

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

May 28, 1998

Mr. Mustakim Hemani Towne and Country Cleaners 5261 33rd Street East Bradenton, Florida 34203

Facility No.: 0810182 Re:

Dear Mr. Hemani:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 18, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

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	Perchloroethylene Dry Cleaning Facility Notification, January Solution, Solu
	Sur UN V
	Perchloroethylene Dry Cleaning Facility Notification 4:
	Teremore the bry cleaning racinty Northeadon, who is
•	Facility Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Towne & Country Cleaners
2.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  Towne & Country Cleaners  Site Name (For example, plant name or number):
	E OT
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: 224 Cd F
7,	Street Address: \$261 33 according to the street Address and the stre
	City: Bradenton County: Manatee Zip Code: 34203
5.	Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
0.	
7.	Responsible Official Mailing Address: Organization/Firm: Town & Country Cleaners
	Organization/Firm: 70wn & Country Cleaners (
	City: Bradenton Manaty. Zip Code: 34203
8.	Street Address: \$261 331d 57 E City: Bradenton Number: Telephone: (2.11) - 100
	Telephone: $(941)755-7735$ Fax: ( )
	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: ( )
	rax. ( )

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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## **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	11				•				
(1) w/ ref. condenser	#1	1988	1988						
(2) w/ carbon adsorber	,								
(3) w/ no controls									
Washer Unit					* :	•	100	1	1.11
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						441 551			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit							· . ·		
(10) w/ ref. condenser			T .	_		1			
(11) w/carbon adsorber					<b></b>				
(12) w/ no controls							•		
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea sc	et one classif	ication only.)	) ew sn	initions foun nall area sou rge area sour	rce [	3) of ] ]	Part II?	

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification (Indicate with an "X".)	form?
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 to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the follow 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtails 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	l 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)

Ple	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)							
	$\leq$	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    5   12   9   8							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner): Site Name (For example, plant name or number): Hazardous Waste Generator Identification Number: FLD 982 130908 Facility Location: 5261 3312 St. E Street Address: County: Manatee Zip Code: 34203 Bradenton Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: Responsible Office. Organization/Firm: Town 4 Street Address: 5261 3312 St E County: Mana Responsible Official Mailing Address: Organization/Firm: Town & Country Cleaner Street Address: 5261 3312 St E Responsible Official Telephone Number: Telephone: Facility-Contact (If different from Responsible Official) -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: (

## Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
T. 634 11.	10	Initially	Device	10	Initially	Device	In	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	1988	1988						
(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							1 .		
(8) w/ carbon adsorber		1							
(9) w/ no controls									
Reclaimer Unit								• • • • • • • • • • • • • • • • • • • •	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total	are r	equired to be	installed [_			n the latest 1	2 mo	nths?	
(b) If less than 12 mon Check why it is les	ths, h	ow many? [			_] New store	e: [] Did	l not }	keep records:	
3. What is the facility's so (Indicate with an "X".					īnitions foun	d in section (	(3) of	Part II?	
Existing small a	ea sc	ource []	N	ew sr	nall area sou	rce [	]		
Existing large ar	ea so	urce [X]	No	ew la	rge area sou	rce [	]		

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

## Surrender of Existing Air Permit(s)

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						
this noti statemer maintair	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.						
	omptly notify the Department of any changes to the information contained in this notification.  5   12   98						
Signatui	Date						

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT DISCOVERY TO THE SUIT OF THE SUI
FACILITY NAME: TOWKE & CO FACILITY LOCATION: 5261  Bradento RESPONSIBLE OFFICIAL: Mustaking	33ra St. E
PART I: NOTIFICATION	
<ol> <li>(check appropriate box)</li> <li>New facility notified DARM 30 days prior to sta</li> <li>Facility failed to notify DARM to use general per</li> </ol>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classifie	
	eneral permit as number above mits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning

Belogna MC 300 1015 Max Clean Stal HMC0305804158

Revised 9/15/97

FART 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?	OY ON X(N/A			
2. Examining the containers for leakage?	DY DN DN/A			
3. Closing and securing machine doors except during loading/unloading?	Ø □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON KN/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 refrig (complete A below).	erated condenser			
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser			
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?	XY ON ON/A			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אומם מם אלם			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אואם אם אלק אם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON NA			

В.	Has the responsible official of an existing large or new large area source also:	<del></del>
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 XN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON LON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DN/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 Ø(N/A
	1s the perc concentration equal to or less than 100 ppm?	DY DN DN/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,	OY ON ÁM/A
	or expansion; and downstream from no other inlet?	ען עון אַגעאָראַ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON X(N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	o <b>X</b> (□N				
2. Maintained rolling monthly total of perc consumption?	□Y <b>Æ</b> N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	□Y ⊠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?	OY XÍN ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MIN/A				
6. Maintained startup/shutdown/malfunction plan?	(ETY ON				
7. Maintained deviation reports?	OY ON DANA				
Problem corrected?	OY ON ÆNA				
8. Maintained compliance plan, if applicable?	□Y □N ÞÐN/A				

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			XΥ	ПN		
2.	Has the facility maintained a leak log	??		$\Box$ Y	MN		
3.	Does the responsible official check the	he following areas for leaks?	,		•		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	₹×	□N □N/A		
	Door gaskets and seating	XY ON ON/A	Stills	ΔY	□N □N/A		
	Filter gaskets and seating	Ż(Y ON ON/A	Exhaust dampers	ØY	□N □N/A		
	Pumps	AY ON ON/A	Diverter valves	Z Y	□N □N/A		
	Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	ØY	□N □N/A		
	Water separators	A/N ON ON/A					
4.	Which method of detection is used b	y the responsible official?		_			
	Ø.						
Physical detection (airflow felt through gaskets)							
	Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)						
	Use of direct-reading instrume	ntation (FID/PID/calorimetri	c tubes)				
	Halogen leak detector		·				
	If using direct-reading ins	strumentation, is the equip	ment:	M/N/	A		
	a. Capable of detection	ng perc vapor concentrations	in a range of 0-500 ppm?	ΠY	ПN		
7	b. Calibrated against (PID/FID only)?	a standard gas prior to and a	fter each use	□Y	N .		
	c. Inspected for leaks	and obvious signs of wear o	on a weekly basis?	$\square$ Y	□N		
	d. Kept in a clean and	l secure area when not in use	?	ΩY	DИ		
	e. Verified for accura	cy by use of duplicate sampl	les (calorimetric only)?	ΩY	□N		
		·					

Inspector's Name (Please Print)

Maryand Cango

Inspector's Signature

Date of Inspection

May '99

Approximate Date of Next Inspection

AIRS 1D#: 08/0182

Me)

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Town & Country Cleaners DATE: 5/2/98
FACILITY LOCATION: 5261 33rd St. E.
Bradenton Pr 34203
Annual Reporting Period: May 1 1997 TO May 11, 198
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
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:
Record beeping - leak log, temp monitoring, rolling pere purch
Exact period of non-compliance: from 5-1-97 to 5-11-97
Action(s) taken to achieve compliance: Way Created
Method used to demonstrate compliance: Calendar
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
- Maria Ramana R
Exact period of non-compliance: from to to
Action(s) taken to achieve compliance:  Method used to demonstrate 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 confumption 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:  Name (Please Print)  Signature  Date

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

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST:

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY C
AIRS ID#: 08/0/82 DATE: 11-17  FACILITY NAME: TOWNE & COUNT  FACILITY LOCATION: 5261  Braclest of Responsible Official: Mustaking  CONTACT NAME:	Hemain PHONE: 441-755-45345
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	1
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )
5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ge facility exceeds above lir	neral permit as number above
B. The total quantity of perchloroethylene (perc) per facility was 100 gallons.	urchased within the preceding 12 months by this dry cleaning

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

B. Has the responsible official of an existing large or new large area source also:	
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
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F2	DY DN DN/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 ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	מ/אם אם Y ב

## PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) SON DX 1. Maintained receipts for perc purchased? MY DN 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY MIN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days אימצל אם עם and parts installed w/in 5 days of receipt? DY DN XX/A 4. Maintained calibration data? (for applicable direct reading instruments) OY ON XVA 5. Maintained exhaust duct monitoring data on perc concentrations? MY DX 6. Maintained startup/shutdown/malfunction plan? A ZZZ NE YE 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS					
l.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				ŻΥ	N
2.	Has the facility maintained a leak log?				$\Box$ Y	⊠(·
3.	Does the responsible official check the f	following are	eas for leaks?			
	Hose connections, fittings, couplings, and valves	MY ON	□N/A	Muck cookers	XY I	□N □N/A
	Door gaskets and seating	dy 🗆 N	□N/A	Stills	OY !	ם אוֹאם אם
	Filter gaskets and seating	DY DN	□N/A	Exhaust dampers	QY I	□N □N/̈A
	Pumps	dy □N	□N/A	Diverter valves	d <sub>Y</sub>	□N □N/A
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	dY I	□N □N/A
	Water separators	אם צם	□N/A			
4.	Which method of detection is used by the	ie responsib	le official?			
	Visual examination (condensed so	lvent on ext	erior surfaces)		B	
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumental	ion (FID/PI	D/calorimetric t	ubes)		
	Halogen leak detector					
	If using direct-reading instru	ımentation,	is the equipme	nt:	<b>TEX</b> (V/A	4
	a. Capable of detecting p	erc vapor co	oncentrations in	a range of 0-500 ppm?	$\Box$ Y	DN
	b. Calibrated against a st (PID/FID only)?	andard gas p	orior to and afte	r each use	ΩY	ΠN
	c. Inspected for leaks and	d obvious si	gns of wear on a	a weekly basis?	ДΥ	□N .
	d. Kept in a clean and se	cure area wh	nen not in use?		ΩY	ΠN
	e. Verified for accuracy	by use of du	plicate samples	(calorimetric only)?	ΠY	ON

MAREHEET CANCRO
Inspector's Name (Please Print)

Margaret Caropso
Inspector's Signature

Date of inspection

May 1999
Approximate Date of Next Inspection

11-17-98 104 1999

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	сомғ	PLAINT/DISCOVERY	
AIRS ID#: <u>08/0/8</u> DA FACILITY NAME: <u>18 WYC</u> FACILITY LOCATION: <u>5</u> RESPONSIBLE OFFICIAL: \( \frac{1}{2} \)  CONTACT NAME:	26/33rd	Cleaner St. E , Fr 3 CNANI PHON	12- 4203 E: <u>941-755-</u> 7	
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM	•			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:		notification form op store/out of business/p	etroleum
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)	dry- tran both	New small area sour to-dry only, x < 140 sfer only, x < 200 ga types, x < 140 gal/y structed on or after	gal/yr l/yr yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$ )	0 gal/yr dry- gal/yr tran yyr both	New large area sour to-dry only, $140 \le x$ offer only, $200 \le x \le x$ types, $140 \le x \le 1$ , structed on or after	≤2,100 gal/yr 1,800 gal/yr 800 gal/yr	
5. This is a correct facility class	ification XY	□N □Can	not determine	
-	propriate classification: qualified for a general pexceeds above limits ar		above a general permit	
B. The total quantity of perchlorod facility was \(\frac{\top}{\top}\) gallons.	ethylene (perc) purchas	ed within the preced	ling 12 months by this dr	y cleaning

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

## PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

## 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)

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

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?	DY X
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON DANA
	Is the temperature differential equal to or greater than 20° F?	AVAG NO YO
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 DN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON DWA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON DAVA
-		01 01 9 WA
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON MIN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DNA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	$\bowtie$ Y $\square$ N
2. Maintained rolling monthly total of perc consumption?	DA por
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY X ON/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON MIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DYN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PAN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DNOWN/A
Problem corrected?	DY DN BRYA
8. Maintained compliance plan, if applicable?	DY DN DN/A

PA	RT VI: LEAK DETECTION AND	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?	Says	darly	chele	ØY.	<b>PRIVI</b>
2.	Has the facility maintained a leak log?	,			ΠY	<b>B</b> KI
3.	Does the responsible official check the	e following ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	OY ON	□N/A	Muck cookers	ΩY	DN DN/A
	Door gaskets and seating	OY ON	□N/A	Stills	ΠY	□N □N/A
	Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	ΠY	□N □N/A
	Pumps	OY ON	□N/A	Diverter valves	ΠY	□N □N/A
	Solvent tanks and containers	OY ON	□N/A	Cartridge filter housings	ΠY	□N □N/A
	Water separators	חם אם				
4.	Which method of detection is used by	the responsib	le official?		^	
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	ation (FID/PI	D/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading inst	rumentation,	, is the equipn	ient:	PKV	4
	a. Capable of detecting	perc vapor c	oncentrations i	in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a (PID/FID only)?	standard gas	prior to and aft	ter each use	ΠY	ПN
	c. Inspected for leaks a	ınd obvious si	gns of wear or	n a weekly basis?	ΠY	ПN
	d. Kept in a clean and		_	•	ΠY	
	e. Verified for accurac				ΠY	
	c. Common for accuracy	, 5, 250 51 40	-t	· · · · · · · · · · · · · · · · · · ·	•	·

MARGARET CANGRO	5/17/99
Inspector's Name (Please Print)	Date of Inspection
Marguet Cango	May 2000
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 0810182

Ku X

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

1	
FACILITY NAME: TOWNE & CO	untry Clarers DATE: 5/17/99
FACILITY LOCATION: 5261	33rd St. E
Bradenton	, A 34203
Annual Reporting Period:	5-13- 1998 to 5-17- 1999
	V general air permit, my facility has remained in compliance with DEP Rule  A.C.), during the period covered by this statement.   YES
If NO, complete the following:	
	that has not been in continuous compliance during the reporting period stated above:  1 AK Check / Hemperature Monutorias
Exact period of non-compliance: from	eak Check / temperature monitoring 5-13-98 10 5-17-99
Action(s) taken to achieve compliance:	Initiate record leeping
Method used to demonstrate compliance:	logs Calindar
#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:	
made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per Limited The Complete Signature Date
. INA	ine (1 lease 1 line)

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

STATE OF FLORIDA ENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING Z 333 660 651 2600 BLAIR STONE ROAD LLAHASSEE, FLORIDA 32399-2400 MS# 5510 37550301000 Bureau of Air Monitoring & Mobile Sources

Postmark or Date

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

0394444

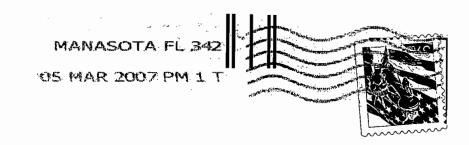
## **TOTAL AMOUNT DUE: \$75.00**

Do NOT Remove Label

AIRS ID # 0810182 TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E

BRADENTON FL 34205

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



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

458737 FEB 8206

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

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

AIRS ID# 810182 Ist TOWNE & COUNTRY CLEANERS 3122 53rd Street E BRADENTON, FL 34203

Printed on recycled paper.

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

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

ATRS 1D# 810182

MUSTAKIM HEMANI

TOWNE & COUNTRY CLEANERS

SIND STREET 3122-53 ARE

BRADENTON, FL 34205

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



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 1D#0810182

TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E BRADENTON FL 34205

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FOR GOVERNMENT OUSE ON Org.: 37550101000 EOOA1 Fund: 20-2-035001 SObj.: 002273

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

DID NOT CONTACT FI

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BENIFITTING OBJECT CODE 002000

Do NOT Remove Label

TOWNE & COUNTRY

CLEANERS
3122 53rd Street E

BRADENTON, FLORIDA 34203

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FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

OBJECT: 0022

MUSTAKIM HEMANI

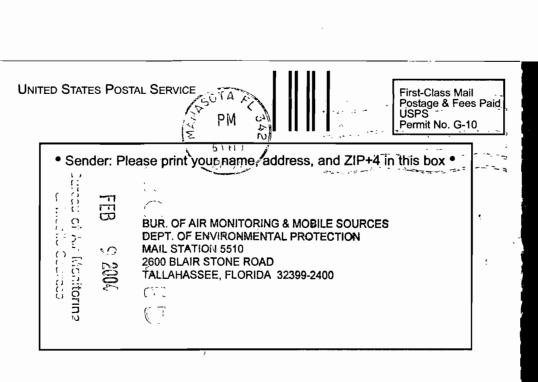
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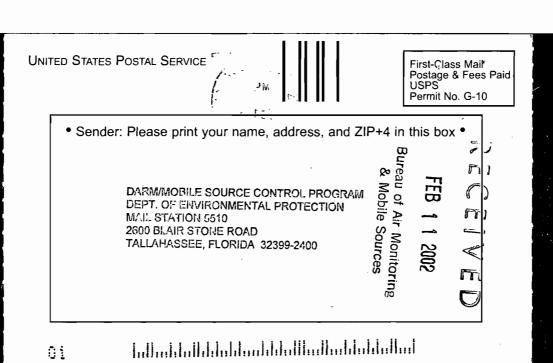
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
1. Article Addressed to:  ID# 810182  MUSTAKIM HEMANI	D. Is delivery address different from item 1? / ☐ Yes ! If YES, enter delivery address below: ☐ No
TOWNE & COUNTRY CLEANERS 5261 33RD STREET E BRADENTON, FL 34205	3. Service-Type    Certified Mail
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2. Article Number 7003 22	60 0003 5650 9677
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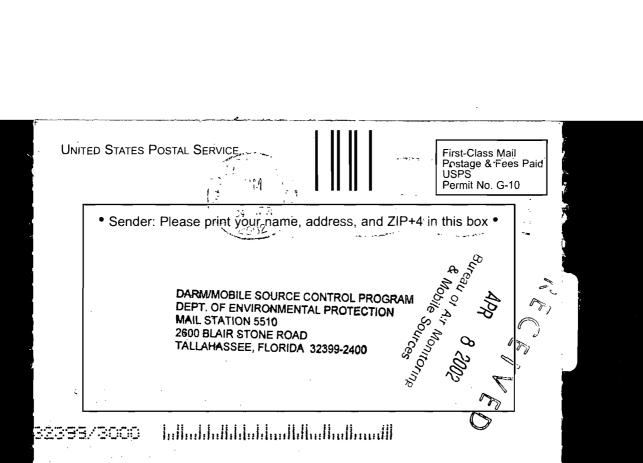
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	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.			
4. Restricted Delivery? (Extra Fee) ☐ Yes  2. Article Number (Copy from service label)  7000 0520 0020 93:72: 6278:: i : i : i				
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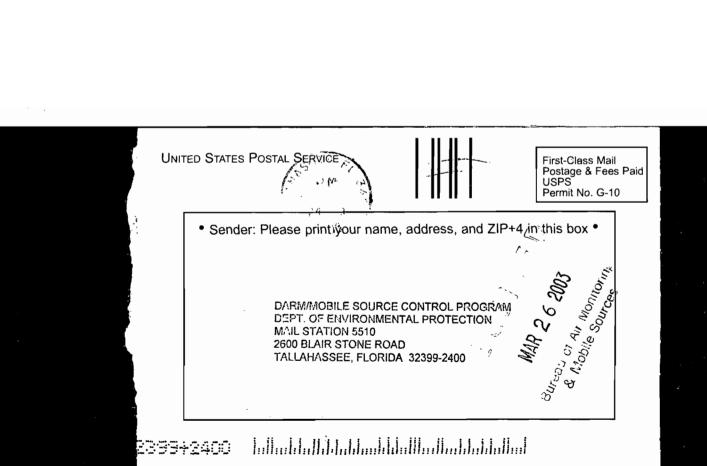


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A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:			
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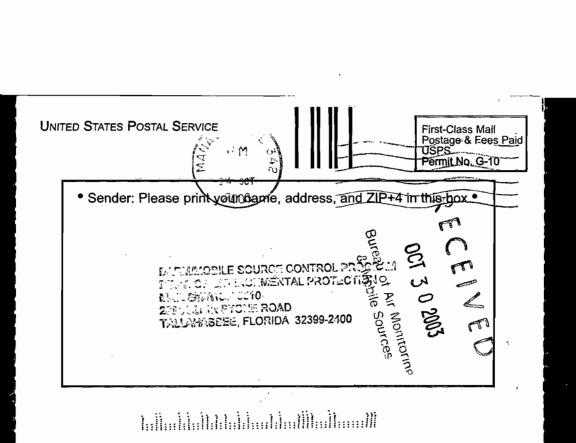


item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  C. Signature  X  Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  No  No  3. Service Type  Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.		
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# 0810182001AG TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E BRADENTON FL 34205  COMPLETE THIS SECTION ON DELIVERY  A. Received by (Please Print Clearly) B. Date of Delivery  A. Received by (Please Print Clearly) B. Date of Delivery  Addresses D. Is delivery address different from item 1? Yes If YES, enter delivery address below:  3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
■ 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# 0810182001AG TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E BRADENTON FL 34205  A. Received by (Please Print Clearly)  B. Date of Delivery  Agent Addressee  C. Signature  X  □ Agent Addressee  If YES, enter delivery address below:  3. Service Type □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	PLACE STICKER AT TOP OF ENVELOPE TO THE RICH OF THE RETURN ADDRESS FOLD AT DOTTED LINE	
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# 0810182001AG TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E BRADENTON FL 34205  3. Service Type Certified Mail   Express Mail Registered   Return Receipt for Merchandise	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E BRADENTON FL 34205  3. Service Type Certified Mail	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:	C. Signature Agent  Agent  Addressee  D. Is delivery address different from item 1?   Yes
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  10/24/03	
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Brilenton, 718, 34205	3. Service Type  Certified Mail	
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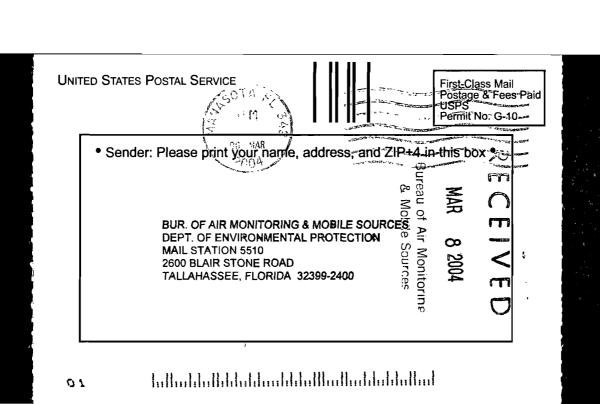
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	PS Form 8300 Zeithian/Zeitin 22

SENDER: COUPLETE TO SECURIAL OF THE RIGHT  PLACE STICKER AT 10P OF ENVELOPE TO THE RIGHT  OF THE RETURN ADDRESS. FOLD AT DOTTED LINE	ETE THIS SECTION ON DELIVERY
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AITS ID # STOTOZ TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI	D. Is delivery address different from item 1? <sup>7</sup> □ Yes If YES, enter delivery address below: □ No
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2. Article Number (Transfer from service label) 7001 1140 00	01 7556 4309
PS Form 3811, August 2001 Domestic Retu	ırn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10 BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
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MODITORING & MOBILE SOURCES
MODITORING
M • Sender: Please print your name, address, and ZIP+4 in this box • <u> հահարհականի արևի անհականի հահանի ան</u>

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	City, s BRADENTON, FL 34205	
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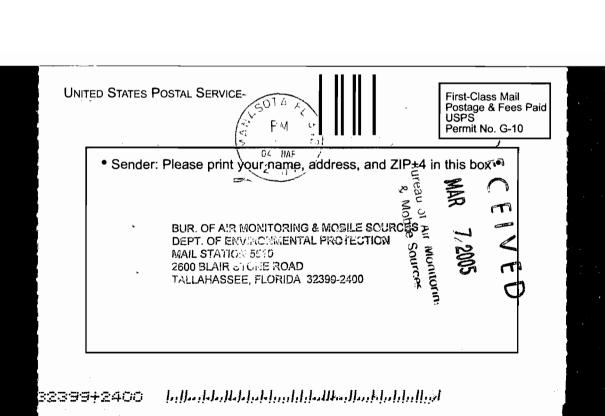
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SENDER: COMPLETE THIS SECTION	CONTPLETE THIS SECTION ON DELIVERY
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Article Addressed to:	D. Is delivery address different from item 1? \( \subseteq \text{lyes} \) If YES, enter delivery address below: \( \subseteq \text{No} \)
AIRS TO # 810182  MUSTAKIM HEMANI  TOWNE & COUNTRY CLEANERS	
5261 33RD STREET E BRADENTON, FL 34205	3. Service Type  Grant Certified Mail
Wetters and the second second	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	500 0004 0144 5456
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-1540



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3	OFF	ICIAL	. USE	i
39	Postage	\$		
밉	Certified Fee			
000	Return Receipt Fee (Endorsement Required)		Postmark Here	
530	Restricted Delivery Fee (Endorsemer Required)			
'n	Total Postage AIRS ID#08101822 <sup>nd</sup> Cert 05  TOWNE & COUNTRY CLEANERS			
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-		12 mg	See Reverse for Instru	ctions

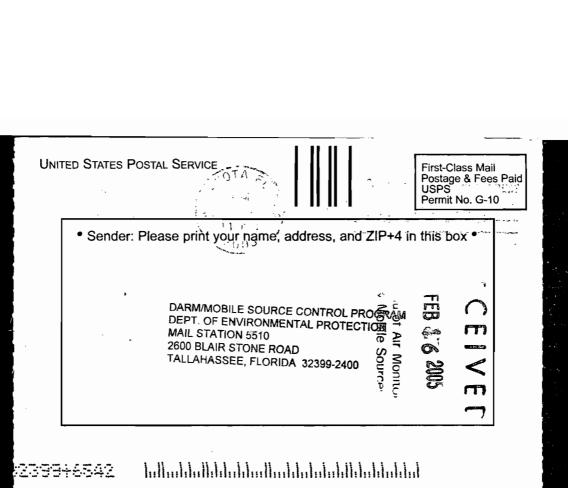
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signal Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  3/4/075	
Article Addressed to:	D. Is delivery address different from item 1? <sup>ℓ</sup> □ ∠Yes  If YES, enter delivery address below: □ No	
AIRS ID#08101822 <sup>nd</sup> Cert 05 TOWNE & COUNTRY CLEANERS  126+3345 SHEATE BRADENTON, FL 34203  3/22 53 AS AUS. E.	3. Service Type  15. Certified Mail	
2. Article Number		
(Tran 7004 2510 0002 393	1 1239	
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540	



ተፒተተ ሁደ6	U.S. Postal Service III CERTIFIED MAIL III R (Domestic Mail Only; No Insurance Fordelivery information visit our web	ce Coverage Provided)
m	Postage \$	
립	* Certified Fee	
000	Return Receipt Fee (Endorsement Required)	Postmark Here
510	Restricted Delivery Fee (Endorsement Required)	
L.	Total Posta AIRS ID# 810182 1s	
7004	TOWNE & COUNTI	RY CLEANERS
	3261 33rd Street E	
\_	Street, Apt. N BRADENTON, FL 3	4203
	City, State, Z	
	PS Form 3800 (June 2002)	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  2 14 01	
Article Addressed to:	D. Is delivery address different from item 17/	
AIRS ID# 810182 1stC TOWNE & COUNTRY CLEANERS' 5261 33rd Street E		
BRADENTON, FL 34203	3. Service Type  Gertified Mail	
	], 4 cted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)		
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540	
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3939 9587	
2510 0002	Postage \$  Certified Fee   Postmark   Return Receipt Fee (Endorsement Required)   Here   Restricted Delivery Fee (Endorsement Required)
400Z	AIRS ID# 810182 3rd Cert04  TOWNE & COUNTRY CLEANERS  Siried, Apr. No. 3321 53rd Street E  BRADENTON, FL 34203

SENDER: COMPLETE THIS SECTION	COMPLETE 1'HIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 11
Article Addressed to:	If YES, enter delivery address below:
AIRS ID# 810182 3rd Cert04 TOWNE & COUNTRY CLEANERS 3321 53rd Street E	
BRADENTON, FL 34203	3. Service Type
	Certified Mail  Express Mall
· · · · · · · · · · · · · · · · · · ·	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 [	04 2510 00D2 3939 9587
	* , VAR. degr.

UNITED STATES POSTAL SERVICE



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

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

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		Service D MAIL RECEIPT Only; No Insurance Coverage Provide	ed)
4E09			
7825	Postage Certified Fee	\$ Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here	
2000 0000	Street, Ap 5261 33RI	AIRS ID # 0810182 & COUNTRY CLEANERS IM HEMANI D STREET E TON FL 34205	
Ì	PS Form 3000,	并不得你也可能从他们的是是1967年 <del>1100000000000000000000000000000000000</del>	ctions

Fold at line over top of envelope to	
WILLIAM SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery
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  X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0810182 TOWNE & COUNTRY CLEANERS	
MUSTAKIM HEMANI	
5261 33RD STREET E BRADENTON FL 34205	3. Service Type
-	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) B3 Date of Delivery  C. Signature  A gent  A delivery address different from item 12 2 7 %			
Article Addressed to:	If YES, enter delivery address, begins y a El-No			
AIRS ID# 0810182 TOWN AND COUNTRY CLEANERS 3122 53RD AVE E				
BRADENTON FL 34203-4311	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.  □ Return Receipt for Merchandise □ C.O.D.			
	4. Restricted Delivery? (Extra Fee) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
2. Article Number (Copy from service label) 728975				
PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY >>
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID # 0810182</li> </ul> </li> <li>TOWNE &amp; COUNTRY CLEANERS</li> <li>MUSTAKIM HEMANI</li> <li>5261 33RD STREET E</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
BRADENTON FL 34205	3. Service Type  Certified Mail □ Express Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
7000600000064059000	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789

_	U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)			
9000		en distribute di Lagrandia de la Regionia. La companya di Lagrandia di	Maria de Caracita	
0026 4325	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
7000 0600	Total Pc TOWNE &	COUNTRY CLEA M HEMANI	IRS ID # 0810182 NERS	

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	A. Received by (Please Print Clearly)  B. Date of Delivery
so that we can return the card to you.	C. Signature ☐ Agent
Attach this card to the back of the mailpiece, or on the front if space permits.	X Addressee
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIRS ID # 0810182 TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET =	
BRADENTON FLEXZOS	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 sequice label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

## Z 333 667 044 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0810182 **TOWNE & COUNTRY CLEANERS** MUSTAKIM HEMANI **5261 33RD STREET E** BRADENTON FL 34205 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

<i>f</i>	ver top of envelope to	o ənil ts blo	) H
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 retricard 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.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
on th	■The Return Receipt will show to whom the article was delivered an delivered.		Consult postmaster for fee.
N ADDRESS completed	AIRS ID # 0810182 TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E BRADENTON FL 34205	4b. Service  Registere Express Retum Red  Date of Do	Type ad Certified Mail Insured Copy for Merchandise COD
s your RETURN	5. Received By: (Print Name)  6. Signatura: (Addressee or Agent)	8. Åddressee and fee is	a's Address (Only if requested paid) 보
; -	PS Form 381 1, December 1994		Domestic Return Receipt

US Postal Service
Receipt for Certified Mail

AIRS ID # 0810182

TOWNE & COUNTRY CLEANERS
MUSTAKIM HEMANI
5261 33RD STREET E
BRADENTON FL 34205

Postage \$
Certified Fee
Special Delivery Fee
Restricted 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

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
completed	3. Article Addressed to:  AIRS ID # 0810182	4a. Article No. 74 4b. Service	1052 330
	TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI	☐ Registere	ed 🔼 Certified 🕻
DRESS	5261 33RD STREET E	☐ Express I	Mail Insured
	BRADENTON FL 34205		delpt for Merchandise L CCD
N AD		7. Date of De	99 1400
RETUR	5. Received By: (Print Name)	8. Andressee	e's Address (Only if requested paid)
s your	6. Signature (400) essee of Agent)		
	PS Form <b>381</b> 1, December 1994 . 102	2595-97-B-0179	Domestic Return Receipt

## P 174 052 330 **ÚS Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0810182 **TOWNE & COUNTRY CLEANERS** MUSTAKIM HEMANI 5261 33RD STREET E **BRADENTON FL 34205** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eipt Service.
N ADDRESS completed	3. Article Addressed to:  AIRS ID #-0810182  TOWNE & COUNTRY CLEANERS  MUSTAKIM HEMANI 5261 33RD STREET E  BRADENTON FL 34205	4b. Service ☐ ☐ Registere ☐ Express I	Type ed X Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
Is your RETUR	5. Received By (Print Name)  6. Signature: (Addiessee or Agent)  X  PS Form 3811, December 1994	and fee is	e's Address (Only if requested paid)	Thank

	°S 570 f	661 217				
US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)						
M)	AIRS ID # 0810182 TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI 5261 33RD STREET E BRADENTON FL 34205					
	Certified Fee					
	Special Delivery Fee					
10	Restricted Delivery Fee					
1995	Return Receipt Showing to Whorn & Date Delivered					
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address					
800	TOTAL Postage & Fees	\$				
PS Form <b>3800</b> , April 1995	Postmark or Date					

SENI Ol adolanua jo dol jano auij le p  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  O FFD  Agent  Addressee
1. Article Addressed to:  AIRS ID # 0990580  NEW WORLD DRY CLEANERS  MARK HYMAN	D. Is delivery address different from item 1? ☐ Yes If YES, eater delivery address below: ☐ No
4275 A OKEECHOBEE BLVD WEST PALM BEACH FL 33409	3. Service Type   Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.
2_ Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
2 2 / 1 6 6 2 3 9 5 PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
F3 F0III OO F1, July 1999 Dollies iic Ne	

Z-210 662 395

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0810182

TOWNE & COUNTRY CLEANERS MUSTAKIM HEMANI

5261 33RD STREET E BRADENTON FL 34205

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

SENDER: COMPLEMENTIS SECTION	TION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AIRS ID # 0810182</li> <li>TOWNE &amp; COUNTRY CLEANERS</li> <li>MUSTAKIM HEMANI</li> </ul> </li> </ul>	A. Received by iPlease Print Clearly)  B. Date of Delivery  L1-3CU L3-3CU L3-3C			
5261 33RD STREET E BRADENTON FL 34205	3. Service Type  A Certified Mail			
2210 663167	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789			

Receipt for (				
TOWNE & COUN MUSTAKIM HEN 5261 33RD STREE BRADENTON FL	MANI	AIRS ID # ANERS	0810182	}     
Postage	.   \$	•	1	
Certified Fee			_	
Special Delivery Fee			_	
Restricted Delivery Fee			-	
Return Receipt Showing Whom & Date Delivered	to		_	
Return Receipt Showing to WI Date, & Addressee's Address	nom,		7	
TOTAL Postage & Fees	\$		_	