samples (calorimetric only)?	Physical detection (airflow felt	through gaskets)	•	1	
Halogen leak detector  If using direct-reading instrumentation, is the equipment:  2. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  3. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  3. Calibrated for leaks and obvious signs of wear on a weekly basis?  4. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  4. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  5. Calibrated for leaks and obvious signs of wear on a weekly basis?  6. Calorimetric only)?  6. Verified for accuracy by use of duplicate samples (calorimetric only)?  7. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  8. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  9. Capable of detecting perc vapor con	Odor (noticeable perc odor)		•	<b>Q</b>	
If using direct-reading instrumentation, is the equipment:  2. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  3. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  4. Inspected for leaks and obvious signs of wear on a weekly basis?  4. Kept in a clean and secure area when not in use?  4. Verified for accuracy by use of duplicate samples (calorimetric only)?  4. Verified for accuracy by use of duplicate samples (calorimetric only)?	Use of direct-reading insurumer	tation (FID/PID/calorimetric	tubes)		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  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 (calorimetric only)?  ON	Halogen leak detector				
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?  C. Kept in a clean and secure area when not in use?  C. Verified for accuracy by use of duplicate samples (calorimetric only)?  C. Verified for accuracy by use of duplicate samples (calorimetric only)?  C. Verified for accuracy by use of duplicate samples (calorimetric only)?	If using direct-reading ins	arumentation, is the equip	nent:	□N/A	
(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 (calorimetric only)?  OY ON  e. Verified for accuracy by use of duplicate samples (calorimetric only)?	a. Capable of detectin	g perc vapor concentrations	in a range of 0-500 ppm?	MD YD	
d. Kept in a clean and secure area when not in use?  DY DN  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  DY DN	_	a standard gas prior to and a	fter each use	OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?   OY ON	c. Inspected for leaks	and obvious signs of wear or	a weekly basis?	OY ON	
	d. Kept in a clean and	i secure area when not in use	?	OY ON	
Inspector's Name (Please Print)  Date of Inspection	e. Verified for accura	cy by use of duplicate sample	s (calorimetric only)?	OY ON	
Inspector's Name (Please Print)  Date of Inspection		•	•		
Inspector's Name (Please Print)  Date of Inspection					
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	Inspector's Name (Please I	Print)	Date of Ins	pection	
Incremon's Signature Approximate Date of Next Inspection	In-mark Simonin		Approximate Date	of Next Inspection	

mos haz waste

Records DR

per receipts

2 machines => USES FD gal/year

Fregered of Ed Meyers (Waste Chean by) + will comply up w. C. v 155cms. Wi 30 days.

IN compliance

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

A 5	
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TYPE OF INSPECTION: ANNU	IAL SPECTION		COMPLAINTIDISC	OVERY	) (a	
FACILITY NAME: PUNC A  FACILITY LOCATION: 1904.  905.  RESPONSIBLE OFFICIAL: 2	venue II an Hill: E Senu	s VII	Mage DYA: Cas PHONE: 407	slæmj	3	27G).
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARM 30 days to 2. Facility failed to notify DARM to use		Bu	DEC 1 4 1999  Ureau of Air Monit	oring	a a	ſ
PART II: CLASSIFICATION  Facility indicated on notification form (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	2. N dry-trans both (con	isfer only, x in types, x < instructed on New large a	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	of business/p	etroleum  2 mail	eni el
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	tran boti	usfer only, 20 h types, 140	$140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$		Jhun	

If no, please check the appropriate classification:

5. This is a correct facility classification

facility qualified for a general permit as number \_\_\_\_\_

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

□Can not determine

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

## PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers?

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 beds according to the manufacturer's specifications? DEY ON ON/A

AVAD ND VA

ay on Mya

## 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 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 condenser exceeded 45° F?

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

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DA DN DNA

ASK DX

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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?	iZY	_ □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	(אם	NIA ANA
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	AWA
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	ПN	ZWA AWA
	Is the perc concentration equal to or less than 100 ppm?	QΥ	□N (	ZN/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?	ΩY	□N	<b>X</b> N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			X <sub>N/A</sub>
6	. Routed airflow to the carbon adsorber (if used) at all times?	QY	. □N	XIN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	AT DN			
2. Maintained rolling monthly total of perc consumption?	AT DN			
3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or,  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	AV ON ON/A			
and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	AND ND YA			
5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	DY DN XVIA			
7. Maintained deviation reports?  Problem corrected?	AV ON ONA			
8. Maintained compliance plan, if applicable?	אואא אואא איי אם אם			

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? ΠN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ONA Muck cookers couplings, and valves DY ON ONA AVAD ND YQ Stills DY ON ONA Door gaskets and seating DY ON ONA ÓY □N □N/A Exhaust dampers Filter gaskets and seating AVAD ND YD ÓY □N □N/A Diverter valves Pumps AVAD ND YD Cartridge filter housings DY DN/A Solvent tanks and containers DY DN DN/A Water separators 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 □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use MD YD (PID/FID only)?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

OY ON

UN UN

Good Record Recping, though addret have permit, gave + had him fill out.

Upoxy? ys. Janyis

Unim Hoffman 200

haste Zenswaste liep.

IN Compliane

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	СОМР	LAINTOISCOVERY	RE-INSPECTION
TIME IN: 10.25	TIME OUT:	11:00	AIRS ID#:	None
TYPE OF FACILITY:	Vy Cleener			<del></del>
FACILITY NAME: PayIC	Ave. ILCKE	ingos	<del></del>	DATE:
FACILITY LOCATION: 90		oraso.	Blvd.	
	usselferry,	1-1. 3	D/TO7	
RESPONSIBLE OFFICIAL:	ism sout	<u> </u>	PHONE NUMBE	IR47 -767 -5374
Based on the results of the compliance with DEP Ru	•		d during this inspection, the twee Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted	•	ents evaluate	d during this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROB	LEM	FOLLOW-UP AC	TION REQUIRED
				<del>.</del>
COMMENTS:		۸ .		
Filled out n	otifization ailanasse	i term	1 to day, ma	West to
The Annual Compliance Certifica				
DATE OF NEXT INSPECTION	N:	199		
INSPECTION CONDUCTED E	BY: SAX	DIA	roximate) OURTSH1	
INSPECTOR'S SIGNATURE:		(Plea	se Print)  PHONE NUMBE	CR: 893-3333

Page\_\_\_of\_\_

Revised 10/96

# 3755 2273

JASON SCOTT SAXTON

DBA PARK AVENUE CLEANERS

905 E Semoran Blvd

Casselberry, Fl 32707

DATE 4-5-00

BRANCH 12086

63-751/631

BRANCH 12086

PAY TO THE ORDER OF ENVIRONMENTAL PROTECTION \$ 75.00

Scients for Dellar and Muse Circle

First Union National Bank

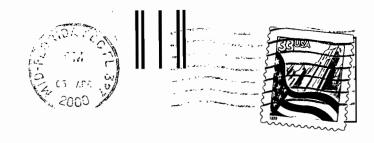
R/T 063107513

FOR AIRS ID # 1170366

MP

RECEIVED MAIL ROOM APR-7 00

#### PARK AVE. \$1.50 CLEANERS 905 E. Semoran Blvd. Casselberry, FL 32707



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

32315X3070



### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	6-13-00
.BY	Re

TYPE OF INSPECTION:

ANNUAL

\*

COMPLAINT/DISCOVERY

RE-INSPECTION

· · · · · · · · · · · · · · · · · · ·	
AIRS ID#: 170366 DATE: June 1	TIME IN: 4:00 TIME OUT: 4:30
	50 (leuners)
FACILITY LOCATION: 405 E. SA	(436 (Semoran Blud)
<u>(4550/611</u>	7 FL 32707
RESPONSIBLE OFFICIAL: Say	PHONE: 407-767-5597
CONTACT NAME:	PHONE: 70
	æ e s
PART I: NOTIFICATION	No - M
(check appropriate box)	e Pri
1. New facility notified DARM 30 days prior to star	tup SS S C C
2. Facility failed to notify DARM to use general per	tup Sources Nonitor
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 1'40 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, $200 \le x \le 1,800$ 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	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  Y  Can not determine  ation: eral permit as number above
If no, please check the appropriate classification of a gen facility exceeds above lim	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  Can not determine ation:  eral permit as number above its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	rchased within the preceding 12 months by this dry cleaning

#### 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 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?

<b>M</b> .		/A
		•
$\mathbf{X}_{Y}$	$\square N$	<b>A</b> /A
A	ΠN	/
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#### 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 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 condenser exceeded 45°F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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- Y ON ON/A

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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 ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	NY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	AVA NACY
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?	DY DN ZN/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON ZN/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?	אוא או אם אם אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מאלע מם צם
<u>و</u>	Routed airflow to the carbon adsorber (if used) at all times?	DY DN ØN/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				PX.	מם
2.	Has the facility maintained a leak log?			,	ΔY	ПИ
3.	Does the responsible official check the f	ollowing a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	фy ои	□N/A	Muck cookers	dy c	A/NO NC
	Door gaskets and seating	AY ON	□N/A	Stills		A/ND NC
	Filter gaskets and seating	אם אם	□N/A	Exhaust dampers	DY C	אותם מכ
	Pumps	DY DN	□N/A	Diverter valves	dY C	AVA NE
	Solvent tanks and containers	DY DN	□N/A	Cartridge filter housings	QY C	אואם אכ
	Water separators	OY ON	□N/A			
4.	Which method of detection is used by the	e responsib	le official?			
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				<b>D</b>	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					1
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN					
	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?				מכ	
	d. Kept in a clean and sec	cure area w	hen not in use?	·	QY (	אכ
	e. Verified for accuracy b	y use of du	plicate samples	(calorimetric only)?		NE
						ļ

Randall Conningham
Inspector's Name (Please Print)

Mull
Inspector's Signature

6-12-2007 Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PGr HI	C\$150 (legner	5	DATE:
FACILITY LOCATION:		1 Semuran Blud	
C455	elberry, FL 32707	)	
Annual Reporting Period:	20	то	20
Based on each term or condition of the	Title V general air permit, my facili	ty has remained in complian	ce with DEP Rule
62-213.300, Florida Administrative Co	de (F.A.C.), during the period cover	red by this statement.	res <b>u</b> no
If NO, complete the following:			
#1. Term or condition of the general pe	ermit that has not been in continuou	s compliance during the repo	orting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate complianc	e:	<del></del>	
#2. Term or condition of the general pe	ermit that has not been in continuou	s compliance during the repo	rting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance	e:		
As the responsible official, I hereby cer in this notification are true, accurate an purchase receipts, does not exceed 2,10	nd complete. Further, my annual co	nsumption of perchloroethyl	ene solvent, based upon
combination facilities.			
combination facilities.  RESPONSIBLE OFFICIAL:	Name (Please Print)		

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

Page \_\_\_\_\_ of \_\_\_\_.

discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 4100	тіме оит: 4!38	AIRS ID#: 117	0366	
TYPE OF FACILITY: DIY C				
FACILITY NAME: Pac H 1			DATE: (3) 6-4-00	
	SE, Semuran BlVd. L			
	ssel berry, FL 3270			
RESPONSIBLE OFFICIAL:	Scott Suxten	PHONE NUMBER:_	407-767-5597	
compliance with DEP R	ule 62-213.300, Florida Administr	•		
discrepancies were noted	•	ated during this inspection, the follo	wing compliance	
	JIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED	
No Perc. Recie	epts onsite			
11 -	,	All record	s should be	
No lemperature	ogs onsite	Unsite 6	The state of the s	
No Temperature 1 No Leak Logs	onsite			
	, .			
COMMENTS:	pet te tack	manage and of	4. A. A.	
The Annual Compliance Certifica	ation form has been properly certif	fied and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION: 6-23-00				
INSPECTION CONDUCTED	BY: Randall Con	pproximate) Ninghum lease Print)		
INSPECTOR'S SIGNATURE:	Hotall Cof	PHONE NUMBER:_	407-843-3333	
	Page	of	Revised 10/96	

JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707  3. Service Type Certified Mail □ Expréss Mail	<ul> <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> <li>Article Addressed to:</li> </ul> AIRS ID # 1170366	A. Received by (Please Print Clearly)  B. Date of De H. C. Signature  X
2. Article Number (Copy from service label) 700010 0 600111000 6 61 4/271 13.402	COL E SEMORAN BLVD	Certified Mail
1000110600111001261 X/12/711 134012	· ·	4. Restricted Delivery? (Extra Fee) ☐ Yes
	2, Article Number (Copy from service label)	41 ALIQMI 13402

	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL RI	ECEIPT nce Coverage Provid	led)
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m				
2	Postage	\$		
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-61	Return Receipt Fee (Endorsement Required)		Here	
9200	Restricted Delivery Fee (Endorsement Required)			
0090	Total F		1 AIRS ID # 1170366	
8	Recipie 1.50 CLEAN	ERS		
	JASON SAX Street, 1905 E SEMO	RAN BLVD		;
7000	CASSELBER City, Sta	RRY FL 32707		
1	PS Form	COO.	See Reverse fo	r Instructions

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.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
<u>IN ADDRESS</u> completed o	3. Article Addressed to:  AIRS ID # 1170366  1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707	4a. Article Ni 2 3 3 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type and Secretified Mail Insured Delivery 399
Is your <u>RETUF</u>	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressed and fee is	Paid)  Domestic Return Receipt

F .

	Z 33	13 I	613	452	a all	
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.  AIRS ID # 1170366					
J <i>A</i>	50 CLEANERS ASON SAXTON 05 E SEMORAN ASSELBERRY F		D	(2 ID # I	1 /0300	
	rusiage		\$			
	Certified Fee					
	Special Delivery Fee					
	Restricted Delivery Fe	е				
1995	Return Receipt Showing Whom & Date Deliver					
April	Return Receipt Showing to Date, & Addressee's Addre					
800,	TOTAL Postage & Fe	es	\$			
PS Form <b>3800</b> , April 1995	Postmark or Date				,	

#### estitios selicios (diplicadi) Fold at line over top of envelope to **SENDER:** I also wish to receive the Complète 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 can return this following services (for an extra fee): card to you. Attach this form to the front of the mailpiece, or on the back if space does not Receipt Service 1. Addressee's Address permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 2. Restricted Delivery Consult postmaster for fee. 5 3. Article Addressed to: Artiçle Number completed 4b. Service Type AIRS ID # 1170366 ☐ Registered 1.50 CLEANERS using Is your RETURN ADDRESS ☐ Insured ☐ Express Mail JASON SAXTON ☐ Return Receipt for Merchandise ☐ COD 905 E SEMORAN BLVD 7. Date of Delivery CASSELBERRY FL 32707 Thank you 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature; (Addressee or Agent) **Domestic Return Receipt** PS Form 3811, December 1994 102595-97-B-0179

	<b>174 05</b>	0PD 5
	US Postal Service	( ) ( )
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		AIRS ID # 1170366
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9	05 E SEMORAN BLV	/D
	CASSELBERRY FL 32	2707
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	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form <b>3800</b> , April 1995	TOTAL Postage & Fees	\$
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of envelope to	Fold at line over to		
SENDER: COMPLETE THIS SECTION	DELIVERY		
<ul> <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. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from Stars 20 Yes		
1. Article Addressed to:  AIRS ID # 1170366  1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD	D. Is delivery address different to the latest the late		
CASSELBERRY FL 32707	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.		
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes		
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

· P	174	052	535		
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Postage		\$		1	
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Special De	elivery Fee				
	Delivery Fe	e			
Return Re Whom & D	ceipt Showi	ng to			
	ipt Showing to ressee's Addre			·	
TOTAL PO	stage & Fe	es \$			
Postmark	or Date			_	

	the same of the sa
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also coritem 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to you.</li> <li>Attach this card to the back of the mor on the front if space permits.</li> </ul>	d. reverse ailpiece,  X  Agent Addressee
Article Addressed to:	D Is delivery address different from item 1?
1.50 CLEANERS JASON SAXTON	# 1170366
905 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

	EEE, X			À	
R No Do	US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)				
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CAS	SSELBERRY FL 32	/0/			
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	estricted Delivery Fee				
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Re Da	turn Receipt Showing to Whom, te, & Addressee's Address				
TC	OTAL Postage & Fees	\$			
Re Da	stmark or Date				

#### Z 210 663 095

### US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID # 1170366 1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form 3800 TOTAL Postage & Fees \$ Postmark or Date

SENDER: COMP	o enil 1s blo7
<ul> <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. Date of Delivery  C. Signature  Agent  Addressee  D. Is followery addresses with first them item 12 Yes
1. Article Addressed to:  AIRS ID # 1170366  1.50 CLEANERS	D. Is delivery address entitle at Yem item 1? Yes If YES, enter delivery address below: No
JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type Certified Mail
2210 663 095	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION

MAIL STATION 5510

92600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

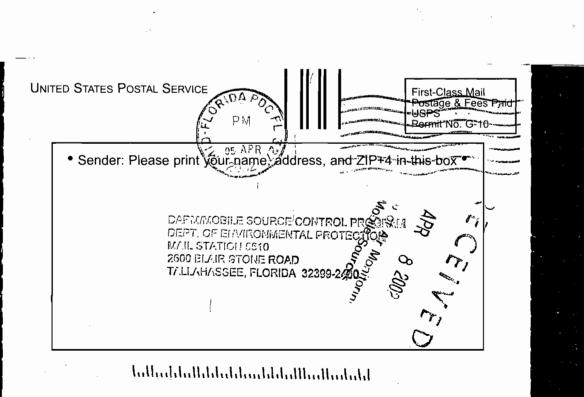
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92600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

<u></u>		Service MAIL REC only; No Insurance (		)
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03.0	Seni LASON SAV	RS	_	
r-3	JASON SAXTON Sire 905 E SEMORAN BLVD			
7001	or F CASSELBERRY FL			
<u></u>	32/0/		<u> </u>	anticle Minustrative
]	PSA	The Tollings	<u></u>	tructions

Compression comments and the compression of the com	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly)  B. Date of Delivery  TASON SAYTON H-4-02
<ul> <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>	C. Signature  X Agent  Addressee
1. Article Addressed to:	D. is⊲elivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 1170366 1.50 CLEANERS 'SON SAXTON	
905 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type  □ Certified Mall □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7001	10350 000112452 4452 <u></u>
PS Form 3811, July 1999 Domestic R	leturn Receipt 102595-99-M-1789
	•



AT TOP OF ENVELOPE TO THE RIGHT	PLACE STICKER
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature    Agent   Addressee
AIRS ID # 1170366  1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del>           </del>
PS Forisco. 11, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
0179				
	0 1-1-	IGIAL	USE_	
25	Postage	\$		
7976	Certified Fee		Postmark	
1	Return Receipt Fee (Endorsement Required)		Here	
000	Restricted Delivery Fee (Endorsement Required)			
	'	AIRS ID # 117036	6	
Ĵ ĈL	1.50 CLEANERS			
E	JASON SAXTON			
-3	L. 905 E SEMORAN BLVD			
7001	CASSELBERRY 1	FL		
-	PS Form 3800, January 20	PS Form 3800, January 2001		

. .

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1,i2, 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)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 1170366  1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type  Certified Mail  Registered Receipt for Merchandise  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	1839
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

Postage \$ Certified Fee Postmark Here  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Face C  AIRS ID # 1170366	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Passage & Face C			
Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Passage & East   AIRS ID # 1170366			
ARS 10 # 1170300			
JASON SAXTON Stret 905 E SEMORAN BLVD City, CASSELBERRY FL 32707			

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance C			ge Provided)
2088				
<b>9373</b>	Postage Certified Fee	\$		
0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			Postmark Here
7000 0520	7 1.50 CLEANER Re JASON SAXTO Str CASSELBERR Cit 32707	ON AN BLVD Y FL	366	maller)
(	PS Form 3800, Februa	ary 2000	See Rever	e for Instructions

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	IPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  2 -9 02  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
AIRS ID # 1170366 1.50 CLEANERS JASON SAXTON	
905 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type   ★ Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
7000 0520 0020 9373 20	88
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

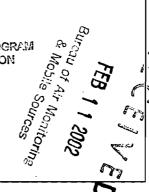


First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

DARMMOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 MAIL STATION 5510

2600 BLAIR STOLE ROAD TALLAHASSEE, FLORIDA 32399-2400



hann 1841	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 1170366 1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD	
CASSELBERRY FL 32707	3. Service Type  □ Certified Mail □ Registered □ Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789
US Postal Service Receipt for Ce No Insurance Coverage	

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

AIRS ID # 1170366

1.50 CLEANERS
JASON SAXTON
905 E SEMORAN BLVD
CASSELBERRY FL 32707

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom & Date Delivered
Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees
Postmark or Date

U.S. Postal Service CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided) 896 ₽ 3108 Postage Certified Fee Return Receipt Fee (Endorsement Required) 0013 Restricted Delivery Fee (Endorsement Required) 1670 AIRS ID#1170366 Total Postage 1.50 CLEANERS JASON SAXTON Sent To 905 E SEMORAN BLVD Street, Apt. No. CASSELBERRY FL 7000 32707 City, State, ZIP

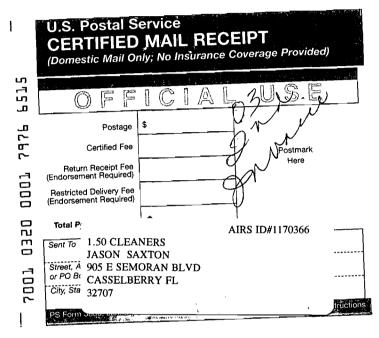
JICKER AT TOP OF ENVELOPE	2.107(1)
SENDER:	CONTRACTOR ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIRS ID#1170366	in 725, differ delitery address below.
1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL	
32707	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
10001670001331058896	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	<u> </u>
PS Form 3811, August 2001 Domestic Reti	urn Receipt 102595-02-M-1540

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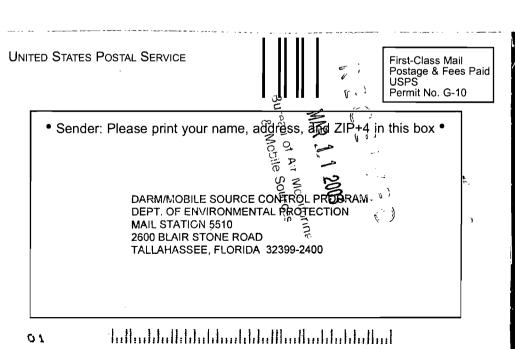
• Sender: Please print your name, address, and ZIP+4 in this box •

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1. P. M. Millitti P. M. M. L. M. Mill R. L. Millitti Milli Adhadaddahdaabdaabdadhadhaddadd

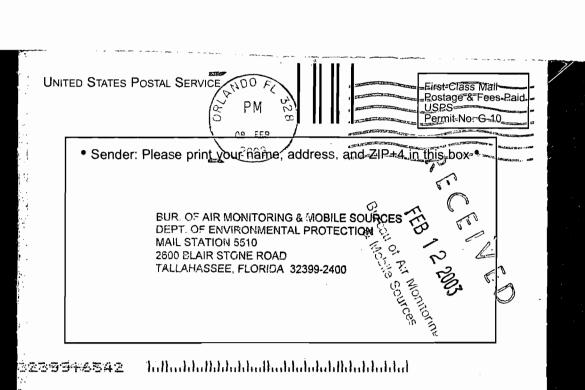


BLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	÷
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID#1170366</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  3/8/63  C. Signature  X
JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type Certified Mail
2. Article Number 7001 0320	0001 7976 6515
PS Form 3811, March 2001 Domestic	Return Receipt 102595-01-M-1424





SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address discrept from item 1?   Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID#1170366  1.50 CLEANERS JASON-SAXTON 905 E SEMORAN BLVD	
CASSELBERRY FL 32707	3. Septice Type  Certified Mail Expres; Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)   [700]   0320 0	다이고 ( 경희가 si i si i ji
PS Form 3811, March 2001 Domestic Retu	



I	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
49 5	the state of the s
E	OFFICIAL USE,
7976	Postage \$ Certified Fee
. 1000	Return Receipt Fee (Endorsement Required)
	Restricted Delivery Fee (Endorsemer Theorem 1)
320	Total Pos 1.50 CLEANERS
03	Sent To JASON SAXTON 905 E SEMORAN BLVD
1007	Street, Apt or PO Box CASSELBERRY FL 32707 City, State,
ĺ	PS Form 3800, January 2001 See Reverse for Instructions

PACE STICKER AT TOP OF ENVELOPE TO THE RIGH	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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. Signature  X   Addressee  B. Received by ( Printed Name)   C. Date of Delivery    D. Is delivery address different from item 1?   Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
10_AIRS ID# 1170366001AG 1.50 CLEANERS JASON_SAXTON	
905 E SEMORAN BLVD CASSELBERRY FL 32707	3. \$ervice Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Nimber 0000 7976 9385	
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540



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

BUR. OF AIR MONITORING & MOBILE SOURCES. Mobile SOURCES. Mobile Sources.

MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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U.S. Postal Service CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com 0144 Postage 4000 **Certified Fee** Return Reciept Fee (Endorsement Required) 0200 Restricted Delivery Fee (Endorsement Required) ARS !D# 1170366 m JASON SAXTON 5 1.50 CLEANERS 905 ESEMORAN BLVD CASSELBERRY, FL 32707 PS Form 3800, June 2002 See Reverse for Instructions

		<u> </u>	J	
SENDER: COMPLETE THIS	SECTION COMPLETE THIS SECTION ON DELIVERY		RY	
<ul> <li>Complete items 1, 2, and 3. item 4 if Restricted Delivery</li> <li>Print your name and addres so that we can return the ca</li> <li>Attach this card to the back or on the front if space perm</li> </ul>	is desired. s on the reverse urd to you. of the mailpiece,	A. Pignature  B. Pieceived by (Primed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery		
Article Addressed to:	1178 1170365 · · · · · ·	D. Is delivery address different from item 1?		
JASCH SAKTON PESS CLEANERS	, 1179300			
005'S SEMORAN BLVD CASSBLBERRY, PL 327	1	3. Service Type Certified Mail	t for Merchandise	
		4. Restricted Delivery? (Extra Fee)	☐ Yes	
Article Number     (Transfer from service label)	7003 0	1500 0004 0144 9713		
PS Form 3811 August 2001	Domostio Boti	urn Bessint	100505 00 M 1540	



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

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

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

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U.S. Postal Service™ CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) m For delivery information visit our website at www.usps.com 57 56 **Postage** ш Certified Fee 000 Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 260 iID# 1170366 Tota JASON SAXTON ш 1.50 CLEANERS Sent : 905 E SEMORAN BLVD or PC (CASSELBERRY, FL 32707 City, : PS Form 3800, June 2002.

#### SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Addressee Print your name and address on the reverse so that we can return the card to you. ate of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1. Article Addressed to: ☐ No If YES, enter delivery address below: ID# 1170366 JASON SAXTON 1.50 CLEANERS 905 E SEMORAN BLVD CASSELBERRY, FL 32707 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7003 2260 0003 5651 1304 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



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

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

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

FEB 5 2004 Bureau of Air Michitorin

	U.S. Postal Serv CERTIFIED N (Domestic Mail	MAIL REC	IPT suranc	e Coverage I	Provided)
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355	OFF	<u>LCI</u>	A	L	SE
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7007	City, State, ZIP+	SSELBERI	۲۲, FL نمس	32707 <b>+11703</b>	66
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	B. Received by, (Printed Name)  D. Is delivery address different from item 12  Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes / If YES, enter delivery address below: ☐ No
L.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD	
CASSELBERRY, FL 32707	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 1140 0001	7556 3555
PS Form 3811 August 2001 Domestic Bett	urn Receint 103505-03-M-1540



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

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

BUR OF AIR MONITORING & MOBILE SOURCES MAIL STATION 5510 2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

THIS PORTION MUST BE ATTACHED TO REMITTANCE FUL

.. HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

1170366

JASON SAXTON

1.50 CLEANERS

905 E SEMORAN BLVD

CASSELBERRY FL 32707

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

416056 APR182002

## **TOTAL AMOUNT DUE: \$50.00**

ARMS PAYOL

Do NOT Remove Label

AIRS ID # 1170366 1.50 CLEANERS JASON SAXTON

905 E SEMORAN BLVD CASSELBERRY FL

32707

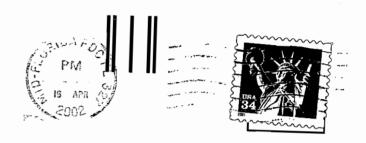
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

PARK AVE. \$1.50 CLEANERS 905 E. Semoran Blvd. Casselberry, FL 32707



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

32315+3070 99

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362953

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

MAR - 3 99

Do NOT Remove Label

AIRS ID # 1170366

1.50 CLEANERS JASON SAXTON 905 E SEMORAN BLVD CASSELBERRY FL 32707 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273