



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

August 27, 1997

Mr. Howard Johnson
Wakulla Cleaners
Post Office Box 390
Woodville, Florida 32362

Re: Facility No. 0730097

Dear Mr. Johnson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 1, 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,

See Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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

Bowman, Sandy

From: Norman, Charles
Sent: Monday, July 15, 2002 10:10 AM
To: White, Tracy A.
Cc: Bowman, Sandy; Allen, Andy
Subject: Wakulla Cleaners, 1290097

This facility has not paid the 2001 fee. I don't think it was paid in 2000 either. Invoices have been sent by certified mail. One certified card was signed and returned in March. The last inspection was in 2000 by D. Brown.

I spoke with Bill Kellenberger, NWD Haz Waste Manager, about this facility. There were some hazardous waste issues and a penalty was imposed against the facility in 2000 (?). It has not been paid. Howard Johnson was the owner at the time. Bill says there is a new owner of the dry cleaning business, but he couldn't remember her name. I checked our file. It still shows Howard Johnson as the owner. The original notification was signed 5/1/97. ARMS has an expiration date of 8/18/2002. Buddy Tooke is the owner of the strip mall where this facility is located.

Please inspect this facility soon, so we can resolve these issues. A new notification form will have to be done. Call me if you have questions as how to proceed.

Charlie

Bowman, Sandy

From: Norman, Charles
Sent: Wednesday, July 17, 2002 1:58 PM
To: Bowman, Sandy; Butler, Rick
Cc: White, Tracy A.; Allen, Andy
Subject: Wakulla Cleaners, 1290097

Tracy inspected Wakulla Cleaners in Crawfordville. The facility is now called "**Premier Cleaners**" and is owned and operated by Mrs. Cindy Jones (850) 926-7735. She has operated since the last week of July 2001. The store was bought from Howard Johnson. She seemed to draw a blank about any fees. She didn't know what he was talking about, and he told her the office would get back with her on that. Her machine was manufactured around August 2001, and it appears to be fairly new.

Sandy, does she owe fees for 2001 since it was operated about 5 months in 2001?

Rick, Tracy left a notification for her to fill out. Please make Wakulla Cleaners inactive.

Charlie

Pat,

Please
change the
status of this
facility to
ACTIVE.

K. Hanks

Sandy

Bowman, Sandy

From: White, Tracy A.
Sent: Thursday, November 03, 2005 9:44 AM
To: Burleson, Blair
Cc: Bradburn, Rick; Bowman, Sandy
Subject: Premier Cleaners 1290097

Hello,

I completed an inspection yesterday. Cynthia Jones was on-site. She immediately explained that she has not been operating the machine since April 2005, because of problems with her perc. supplier and she has to change the carbon filters in the machine.

A review of her compliance calendar indicates that there are no records since the last inspection (April 2005-present). The machine appeared to be unused.

She has been sending the clothes to Stewardship Cleaners in Tallahassee, but plans to resume operations at the site in the near future.

She apparently has not contacted the Department about her current operating status, so I don't know why she was listed as inactive. She still has a permit and is still planning on operating.

As far as compliance status goes, I don't see any current non-compliance issues because she hasn't been operating the machine since the last inspection. If you send her a warning letter, it will have to be from the last inspection back in 4/11/2005 and previous issues before that.

Tracy White
Environmental Specialist
Northwest District Branch Office
2815 Remington Green Circle, Ste. A
Tallahassee, Florida 32308-1513
850-488-3704, Fax: (850) 922-3620

#0730097

Wakulla Cleaners

p. 14 i.(c) mark out "V"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Wakulla Cleaners Howard Johnson owner
2. Site Name (For example, plant name or number):	Wakulla Cleaners Crawfordville
3. Hazardous Waste Generator Identification Number:	US EPA ID # FLD CESQG // GAD 981269095
4. Facility Location: Street Address: City: County: Zip Code:	2673 CRAWFORDVILLE HIGHWAY Crawfordville Wakulla 32327
5. Facility Identification Number (DEP Use):	TB001112 07300911

Responsible Official

6. Name and Title of Responsible Official:	Howard Johnson owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:	Wakulla Cleaners PO Box 390 Woodville FL 32762 Woodville Wakulla
8. Responsible Official Telephone Number: Telephone: Fax:	(904) 926-7735 () -

Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 1 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser	<i>1</i>	<i>June 96</i>	<i>JUN 96</i>						
(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 source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

new small area

- Existing small area source New small area source
- Existing large area source New large area source

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)

Please indicate with an "X" the appropriate selection:

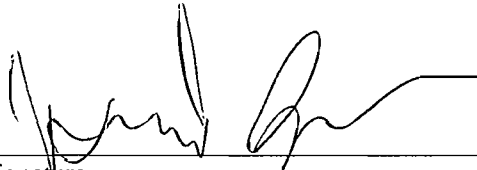
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

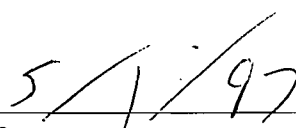
Responsible Official Certification

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

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



Signature



Date



Department of Environmental Protection

Lawton Chiles
Governor

Tallahassee Branch Office
2815 Remington Green Circle, Suite A
Tallahassee, Florida 32308-1513

Virginia B. Wetherell
Secretary

March 17, 1997

Mr. Howard Johnson, Owner
Wakulla Cleaners
Post Office Box 390
Woodville, Florida 32311

Re: Perchloroethylene Dry Cleaning Facility Notification Form

Dear Mr. Johnson:

This letter follows up on the stop by visit I made to your facility on Thursday, March 6, 1997. During that meeting, I dropped off the appropriate forms for completion and submission to register your facility for a permit as a user of perchloroethylene which is a Hazardous Air Pollutant (HAP) according to air pollution guidelines.

The notification program is being utilized to implement the Departments air general permitting process required by the federal Clean Air Act as further implemented by Florida Administrative Code (FAC) 62-213. Participation is mandatory for all facilities which utilize perc in the conduct of their business.

A prior mailing was conducted to provide the basic information to perc users, however, it is apparent that this mailing did not reach all such facilities. The follow-up visitation program is designed to reach the remaining users and to get them registered in the program. A database is being created and will be used to track facilities and to provide new and amended guidance and regulatory information as it becomes available. As the literature provided indicates, completed notification forms should be sent to: Title V General Permitting Office, Bureau of Air Monitoring and Mobile Sources, Mail Station MS-5510, Department of Environmental Protection, 2600 Blairstone Road, Tallahassee, Florida 32399-2400.

I am enclosing another copy of the notification form in case the first one did not get to you. Should you have any questions, you may contact Ms. Marnie Brynes of the Bureau of Air Monitoring and Mobile Sources at (904) 488-6140 or me at (904) 488-3704. Thank you, in advance, for your attention to this matter.

Sincerely,

Ralph A. Staplin
Environmental Specialist

/rs

cc: Carolyn Salmon, FDEP, Pensacola

Department of Environmental Regulation
Routing and Transmittal Slip

To: (Name, Office, Location)

1. ~~MARGARET BRINES OARM~~ ^{MARGAUA} ~~CENTER~~ MS-5510

2.

3.

4.

Remarks:

~~This is the initial notification of this facility. I sent him a letter in March (attached) but he never bothered to send the form in. Have it to me today.~~

~~Does not have good records, place is a mess and I doubt adherence to any maint plan.~~

~~I think we should send him a Non-Compliance letter but will leave that up to you all. I can get one out to him if you'd rather it come from us. (Form received) MB~~

~~I'm asking the Haz Waste guy here to pay him a visit. This is a small area low perc source - but has potential for many violations.~~

From

~~Ralph Staplin~~ NWD 7150

Date

7/30

Phone

488 2704

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

FACILITY NAME: WAKULLA CLEANERS DATE: 7/30/97
 FACILITY LOCATION: 2673 Crawfordville Highway
Crawfordville, FL 32327

Annual Reporting Period: SEPT 3 1996 TO July 30, 1997 1997

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

If NO, complete the following:

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

Incomplete records of perc purchases (rollings) and other records

Exact period of non-compliance: from 9/3/96 to 7/30/97

Action(s) taken to achieve compliance: Records will be originated & maintained

Method used to demonstrate compliance: Availability of records

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: HOWARD JOHNSON [Signature] 7/30/97
 Name (Please Print) Signature Date

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

RECEIVED

AUG 1 1997

✓

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0915 TIME OUT: 1000 AIRS ID#: FBD01112 1290097
 TYPE OF FACILITY: NEW SMALL
 FACILITY NAME: WAKULLA CLEANERS DATE: 7/30/97
 FACILITY LOCATION: 2673 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE FL 32327
 RESPONSIBLE OFFICIAL: HOWARD JOHNSON PHONE NUMBER: 850-926-7735

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Had not submitted Notification</i>	<i>Obtained same - complete</i>
<i>Inadequate record keeping - no rolling perc, no leak checks,</i>	<i>Provided samples + guidance - check next insp.</i>
<i>Haz Material storage does not appear adequate</i>	<i>Referred to Haz Waste section - complete</i>

COMMENTS:

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

DATE OF NEXT INSPECTION: AUG/SEP 1998 (do earlier if poss.)
 (Approximate)

INSPECTION CONDUCTED BY: RALPH STAPLIN
 (Please Print)

INSPECTOR'S SIGNATURE: *Ralph Staplin* PHONE NUMBER: 850-488-3704

✓

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: ¹²⁹ ~~0000~~ 0097 DATE: 7/30/97 TIME IN: 0915 TIME OUT: 1000
FACILITY NAME: WAKULLA CLEANERS
FACILITY LOCATION: 2673 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit *Informed multiple times - last letter dtd 3/17/97*

PART II: CLASSIFICATION

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

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

This is a correct facility classification Y N *appears so - records not avail to substantiate*

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 120 gallons. *According to owner*

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? *Seems to have one - has a circuit which will not let door open until fumes are clear* Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? *No records* Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? *Hasn't been out of commission* Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? *Hasn't monitored* Y N

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
 (check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; *Hasn't had any* Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
6. Maintained startup/shutdown/malfunction plan? *OP/MAINT Manual* Y N
7. Maintained deviation reports? *Not required to date* Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? *None documented - appears to keep equipment in good repair* Y N

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

N/A

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

4. Does the responsible official check the following areas for leaks? *Appears to - not documented*

- | | | | |
|---------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <i>None installed</i> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <u>Stills</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | |

HOWARD JOHNSON
Name of Responsible Official

RALPH STAPLIN
Inspector's Name (Please Print)

Ralph Staplin
Inspector's Signature

30 July 1997
Date of Inspection

Aug/Sept 1998
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Picked up notifications from on site - had been provided months earlier but had not been submitted.

Equipment does not look well maintained nor new as of June 1996.

Is obviously a fairly small operation.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____

1. Rick Butler MSS104 4. _____

2. (DARM - Magnolia Ctr) 5. _____

PLEASE PREPARE REPLY FOR:

____ SECRETARY'S SIGNATURE

____ DIV/DIST DIR SIGNATURE

____ MY SIGNATURE

____ YOUR SIGNATURE

____ DUE DATE _____

COMMENTS:

*Recent Arms ID #
chg to 1290097
fm 0730097*

ACTION/DISPOSITION

____ DISCUSS WITH ME

____ COMMENTS/ADVISE

____ REVIEW AND RETURN

____ SET UP MEETING

____ FOR YOUR INFORMATION

____ HANDLE APPROPRIATELY

____ INITIAL AND FORWARD

____ SHARE WITH STAFF

FOR YOUR FILES

RECEIVED
AUG 12 1998
Bureau of Air Monitoring
& Mobile Sources

FROM: Ralph Staplin DATE: 8/11 PHONE: 4883904

✓

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0925 TIME OUT: 0955 AIRS ID#: ~~0730097~~ 1290097
 TYPE OF FACILITY: New Small
 FACILITY NAME: WAKULLA CLEANERS DATE: 8/11/98
 FACILITY LOCATION: 2673 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE FL 32327
 RESPONSIBLE OFFICIAL: HOWARD JOHNSON PHONE NUMBER: 926-7735

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>No apparent temp monitoring gauge - Can't monitor/record condenser temps</i>	<i>Owner is going to have service tech install gauge</i>
<i>Per records rolling average avail but incorrect</i>	<i>Went over records + forms + fixed discrepancy</i>

RECEIVED
 AUG 12 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: *Machine is old but has refrigerated condenser*

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

DATE OF NEXT INSPECTION: AUG / SEP 1999
 (Approximate)

INSPECTION CONDUCTED BY: Ralph A STAPLIN
 (Please Print)

INSPECTOR'S SIGNATURE: Ralph Staplin PHONE NUMBER: 850 488 3704

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 1290097 ~~0730097~~ DATE: 8/11/98 TIME IN: 0925 TIME OUT: 0955
 FACILITY NAME: WAKULLA CLEANERS
 FACILITY LOCATION: 2673 CRAWFORDVILLE HIGHWAY
 CRAWFORDVILLE FL 32327
 RESPONSIBLE OFFICIAL: HOWARD JOHNSON PHONE: 850-926-7735
 CONTACT NAME: same PHONE: same

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

RECEIVED
 AUG 12 1998
 Bureau of Air Monitoring
 & Mobile Sources

PART II: CLASSIFICATION

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

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

A.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Existing small area source <input type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed before 12/9/91)</p> | <p>2. New small area source <input checked="" type="checkbox"/>
 dry-to-dry only, $x < 140$ gal/yr
 transfer only, $x < 200$ gal/yr
 both types, $x < 140$ gal/yr
 (constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 95 gallons. *as of Aug 98*

appears to be however,
 I suspect that
 existing small
 might be more
 correct. This is
 what he sub-
 mitted to -

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? | <i>New 5 gal
containers</i> | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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? | | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a <u>diverter</u> valve so airflow will be directed away from the condenser upon opening the door? | <i>No diverter valve</i> | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <i>No temp gauge</i> | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | <i>Can't monitor</i> | <input type="checkbox"/> Y | <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <i>N/A</i> | <input type="checkbox"/> Y | <input checked="" type="checkbox"/> N |

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? *OPS Manual* Y N
7. Maintained deviation reports? *none req* Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

Ralph A. STAPLIN
Inspector's Name (Please Print)

Aug 11, 1998
Date of Inspection

Ralph A. Staplin
Inspector's Signature

Aug/SEPT 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Unit does have a refrigerated condenser
Obtained used from Blue Ribbon Cleaners
There is no apparent temp monitoring gage. Owner is going
to have his maint/service tech install one

check:

model / date manuf plate? - nothing to indicate on machine
temp monitoring gage? - no Johnson thinks it was manuf.
diverter valve - no in 93 or so. Does have OAS
manual - no real info

RECEIVED
AUG 12 1998
Bureau of Air Monitoring
& Mobile Sources

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:15 TIME OUT: 9:55 AIRS ID#: 1290097
 TYPE OF FACILITY: _____
 FACILITY NAME: Wakulla Cleaners DATE: 11 Apr 00
 FACILITY LOCATION: 2673 Cranfordville Hwy
Cranfordville, FL 32327
 RESPONSIBLE OFFICIAL: Howard Johnson PHONE NUMBER: 926-7735

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<p><i>Bill Keilenberger visited the site last week & collected all PERC records & running totals due to a complaint of improper disposal.</i></p>	

COMMENTS:

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

DATE OF NEXT INSPECTION: April 25, 2000 (Approximate)

INSPECTION CONDUCTED BY: Danielle Brown (Please Print)

INSPECTOR'S SIGNATURE: Danielle Brown PHONE NUMBER: 498 3704

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

7001 0320 0001 7975 8725

OFFICIAL USE

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

Postmark
Here
Receipt

Total Pcs 10 AIRS ID # 1290097

Sent To HOWARD JOHNSON
 Street, Ap WAKULLA CLEANERS
 or PO Box PO BOX 390
 City, State WOODVILLE FL 32362

PS Form 3800, January 2001 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

10 AIRS ID # 1290097
 HOWARD JOHNSON
 WAKULLA CLEANERS
 PO BOX 390
 WOODVILLE FL 32362

COMPLETE THIS SECTION ON DELIVERY

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: No

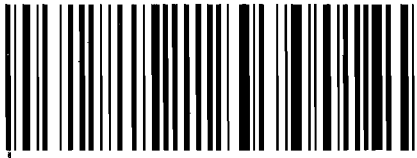
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

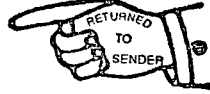
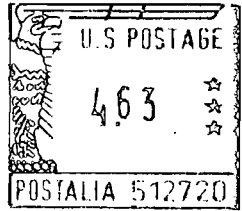
Article Number (Copy from service label)

7001 0320 0001 7975 8725

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7001 0320 0001 7975 8725



- Not Deliverable As Addressed
Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due _____

RECEIVED

APR 30 2002

Bureau of Air Monitoring
& Mobile Sources

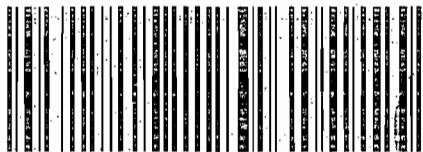
4/13
AIR MAIL
1st Priority
2nd Priority
Return

10 AIRS ID # 1290097
HOWARD JOHNSON
WAKULLA CLEANERS
PO BOX 390
~~WOODVILLE FL 32362~~

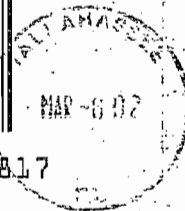
CERTIFIED MAIL

MS# 5510 MC Acct # 5521

**Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400**



7001 0320 0001 7976 1817



- Not Delivered
- Unable to Forward
- Insufficient Postage
- Unpaid Letter
- Attempted Delivery
- No Such Street
- Vacant
- No Mail Recd.
- Box Closed - No Postage Due
- Returned For Better Postage Due

Airs ID # 1290097
 Wakulla Cleaners
 Howard Johnson
 PO Box 390
 Woodville, Florida 32362

RECEIVED

MAR 29 2002
Bureau of Air Monitoring
& Meteorological Services

MAR 29 2002

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Airs ID # 1290097
 Wakulla Cleaners
 Howard Johnson
 PO Box 390
 Woodville, Florida 32362

2. 7001 0320 0001 7976 1817

PS Form 3811, July 1999

Domestic Return Receipt

102595-09-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

- Agent
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

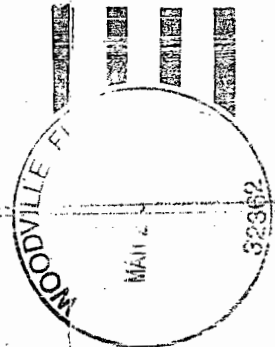
- Yes
- No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes



7001 0320 0001 7976 1817

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

OFFICIAL USE

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

Sent: Airs ID # 1290097

Street or PO: Wakulla Cleaners
 City: Howard Johnson
 PO Box 390
 Woodville, Florida 32362

PS Form 3811, July 1999 Instructions

Z 333 660 637

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

1999

AIRS ID # 1290097

WAKULLA CLEANERS
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed 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 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 delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

WAKULLA CLEANERS
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

AIRS ID # 1290097

4a. Article Number

Z 333 660 637

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-17-99

5. Received By: (Print Name)

Howard Johnson

6. Signature: (Addressee or Agent)

Howard Johnson

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

P 174 052 202

1999

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

AIRS ID # 1290097

WAKULLA CLEANERS
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed 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 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 delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1290097

WAKULLA CLEANERS
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

4a. Article Number

P174 052 202

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

3/11/99

5. Received By: (Print Name)

See Johnson

6. Signature: (Addressee or Agent)

X See Johnson

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Z 333 612 859

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID 0730097

HOWARD JOHNSON
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed 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 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 delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0730097

HOWARD JOHNSON
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

4a. Article Number

Z333612859

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

2-23-98

5. Received By: (Print Name)

ISIAH HINES

6. Signature: (Addressee or Agent)

X Isiah Hines

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

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

OFFICIAL USE

7001 0320 0001 7976 0537

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

Postmark
Here

To: AIRS ID # 1290097
 Ser: WAKULLA CLEANERS
 PO BOX 390
 Str or P: WOODVILLE FL
 City: 32362

Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1290097
 WAKULLA CLEANERS
 PO BOX 390
 WOODVILLE FL
 32362

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Clayton R. Cooper 8/4/02

C. Signature

[Signature] Agent Addressee

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0001 7976 0537

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

7000 0600 0026 7825 5662

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

AIRS ID # 1290097

WAKULLA CLEANERS
 HOWARD JOHNSON
 PO BOX 390
 WOODVILLE FL 32362

Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1290097

WAKULLA CLEANERS
 HOWARD JOHNSON
 PO BOX 390
 WOODVILLE FL 32362

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

Samantha Wise 02/15/01

C. Signature

X Sam Wise

- Agent
 Addressee

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? *(Extra Fee)* Yes

2. Article Number *(Copy from service label)*

7000 0600 0026 7825 5662

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

7000 0600 0026 4126 0860

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

Postmark
Here

AIRS ID # 1290097

Rec: WAKULLA CLEANERS
 St: HOWARD JOHNSON
 PO BOX 390
 City: WOODVILLE FL 32362

PS

Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) <i>Sam Wise</i>	B. Date of Delivery <i>3/19/01</i>
1. Article Addressed to: WAKULLA CLEANERS HOWARD JOHNSON PO BOX 390 WOODVILLE FL 32362 AIRS ID # 1290097	C. Signature X <i>Sam Wise</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) <i>700 0600 0026 4126 0860</i>		
PS Form 3849, July 1999	Domestic Return Receipt	102595-99-M-1789

SENDER, COMPLETE THIS SECTION
PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

- 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 # 1290097
WAKULLA CLEANERS
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL
32362

2. Article Number (Copy from service label)

7000 0520 0020 9373 2248

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Claudia Cooper 2-14-02

C. Signature

X *Claudia Cooper* Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

102595-00-M-0952

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 •

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

read by
& Mobile Sources
Air Monitor
Program

FEB 18 2006

RECEIVED

Z 210 661 230

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 1290097

WAKULLA CLEANERS
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 1290097

WAKULLA CLEANERS
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Samantha Wise, 04/03/01

C. Signature

X Sam Wise

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

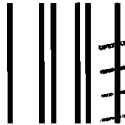
4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number (Copy from service label)

Z 210 661 230

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 •

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

RECEIVED
APR - 5 2001

2399+6542



 **THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING** ✓

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

TOTAL AMOUNT DUE: \$50.00

304254

Do **NOT** Remove Label

HOWARD JOHNSON
HOWARD JOHNSON
PO BOX 390
WOODVILLE FL 32362

AIRS ID 0730097

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EQPB1
Fund: 20-2-035001
Obj.: 002273

HAR 98
RECEIVED
MAIL ROOM



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755 2273 0363608

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

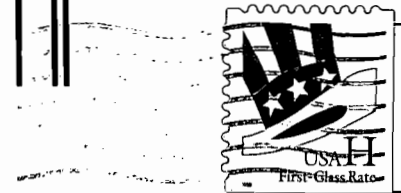
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 1290097
 WAKULLA CLEANERS
 HOWARD JOHNSON
 PO BOX 390
 WOODVILLE FL 32362

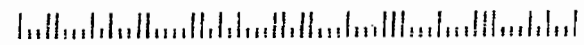
FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: B1
 Fund: 20-2-035001
 Obj.: 002273

RECEIVED
MAIL ROOM
MAR - 9 99



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

323153070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389831

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

WAKULLA CLEANERS HOWARD JOHNSON PO BOX 390 WOODVILLE FL 32362	AIRS ID # 1290097
------------------------------------------------------------------------	-------------------

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

RECEIVED
MAIL ROOM
DEC 20 99