

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 6, 1997

Ms. Marie Morrison Morrison's Cleaners 202 West Howard Street Live Oak, Florida 32060

Re: Facility No. 1210024

Dear Ms. Morrison:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 23, 1997.

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, Florida 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. Rick Banks, Northeast District

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

Printed on recycled paper.

1210024

.	
	all the total and the
p19 1(a)	add date Control Vevice installed
	Add date Control Device Installed" for refrigerated condenser.
_'	
all (tra)	Choose one. If first on is choses, add permit #
\$16 Z976)	1 2 + 4
	add permet #.
	0 .10 .10 . 1 - 1 +
	Responsible Officed sign and date
	Responsible Official sign and date for changes
	7
	0.1.2.2.2.11
10/28/97	Spoke to Varie Worrison She
	stated that she had no existing
`	air termity She has a 15 horsefower
	Spoke to Vigire Morrison She stated that she had no existing air fermits. She has a 15 horsefower boiler.
-	
	<u> </u>

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

BC1 2 3 1997

Facility Name and Location

	racinty Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	
	Site Name (For example, plant name or number):
2.	
	MORRISON'S CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD085-093-540
4.	Facility Location: Street Address: 202 W. Howard St.
	City: Live OAK, 41, County: Suwannee Zip Code: 32060
5.	Facility Identification Number (DEP Use): 12/024
	Responsible Official
6.	Name and Title of Responsible Official:
	Marie Morrison - OWNER
7.	Responsible Official Mailing Address: Organization/Firm: MORRISON'S CLEANERS Street Address: 202 W. How ARD 5+.
	City: Live OHK, 41, County: Sumarrise Zip Code: 32060
8.	Responsible Official Telephone Number: Telephone: (964) 362- 2611 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Marie S. Morrison
10.	Facility Contact Address:
	Street Address: 202 W. HOWARD City: Live OAK, fl. County: SuwAnnee Zip Code: 32060
11.	Facility Contact Telephone Number: Telephone: (904) 362 - 7912 Fax: () -

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Facility Information

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

		Date	Date		Date	Date	,	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		lnitially	Device
Type of Machine	ID	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	/	4-1-9	U /#=	1 Cr					
(1) w/ ref. condenser	1	4-1-96	}		T			}	
(2) w/ carbon adsorber	·-	- 							
(3) w/ no controls					1				
Washer Unit					1			I.	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				_				I.	
(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? [2½] months Check why it is less than 12 months: New owner: [1] New store: [1] Did not keep records: [1]									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)									
Existing small are	ea so	urce []	Ne	w sn	nall area sour	ce 🗾			
Existing large are	a sou	irce []	Ne	w laı	ge area sour	ce []			

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
•	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e 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 more	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:							
[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	mptly notify the Department of any changes to the information contained in this notification.							
Signature	rie S. Marison 10-21-97 Date							

RECEIVED DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#1210024 MARIE MORRISON MARIE MORRISON 1. 202 W HOWARD STREET LIVE OAK FL 32660 Do NOT Remove Label 1998 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts,

does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

^{*}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.

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1210024

	MARIE MORRISON 202 W HOWARD STREET		: .	of Ai	
	LIVE OAK FL 32660				A 1998
	Do <u>NOT</u> Re	emove Label		toring	
Annual Reporting Period:	19	то			19
Based on each term or condition of the		-	· <u>-</u>		
62-213.300, Florida Administrative Cod	le (F.A.C.), during the period co	overed by this sta	tement.	YES	□NO
If NO, complete the following:	•				
#1. Term or condition of the general pe	rmit that has not been in contin	uous compliance	during the re	porting peri	iod stated above:
Exact period of non-compliance: from		to	<u> </u>		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance	::				
#2. Term or condition of the general per	rmit that has not been in contin	uous compliance	during the re	porting peri	od stated above:
Exact period of non-compliance: from		to_			
Action(s) taken to achieve compliance:		· 			
Method used to demonstrate compliance	: <u> </u>				
As the responsible official, I hereby certify, notification are true, accurate and complet does not exceed 2,100 gallons per year for a	e. Further, my annual consumpt	ion of perchloroet	hylene solvent,	, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: MAR	Name (Please Print)	Marie 1	S. Mes Signature	is of	2-10-98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	Ø COMPLAINT/DISCOVERY □
RE-INSPECTION	
AIRS 1D#: 1210024 DATE: 7/13/9	Y TIME IN: 10.00 TIME OUT: 10.35
FACILITY NAME: MORRISON'S CL	EANERS OU 1
FACILITY LOCATION: 202 W. How	uand St. Prop To
Live ONL F	= 32060 8/8 / 8
RESPONSIBLE OFFICIAL: Marie Mollis	SON PHONE: 904-362-26 18 0/13
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	t
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form □ Drop store/out of business/petroleum
	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source 2.	☐ Drop store/out of business/petroleum New small area source
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	Drop store/out of business/petroleum New small area source ry-to-dry only, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	Drop store/out of business/petroleum New small area source ry-to-dry only, $x < 140 \text{ gal/yr}$ ansfer only, $x < 200 \text{ gal/yr}$ oth types, $x < 140 \text{ gal/yr}$
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	Drop store/out of business/petroleum New small area source ry-to-dry only, $x < 140 \text{ gal/yr}$ ansfer only, $x < 200 \text{ gal/yr}$
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source \Box 2. dry-to-dry only, $x < 140$ gal/yr \Box transfer only, $x < 200$ gal/yr \Box both types, $x < 140$ gal/yr \Box (constructed before 12/9/91) (constructed before 12/9/91) 3. Existing large area source \Box 4. dry-to-dry only, $140 \le x \le 2,100$ gal/yr \Box dry-to-dry only, $140 \le x \le 1,800$ gal/yr \Box both types, $140 \le x \le 1,800$ gal/yr \Box both types, $140 \le x \le 1,800$ gal/yr \Box	Drop store/out of business/petroleum New small area source ry-to-dry only, $x < 140 \text{ gal/yr}$ ansfer only, $x < 200 \text{ gal/yr}$ oth types, $x < 140 \text{ gal/yr}$
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source \Box 2. dry-to-dry only, $x < 140$ gal/yr \Box transfer only, $x < 200$ gal/yr \Box both types, $x < 140$ gal/yr \Box (constructed before 12/9/91) (constructed before 12/9/91) 3. Existing large area source \Box 4. dry-to-dry only, $140 \le x \le 2,100$ gal/yr \Box dry-to-dry only, $140 \le x \le 1,800$ gal/yr \Box both types, $140 \le x \le 1,800$ gal/yr \Box both types, $140 \le x \le 1,800$ gal/yr	New small area source ry-to-dry only, $x < 140$ gal/yr ansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr constructed on or after $12/9/91$) New large area source ry-to-dry only, $140 \le x \le 2,100$ gal/yr ansfer only, $200 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr oth types, $140 \le x \le 1,800$ gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source \Box 2. dry-to-dry only, $x < 140$ gal/yr dry transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source \Box 4. dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification \Box If no, please check the appropriate classification \Box facility qualified for a general	New small area source ry-to-dry only, $x < 140 \text{ gal/yr}$ ansfer only, $x < 200 \text{ gal/yr}$ oth types, $x < 140 \text{ gal/yr}$ constructed on or after $12/9/91$) New large area source ry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ ansfer only, $200 \le x \le 1,800 \text{ gal/yr}$ oth types, $140 \le x \le 1,800 \text{ gal/yr}$ constructed on or after $12/9/91$) One of the constructed on or after $12/9/91$) Can not determine

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) ØY □N 1. Maintained receipts for perc purchased? **Z**YY □N 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; YDY □N □N/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY ON ON/A DY DN DNA 4. Maintained calibration data? (for applicable direct reading instruments) XIY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? ND YOL 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? **XI**Y ON ON'A A'NO NO YA Problem corrected? 8. Maintained compliance plan, if applicable?

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?				Ø Y		N
2.	Has the facility maintained a leak log?				Y		N
3.	Does the responsible official check the following	wing a	reas for leaks?		•	*****	
	Hose connections, fittings,			••	1.0		
	couplings, and valves	Ñ □N	□N/A	Muck cookers	YAY (□N [⊃N/A
	Door gaskets and seating	ly □n	□N/A	Stills	₽ _Y	ו אם	⊃N/A
	Filter gaskets and seating	IY 🗆 N	□N/A	Exhaust dampers	þΥ	ו אם	JN/A
	Pumps	IY □N	□N/A	Diverter valves	YY	ו אם	⊃N/A
	Solvent tanks and containers	N□ Ai	□N/A	Cartridge filter housings	4)A	□N [⊃N/A
	Water separators	ND Y	□N/A				
4.	Which method of detection is used by the r	esponsil	ole official?				
	Visual examination (condensed solve	nt on ex	terior surfaces)		[6]		
	Physical detection (airflow felt throug	;h gaske	ets)		P		
	Odor (noticeable perc odor)				A		
	Use of direct-reading instrumentation	(FID/P	lD/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instrume	entation	, is the equipm	ent:		'A	
	a. Capable of detecting perc	vapor o	concentrations in	n a range of 0-500 ppm?	ПΥ	\square N	
	b. Calibrated against a stand	lard gas	prior to and aft	er each use			
(PID/FID only)?						ΠИ	
	c. Inspected for leaks and ol	vious s	igns of wear on	a weekly basis?	ΠY	ПИ	
	d. Kept in a clean and secur	e area v	when not in use?		ПΥ	ПN	
	e. Verified for accuracy by t	ise of di	iplicate samples	(calorimetric only)?	ΠY	ΠN	
<u> </u>							

Christopher L. Scott	7113(98
Inspector's Name (Please Print)	Date of Inspection
attal to	7/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Aerotech USA 410

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🌠	COMPLAIN	T/DISCOVERY	RE-INSP	ECTION
TIME IN: /0:00	TIME OUT:	235	AIRS ID#:	210024	
TYPE OF FACILITY: DRY	CLEANER		_		·
FACILITY NAME: MORR	ISON'S CLEANE	RS		DATE:_ 7 /	13/98
FACILITY LOCATION: 20:	W. HOWARD	STRE	ET		
LIV!	E OAK, FL. 3:			,	
RESPONSIBLE OFFICIAL: N	IARIE MORRISON		PHONE NUMBE	R904-362	-2611
	the compliance requirements Rule 62-213.300, Florida Adr			facility is found to	o be in
Based on the results of discrepancies were note	the compliance requirements	evaluated dur	ing this inspection, the	following compli	ance
COMPLIANCE REQ	UIREMENT/PROBLE	M 3	FOLLOW-UP AC	TION REQUI	RED
	•				
	· · · · · · · · · · · · · · · · · · ·		P		
			` <	`	
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			THE WOOD A	L	
			A Sources	* 0	
			•		
			•		
OMMENTS:		•			
				·	
<u> </u>	•				
he Annual Compliance Certific	cation form has been properly	y certified and	submitted to the inspec	ctor. YES	NO
DATE OF NEXT INSPECTIO	100		-		
	- · · <u> </u>	(Approxima	nte)		
NSPECTION CONDUCTED	BY: Christopher L	Scott			
	MAA	(Please Pri		0.4	
NSPECTOR'S SIGNATURE	: CAPLA		PHONE NUMBE	CR404-448-4	1310 x25

Page_

Revised 10/96

Revised 10/10/96

AIRS ID#: 1210024

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Morrison's Cleaners				DATE: 7/13/94
FACILITY LOCATION: 202 W. Howard Str	eet			
Live OAK, FL 32060				
Annual Reporting Period: July	19 <u>97</u>	TO _	July	1998
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period	•			
If NO, complete the following:				
#1. Term or condition of the general permit that has not been in con	itinuous (complianc	e during the repor	ting period stated above:
Exact period of non-compliance: from		to	· · · · · · · · · · · · · · · · · · ·	C
Action(s) taken to achieve compliance:			4 0-	
Method used to demonstrate compliance:			O P	2 light
#2. Term or condition of the general permit that has not been in con	tinuous (complianc	e during the report	ign goeriod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:			<u> </u>	
As the responsible official, I hereby certify, based on information an made in this notification are true, accurate and complete. Further, nupon rolling averages of purchase receipts, does not exceed 2,100 gayear for transfer or combination facilities.	ny annua	al consum	otion of perchloro	ethylene solvent, based
RESPONSIBLE OFFICIAL: MARIE MORRISON Name (Please Print)	- m	perie	Signature	113/98 Date

*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.

PERCHLOROETHY'LENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY LI	
	8/99 TIME IN: 12:40 TIME OUT: 1:6	0
FACILITY NAME: MORNISUM		
facility location: 202 W.	HOWARD ST	
LIVE		
RESPONSIBLE OFFICIAL: MARIE	MORRISUM PHONE: (904) 362-26	<u>//</u>
,	PHONE:	
	·	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup \square	
2. Facility failed to notify DARM to use general permit		
PART II: CLASSIFICATION		_
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleu	.m
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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	
(constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)	
(constructed before 12/9/91) 5. This is a correct facility classification		
5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general section.	(constructed on or after 12/9/91) Can not determine	

BEST AVAILABLE COPY

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly scaled and impervious containers?	AND NO AND		
2. Examining the containers for leakage?	ANO NO VE		
3. Closing and securing machine doors except during loading/unloading?	BAZ DY		
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	AND NO YES		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ו אואם אם עלם		
	·		
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 refri (complete A below).	gerated condenser		
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu 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)			
Equipped all machines with the appropriate vent controls?	pD. □Ν		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צפם		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ALA ON ONVA		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AL DN		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אאם אם אם אס א		

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

אואם אם אא

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	· · · · · · · · · · · · · · · · · · ·			
1. Maintained receipts for perc purchased?	DY DN			
2. Maintained rolling monthly averages of perc consumption?	NO YE			
3. Maintained leak detection inspection and repair reports for the following:	. /			
a. documentation of leaks repaired w/in 24 hrs? or;	AND ND YE			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	/ AND ND YE			
4. Maintained calibration data? (for applicable direct reading instruments)	איא ל אם אם			
5. Maintained exhaust duct menitoring data on perc concentrations?	אמם מם יאלם			
6. Maintained startup/shutdown/malfunction plan?	אם אל			
7. Maintained deviation reports?	איאם אם עפ			
Problem corrected?	איאם אם צופ			
S. Maintained compliance plan, if applicable?	אוחם אם אם			

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			MD AB
2.	Has the facility maintained a leak log?	?		ALL DH
3.	Does the responsible official check the	following areas for leaks	?	,
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואם אם צא
	Door gaskets and scatting	אואם אם אלא	Stills	AND NO ANA
	Filter gaskets and scatting	TY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	אואם אם אוא
	Solvent tanks and containers	YY ON ONA	Cartridge filter housings	AND NO THE
	Water separators	Y ON ON/A		
4.	Which method of detection is used by	the responsible official?		
Visual examination (condensed solvent on exterior surfaces)			A	
Physical detection (airflow felt through gaskets)			A	
	Odor (noticeable perc odor)			A
	Use of direct-reading instrument	tation (FID/PID/calorimet	ric tubes)	à
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			N/A
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	מם עם
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	חם אם
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and	secure area when not in us	sc?	DY DN
]	c. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?	מם עם

Inspector's Signature

7/28/99
Date of Inspection

Approximate Daye of Next Inspection

ADDITIONAL	SITE	INFOR	MATION
AUULLIUKAL	DILL	MILLOW	SATUR 1 LOTA

AGROTECH 410



Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

,				
FACILITY NAME: MORRISO	MS CLE	ANERS	D A	ATE: 7/38/9
FACILITY NAME:	w you	ARD ST	·	
LIVE	045 F	FL 3206	0	
				_
Annual Reporting Period:	Inly	_19 <i>GГ</i> то	Suly	19 99
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	•	•	<u> </u>	th DEP Rule
If NO, complete the following:			/ \(\cdot\)	•
#1. Term or condition of the general permit	that has not been in co	ontinuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:	· ····			
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been in co	ontinuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further	, my annual consump	tion of perchloroethy	vlene solvent, based
Nan	ne (Please Print)	·-/·-//-/	Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL X	COM	PLAINT/DISCO	VERY	RE-INSPECT	NOI
TIME IN: 12:40	TIME OUT:	110	D	AIRS ID#: 12	10024	
TYPE OF FACILITY: DA	LYCLGANG	4				
FACILITY NAME:	DRRISONS	CLEAR	NELS		DATE: 7/	29/99
FACILITY LOCATION:	202 W.	HOWA	ep ST	-		
	LIVE	074	· · · · · · · · · · · · · · · · · · ·	32060		
RESPONSIBLE OFFICIAL:	MARIE M	ORRISO	PHO	ONE NUMBER:	904) 362	2- 2611
Based on the results of t compliance with DEP R					ity is found to be	in
Based on the results of t discrepancies were noted		ements evalua	ted during this in	nspection, the follo	owing compliance	. ,
COMPLIANCE REQU	IREMENT/PRO	BLEM	FOLLO	W-UP ACTIO	N REQUIRE	D
				ECE.	1	·
			Q.	Mobile Mary 1893	PO	
				Mobile Maritoring	?	:
						· ·
COMMENTS:	_					
The Annual Compliance Certific	ation form has been p	properly certif	ied and submitte	d to the inspector.	YES	NO
DATE OF NEXT INSPECTIO	N:	JUL	1_20	100 ·	<u> </u>	
INSPECTION CONDUCTED		red	proximate) HV4/ axe Print)	lz (904) 4	146-
INSPECTOR'S SIGNATURE:		Pogo	PHO	ONE NUMBER:	<u> </u>	25/) Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 10:50	TIME OUT:	5	
TYPE OF FACILITY:)YU	Cleaner		
FACILITY NAME: MOYY	sons Cleaners	DATE: 8/4/00	
FACILITY LOCATION:	202 West House	d St	
<u> </u>	VP OOK, FI 320		
RESPONSIBLE OFFICIAL: M	1aru Morrison	PHONE NUMBER: (904) 362-261	
	he compliance requirements evaluate 62-213.300, Florida Administ	uated during this inspection, the facility is found to be in strative Code (F.A.C.).	· i
Based on the results of t discrepancies were note		uated during this inspection, the following compliance	:
COMPLIANCE REQU	JIREMENT/PROBLEM_	FOLLOW-UP ACTION REQUIRED	
	•		
			:
COMMENTS:		· · · · · · · · · · · · · · · · · · ·	
			•
The Annual Compliance Certific DATE OF NEXT INSPECTIO	n: <u>uly</u> 2	tified and submitted to the inspector. YES NO	· <u>·</u>
INSPECTION CONDUCTED	BY: Heather V	pproximate) ∧ ∪ ↑ ↑ Please Print)	
INSPECTOR'S SIGNATURE:	CHARRY US	PHONE NUMBER: (904)448-43	<u>10</u> x

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

٠.	A. I	A Sta	W	
	M			
	V			

TYPE OF INSPECTION:

AIRS ID#: 121(X)24

FACILITY LOCATION:

ANNUAL

_ DATE:8/4

12

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 10:50	TIME OUT: 11 15
RS	
ward 8t	

Live Oak, F1 32060

RESPONSIBLE OFFICIAL: MOVI MOVI SON PHONE: (904)362-2611

CONTACT NAME: _____PHONE:

PART I: NOTIFICATION	
(check appropriate box)	·
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	٥
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
	_ ***

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)

 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)

 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)

If no, please check the appropriate classification:

facility qualified for a general permit as number above

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

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/A 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

A. Has the responsible official of all new sources and existing large area sources:

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

prior to September 22, 1993

(check appropriate boxes)

(complete A and B below).

condenser upon opening the door?

condenser exceeded 45° F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY DN

DY DN

□Y □Ν

DY ON ON/A

DY ON ON/A

ON ON/A

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?	dy of
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□y □n ⊠ń/a
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN DAVA
	Is the perc concentration equal to or less than 100 ppm?	DY DN QW/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?	A MALÉ NO YO
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DN DNA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN QX/A

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:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN PN/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN GHYA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OMA			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan? ☑Y □N				
7. Maintained deviation reports?				
Problem corrected?	· DY DN DN/A			
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					
insı	pection?		,	UY ON	
2. Has	the facility maintained a leak log?			DY ON	
3. Doe	es the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	QÝ □N □N/A	Muck cookers	□Y □N □N/A	
	Door gaskets and seating	QX ON ON/A	Stills	QY ON ON/A	
	Filter gaskets and seating	DÝ □N □N/A	Exhaust dampers	OY ON ON/A	
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A	
	Water separators	QY ON ON/A			
4. Wh	ich method of detection is used by the	ne responsible official?			
Physical detection (airflow felt through gaskets)			o _		
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector	•			
	If using direct-reading instr	umentation, is the equip	oment:	©N/A	
	a. Capable of detecting 1	perc vapor concentration	s in a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a s	tandard gas prior to and	after each use		
	(PID/FID only)?			□Y □N	
	c. Inspected for leaks an			OY ON	
	d. Kept in a clean and se	cure area when not in us	se?	OY ON	
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	□Y □N	
				•	
Цŧ	FATHER MINIMI		8/4/00		
11/	ATTICK ANDINA				

HIHER WYNN	814100
Inspector's Name (Please Print)	Date of Inspection
Hohr Wan	July 2001
Inspector's Signature	Approximate Date of Next Inspection

Aerotech 410 AIRS ID#: 1210024

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: MOYYISON CLEANEYS	DATE: 8 400			
FACILITY LOCATION: 202 WEST HOWNY	ol 87			
LIVE DOK, FI 320	/o()			
ENFOUNDIT 320				
Annual Reporting Period: July 1999	19_ TO July 2000 19_			
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period				
If NO, complete the following:	- -			
#1. Term or condition of the general permit that has not been in co	ntinuous compliance during the reporting period stated above:			
Exact period of non-compliance: from	toto			
Action(s) taken to achieve compliance:	E E E			
Method used to demonstrate compliance:	State of the state			
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:				
Exact period of non-compliance: from	to			
Action(s) taken to achieve compliance:	<u> </u>			
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on information a made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: MOYPEON Name (Please Print)	my annual consumption of perchloroethylene solvent, based			

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

on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ADDRESS completed	AIRS ID 1210024 MARIE MORRISON MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32660	4a. Article N 4b. Service 7 Registere Express 1 Return Rec 7. Date of De	Type Ind Insured Sepiration for Merchandise COD
is your <u>RETURN</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested paid) Domestic Return Receipt

Z 333 PJ3 5PO

US Postal Service Receipt for Certified Mail

AIRS ID 1210024

MARIE MORRISON MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32660

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form 3800, April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
8	TOTAL Postage & Fees	\$
n 38	Postmark or Date	
Fon		
8	1	

1499 Z 333 660 409

US Postal Service

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

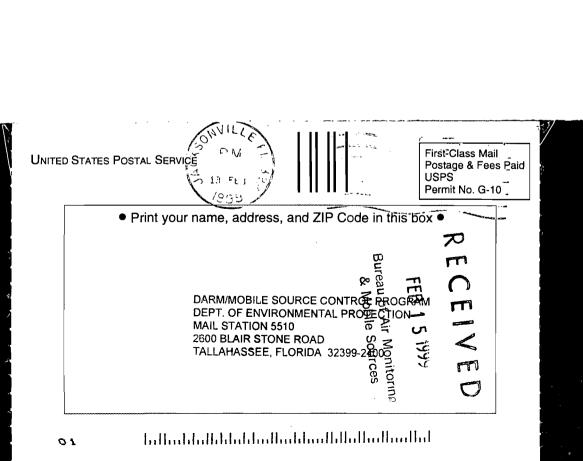
AIRS ID # 1210024

MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32660

	Certified Fee	
	Special Delivery Fee	
0	Restricted Delivery Fee	
C66 1110	Return Receipt Showing to Whom & Date Delivered	
2	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
	Postmark or Date	
-		1
2		
- 1		

searbbs mutan of the return address Fold at line over top of envelope to

	OI 900 9V09 to got 10V0 agil to				
on the reverse side?	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 can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date		I also wish to rectifollowing service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address ed Delivery	ceipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID # 1210024 MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32660	4b. Service 1 Registere Express I Return Rec	3.660 9 Type ed Mail ceipt for Merchandise	Certified Insured	for using Return Re
Is your <u>RETURN</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) DES Form 2911 December 1004	8. Addressee and fee is	e's Address (Only paid) Domestic Ret	·	Thank you
	PS Form 3811 , December 1994		Domestic Det	um neceipt	



 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Received by (Please Print Clearly) B. Date of Del
so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature Agent Agent Addre D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is délivery address different from item 1? U Yes If YES, enter delivery address below: U No
10 AIRS ID # 1210024001AG MARIE MORRISON	
MORRISON'S CLEANERS 202 W HOWARD STREET LIVE OAK FL 32060	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes

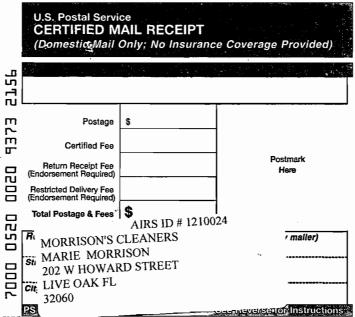
www.	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
5847	0 F F	ICIAL USE		
3108	Postage Certified Fee	S O Postmark		
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	No Herry		
7000 1670	MORRIS			

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic, Mail Only; No Insurance Coverage Provided)		
0483	OFF	ICIAI	USE
7	Postage	\$	
7976	Certified Fee		Postmark
]]	Return Receipt Fee (Endorsement Required)		Here
0007	Restricted Delivery Fee (Endorsement Required)	_	
0320	Tet-I Pt 9 E	AIKS ID# 12100	
0	Se MORRISON'S CLEANERS MARIE MORRISON		
7007	Sti 202 W HOWAR or LIVE OAK FL Ch 32060		
1	FS.	<u> </u>	or frequencies

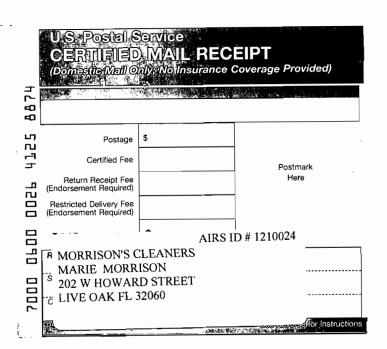
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1210024 MORRISON'S CLEANERS MARTE MORRISON 202 WHOWARD STREET LIVE OAK FL 32060	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7001	0320 0007 3436 0483
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS: Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box • DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 tolloddallshladdaadsladllaallaaldabhallad Ot

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. TO THE RIGHT OF RETURN ADDRESS.	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery 2 - 9 - 0 C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 1210024 MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32060	3. Service Type Certified Mail Express Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	6
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952
U.S. Postal Service CERTIFIED MAIL RECE (DomesticeMail Only; No Ins	



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	CUMPLETE THIS SECTION ON DELIVERY	
■ Complete iterns 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1210024 MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32060	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
	3. Service Type Certified Mail	
4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) 7000 0600 0026 4/2 5 887 4		
	eturn Receipt 102595-99-M-1789	



DOLLED LINE	IA Q IO3
SENDER: COMPL 11 TOP OF ENVELOPE TO TO THE PROPERTY AND SHARP AN	PLACE STICKER A TO THE RIGHT OF
 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
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature Agent Addressee D. Is/delivery address different from item 12 Yes
Article Addressed to:	D. Is/delivery address different from item 1? U Yes If YES, enter delivery address below: No
AIRS ID # 1210024 MORRISON'S CLEANERS MARIE MORRISON	
202 W HOWARD STREET LIVE OAK FL 32060	3. Service Type Certified Mail
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	4124 3396
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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22,4	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee	\$	Postmark Here
2000 0600	AIRS ID # 1210024 AIRS ID # 1210024 MARIE MORRISON S 202 W HOWARD STREET LIVE OAK FL 32060 C		

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US Postal Service

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

AIRS ID # 1210024

MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32060

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
<u>0</u>	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SEC	CTION ON DELIVERY
 Complete items 1, 2, an 13. Also completem 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 1. Article Addressed to: 	piece, D. Is delivery address of	Agent Addressee
AIRS ID # 1 MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET	210024 If YES, enter delive	ry address below: No
LIVE OAK FL 32060	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail	☐ Express Mail ☐ Return Receipt for Merchandise ☐ C.O.D.
	4. Restricted Delivery	? (Extra Fee)
2. Article Number (Copy from service label) 2. 2.10 661 235		,
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

UNITED STATES POSTAL SERVICE st-Class Mail Stage & Fees Paid No. G-10 • Sender: Please print your name, address, a BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION FROM MAIL STATION 5510

MAIL STATION 5510

MOBILE SOURCES
WE WOUld BLAIR STONE ROAD

AMASSEE, FLORIDA 32399-2400

AMASSEE, FLORIDA 32399-2400 Influddalldalldaldalad

Fold at line over top of envelope to SENDER: Complete it ms 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 I also wish to receive the following services (for an extra fee): card to you. Return Receipt Service Attach this form to the front of the mailpiece, or on the back if space does not 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 2. Restricted Delivery Consult postmaster for fee. delivered. 4a. Article Number 3. Article Addressed to: RETURN ADDRESS completed 4b. Service Type AIRS ID # 1210024 MORRISON'S CLEANERS ☑ Certified ☐ Registered using MARIE MORRISON ☐ Insured ☐ Express Mail 202 W HOWARD STREET ☐ Return Receipt for Merchandise ☐ COD ō LIVE OAK FL 32660 7. Date of Delivery Thank you 8. Addressee's Address (Only if requested 5. Received By: (Print Name) and fee is paid) 6. Signature: (Addressee or Agent) **Domestic Return Receipt** PS Form 3811, December 1994

the right of the return address

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US Postal Service

Receipt for Certified Mai

AIRS ID # 1210024

MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32660

1	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
8	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	
Sd		\



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303051

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1210024

MARIE MORRISON MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32660 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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TOTAL AMOUNT DUE: \$50.00

Ine case, Ila mayo, Isa p.o. Bay 10/2, mayo Isa. 32066

Do NOT Remove Label

AIRS ID # 1210024

MORRISON'S CLEANERS MARIE MORRISON 202 W HOWARD STREET LIVE OAK FL 32060 FOR GOVERNMENT USE ONLY CONTROL OF STATE OF STAT

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID # 1210024

MORRISON'S CLEANERS
MARIE MORRISON
202 W HOWARD STREET
LIVE OAK FL 32660

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 MORRISON'S CLEANERS

2/19/99

HAZ PICKUP/LO

DEPARTMENT OF INV. PROTECTION

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#0670003 #1210024

MORRISONS LO LIVE OAK, AND MAYO FLA

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