00/0088



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 26, 1996

Mr. Robert C. Parker Village Cleaners 4217 Northwest 16 Boulevard Gainesville, Florida 32605

Dear Mr. Parker:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 1996.

Please note that in November 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 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

Sorty Slietz

/DD

cc: Mr. Rick Banks, Northeast District

Santa Fe Quality Meaner

'erchloroethylene Dry Cleaning Facility Notification

Village Cleaners

Facility Name and Location

··· J	•	
1. Facility Owner/Company Name (Name	of corporation, agency, or individ	ual owner):
Sente Fredit Cla	20 Bla Will	re Cleanus Au CEA
2. Site Name (For Example, plant name or r	number):	ax massin Color
·		AID BURE 1800
3. Hazardous Waste Generator Identificatio	n Mumher	TREGULOS
		· · · · · · · · · · · · · · · · · · ·
MCF. 4. Facility Location: 4217 NW 14	FLD 984 189	373
4. Facility Location: 4/2/1/1/1/16	Bud	
	County:	Zip Code:
S. Facility Identification Number (DEP Use	Mashe	32605
00/0088		7.6 +
	D	KODER
•	Responsible Official	— Robert — C. Farker
6. Name and Title of Responsible Official:		- C. TURKER
Delevit Chevikor		352/ 373/65
7. Responsible Official Mailing Address:	Ownor	— 350 5 61eles
Organization/Firm:		J.0
Street Address: City:	Country	Zip Code:
8. Responsible Official Telephone Number:	County:	Zip Code.
Telephone: 952) 373-576	Fax: ()	-
Facility Contact (If different from Responsible Of	
	a unicient from Responsible Of	
9. Name and Title of Facility Contact (For e	example, plant manager):	
Same at alon	au.	
10. Facility Contact Address:		
Street Address:		
City: Sam Ess Ochow	County:	Zip Code:
11. Facility Contact Telephone Number:		
Telephone: Simce as a	Fax: ()	-
www us l	wore	

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

Bureau of Air Monitoring & Mobile Sources

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.

Fumack Ex m40 Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	1D	Date Machine Initially Purchased	Date Control Device Installed
Example, GCT SY	(#1	03-0CT-93 1-0A-83	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	16					Na and the second		va dale	
(1) w/ refcondenser \	ت	- :		· · · ·				*:	
(2) w/ carbon adsorber	ì 🗅								
(3) w/ no controls	7,								
Washer Unit		/						filedi Yhe	
(4) w/ ref. condenser	/-								
(5),w/ carbon adsorber	V:								
(6) w/ no controls	7,	i							
Dryer Unit	J. T.	k jë jajo nati					::···	Parakiti	again, etc
(7) w/ ref. condenser		.1		1					
(8) w/ carbon adsorber)	1		0					
(9) w/ no controls		. !							
Reclaimer Unit		1 7 A. C. S.		rical.		to the state of the	374	Carlley the A	
(10) w/ ref. condenser	THAT	:							
(11) w/carbon adsorber		r							
(12) w/ no controls	,								
(b) Control devices are required, but not yet installed Query. (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? [2.5] gallons									
(b) If less than 12 mont Check why it is less3. What is the facility's so	than	12 months:	New owner:		_				
(Indicate with an "X".	Selec	t one classifi	cation only.)						
Existing small ar					all area sour	<u></u>			
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []			

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

 What control technology is required on machines put (Indicate with an "X".) 	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] F	Refrigerated condenser
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions unto Rule 62-213.300, F.A.C. Verify that all steam and hexemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) ha boiler HP or less), and (2) are fired exclusively by natu during which propane or fuel oil containing no more th	ural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and	d 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 monitor	oring
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 7/3/196
Signature	Date

I have I do the ak.

NED Revised

Perchloroethylene Dry Cleaning Facility Notificati

Facility Name and Location

NOR	THEAST D	الحسب -
ME	'MZM	MP (A)
n A	UG 2 8 199	36
IUISI	Gian	

	and a second
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): DEP - JACKSONVII.
<u>5</u>	anta te Quality Cleaners DBA VIllage Cleaners
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
F	LD 984189373
4.	Facility Location: 4217 NW 16 BIVD Street Address:
	City: Gainesville County: Alachua Zip Code: 32605
5	Facility Identification Number (DEP Use):
	1.0010.088
2276340	
	Responsible Official
6.	Name and Title of Responsible Official:
	Robert C Parker, Owner
	Responsible Official Mailing Address:
	Organization/Firm: Street Address: Same as above
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
, i	Same as above
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
	Facility Contact Telephone Number Facility Contact Telephone Number Fax: () -

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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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-9
Dry-to-Dry Unit								•	
(1) w/ ref. condenser	7	01-0CT-83	01-0CT-83						
(2) w/ carbon adsorber	1	D1-OCT-83	01-0CT-83	RCF					
(3) w/ no controls						-			
Washer Unit								· .	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		多数 电气泵		v .	1.1.		•	•	* p
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	+ % +	la de la composición della com	\$ 1000	11.45	<i>i</i> .	The state of the s		•	
(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? [
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.)	ew sm	nall area sour	ce [3) of]	Part II?	
Existing large area source [X] New large area source []									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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 [X]
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

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

Surrender of Existing Air Permit(s)

Please indicat	te 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)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
,	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Sevi Signature	t Carker 5/20/94 Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
Santa Fe Quality Cleaners DBA Village Cleaners								
2. Site Name (For example, plant name or number):								
3. Hazardous Waste Generator Identification Number:								
FLD 984189373								
Street Address:								
City: Gainesville County: Alachua Zip Code: 32605								
5. Facility Identification Number (DEP Use):								
Responsible Official								
6. Name and Title of Responsible Official:								
Robert C Parker, Owner								
7. Responsible Official Mailing Address:								
Organization/Firm:								
Street Address: Same as above								
City: County: Zip Code:								
8. Responsible Official Telephone Number:								
Telephone: (352) 373 5665 Fax: () -								
Facility Contact (If different from Responsible Official)								
9. Name and Title of Facility Contact (For example, plant manager):								
Same as above								
10. Facility Contact Address:								
Street Address								
Street Address: City: County: Zip Code:								
11. Facility Contact Telephone Number:								
Telephone: () - Fax: () -								

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	01-0CT-83	01-0CT-83						
(2) w/ carbon adsorber	7	01-0CT-83	01-0CT-83						
(3) w/ no controls									
Washer Unit	H. Par			1					
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				3 (145)	u, The Hop	(Taranta) esta esta esta esta esta esta esta esta			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	44			$\gamma \gamma $			de.		
(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 of the control of the	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)					
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nitions found nall area sour rge area sour	rce [3) of]]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

	control technology is requate with an "X".)	ired on machines p	pursuant to section (5) of	Part II of this notification form?
	Existing large area source Carbon adsorber	· (X)	Refrigerated condenser	(<u>X</u>)
1	New small area source			
I	Refrigerated condenser			
Ī	New large area source			
I	Refrigerated condenser			•
		-		
		•		
to Rule 62		that all steam and		to use the general permit pursuant its on-site meet the following
boiler HP		d exclusively by no	ntural gas except for peri	10 million BTU/hr or less (298 ods of natural gas curtailment is fired
	and hot water generating units on-site	units exempt		
				•
		·		
	Equipm	ent Monitoring a	nd Recordkeeping Info	rmation
Check all	logs which are required t	o be kept on-site i	n accordance with the re-	quirements of this general permit:
(a) Purcha	ase receipts and solvent p	urchases		[<u>X</u>]
(b) Leak o	detection inspection and r	epair		[X]
(c) Refrig	erated condenser tempera	ture monitoring		<u> </u>
(d) Carbo	n adsorber exhaust perc c	oncentration moni	itoring	X
(e) Instrur	ment calibration			
(f) Start-u	up, shutdown, malfunctio	n plan		<u>[X]</u>
	•	•		

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
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ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Sevi Signatur	1 Souther 5/20/94 Date



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE INSP.	ECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
AIRS ID#: 0010088 TIME IN:	
FACILITY NAME: VILLAGE (
FACILITY LOCATION: 427 M	(.W. 16 BLVD
<u> </u>	VILLE, FL 32605
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	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
dry-to-dry only, x<140 gal/yr dry- transfer only, x<200 gal/yr tran both types, x<140 gal/yr botl	New small area source to-dry only, x<140 gal/yr sfer only, x<200 gal/yr a types, x<140 gal/yr astructed on or after 12/9/91)
dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" both<="" dry-transfer="" gal="" only,="" td="" transfer="" types,="" yr=""><td>New large area source to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" astructed="" gal="" on="" only,="" or="" sfer="" td="" types,="" yr=""></x<2,></td></x<2,>	New large area source to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" astructed="" gal="" on="" only,="" or="" sfer="" td="" types,="" yr=""></x<2,>
This is a correct facility classification	
If no, please check the appropriate classification:	
facility qualified for a general permit as facility exceeds above limits and is not	
B. The total quantity of perchloroethylene (perc) purcha	sed within the preceding 12 months by this dry 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 beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? 8. 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?

2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	IZY ON
	Is the temperature differential equal to or greater than 20° F?	ON ON
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 C AN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON
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?	DY DN BNA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN CEN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN LENIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ďY □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?	DY ON
4. Maintained calibration data? (for direct reading instruments only)	Y ON DAY/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN 18 A/A
6. Maintained startup/shutdown/malfunction plan?	DAY CJN
7. Maintained deviation reports?	CHY ON
Problem corrected?	GY ON T
8. Maintained compliance plan, if applicable?	DY DN BN/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DEY ON
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)	9
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

	_				
If using direct-reading instrum	entation,	is the equip	ment:	-	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					N
b. Calibrated against a	standard .	gas prior to a	nd after each use		
(PID/FID only)?				ОУ ОИ	
c. Inspected for leaks a	nd obviou	is signs of we	ar on a weekly basis?	DY DN	
d. Kept in a clean and s	secure are	a when not in	n use?	OY ON	
e. Verified for accuracy	by use of	f duplicate sa	mples (calorimetric only)?	OY ON	
3. Has the facility maintained a leak log?					N
4. The following areas should be checked	for leaks	by the inspe	ctor;		
	Leak I	Detected?		Leak D	etected?
Hose connections, fittings, couplings, and valves	P Y	_ N	Muck cookers	ĊΥ	□N
Door gaskets and seating	der	□N	Stills	DY	□N
Filter gaskets and seating	(C)	□N.	Exhaust dampers	DY	ПN
Pumps	BY	□N	Diverter valves	ŪX	ПN
Solvent tanks and containers	the Y	□N	Cartridge filter housings	(Q)	ПN
Water separators	34	ON .			
			-		
KOBIETET (PAR	KETT				
Name of Responsible Offici	al			**	

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

(Wills

TYPE	OF	INCD	FCT	ON

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0010088 DATE: 5/12	100 TIME IN: 1.50 TIME OUT: 2.20
FACILITY NAME: VILLACE	L CEANERS
FACILITY LOCATION: 4217 A	IW 16th BLVD
GIVILL	E PL 32605
RESPONSIBLE OFFICIAL: ROZKY	PARSCA PHONE: (352) 373-3663
CONTACT NAME:	PHONE:
, ,	
PART I: NOTIFICATION	
(check appropriate box)	The state of the s
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source □	2. New small area source
1. Existing small area source	2. New Siliali alea Soulce
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
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-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)
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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)
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, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large 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 \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	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
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	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) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr
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 \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	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
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 \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) 5. This is a correct facility classification	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \square N \square Can$ not determine
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 classific	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \square N \square Can$ not determine
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 classific facility qualified for a get	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \square N \square Can$ not determine ation:

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY ON ON/A 2. Examining the containers for leakage? AY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at OY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed 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? ZY 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 MY 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 ZY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ДY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	PΥ		⊒N/A
	Is the temperature differential equal to or greater than 20° F?	ZY	□n c	⊃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?	ZΔY	ם אם	⊒N/A
	Is the perc concentration equal to or less than 100 ppm?	DY	□N C	IN/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?	ZY	ÓΝ C	⊒N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ZΥ	ם אם	DN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ďΥ	אם	JN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	_
1. Maintained receipts for perc purchased?	NO YES
2. Maintained rolling monthly total of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	Y ON ON/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? 	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	oy on ⊅a√n/a
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	OY ON DAN/A
Problem corrected?	DY DN ZIN/A
8. Maintained compliance plan, if applicable?	OY ON ZON/A

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

Inspector's Signature

5/12/00

Date of Inspection

PERMAC MUD PREFIBLE MUD

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

	RE-INSPECTION U			
	199 TIME IN: 12:10 TIME OUT: 12:45			
FACILITY NAME: VILLAGE C	LEANCRS			
FACILITY LOCATION: 4217 NW				
	LE FL 32605			
	PARKER PHONE: (352) 373-5665			
CONTACT NAME:	PHONE:			
PART I: NOTIFICATION	RECEIVED			
(check appropriate box)				
1. New facility notified DARM 30 days prior to sta	пир МАУ 1 4 1999 🗆			
2. Facility failed to notify DARM to use general pe	mult 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. 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	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 before 12/9/91)	(constructed on or after 12/9/91)			
(constructed before $12/9/91$) 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 $12/9/91$)	(constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr	4. New large area source \Box 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			
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 classific facility qualified for a ge	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? אם צם 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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) מם צם 1. Equipped all machines with the appropriate vent controls? DY 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 DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DA DA condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YD verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DΥ	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ЛY	מם	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΔY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	Ду Ду	ロス	□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?	7 4	NO	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	9 ^x	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÞΥ	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	QY ON			
2. Maintained rolling monthly averages of perc consumption?	אם צב			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AY ON ON/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?	אואם אם עם			
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A			
5. Maintained exhaust duct menitoring data on perc concentrations?	אום אם יאפ'			
6. Maintained startup/shutdown/malfunction plan?	אם אלם			
7. Maintained deviation reports?	AND ND YA			
Problem corrected?	ZY ON ON/A			
8. Maintained compliance plan, if applicable?	ØY ON ON/A			

P	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?		6	ΔY	N		
2.	2. Has the facility maintained a leak log?			ΔY	ПN		
3.	3. Does the responsible official check the following a	reas for leaks?					
	Hose connections, fittings, couplings, and valves	□N/A	Muck cookers	ØΥ	ON ON/A		
	Door gaskets and scating	□N/A	Stills	ØΥ	□N □N/A		
	Filter gaskets and seating	□N/A	Exhaust dampers	ŹΥ	□N □N/A		
	Pumps DY DN	□N/A	Diverter valves	6Y	ON ON/A		
	Solvent tanks and containers	□N/A	Cartridge filter housings	PY	□N □N/A		
	Water separators	□N/A					
4.	4. Which method of detection is used by the responsi	ble official?					
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/F	tubes)					
	Halogen leak detector						
	If using direct-reading instrumentation	, is the equipm	ent:	N/.	A.		
	a. Capable of detecting perc vapor	concentrations in	a range of 0-500 ppm?	ΠY	N		
	b. Calibrated against a standard gas (PID/FID only)?	prior to and aft	er each use	ΟY	ПИ		
	c. Inspected for leaks and obvious s	igns of wear on	a weekly basis?	ΠY	ПN		
	d. Kept in a clean and secure area v	when not in use?		\Box Y	DΝ .		
	c. Verified for accuracy by use of de	uplicate samples	(calorimetric only)?	$\Box Y$	□N		
<u> </u>							
			4/1	1,	•		
	El En ALVADET 4/1/99						

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

PERMAC PREXAME M40

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COM	PLAINT/DISC	OVERY	RE-INS	PECTION
TIME IN: 12.70 TIME OU	Л: / Д	1:45	_AIRS ID#:_	00/008	Y
TYPE OF FACILITY: DRY. CLEAN	GN				
FACILITY NAME: VILLAGE	CLEANE			DATE:	4/6/99
FACILITY LOCATION: 42/7 MW /	<u> </u>	LVD		· .	
GAINESVIL	_	L 326		12075	202 5/15
RESPONSIBLE OFFICIAL: ROBGET	- PARI	TLX PH	IONE NUMBI	ER: (2)2/	373-5665
Based on the results of the compliance recompliance with DEP Rule 62-213.300, F				facility is found	to be in
Based on the results of the compliance red discrepancies were noted:	uirements evalua	ted during this	inspection, the	following comp	liance
COMPLIANCE REQUIREMENT/P	ROBLEM	FOLL	OW-UP AC	TION REQU	JIRED
					,
				<u>-</u>	
•				•	•
					•
<u> </u>			<u>.</u>	•	
					·
COMMENTS:					
•					
				<u> </u>	<u> </u>
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION:		2000 proximate)		•	<u> </u>
INSPECTION CONDUCTED BY: FMG	_ ·	AREZ.			
/		ase Print)		Cana	1616-612112
INSPECTOR'S SIGNATURE:		PH	ONE NUMB	ER. 904) 2	XT 254
	Page	of)			Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY DE
FACILITY NAME: VILLAGE CLEAR	
	16th BLVD =, FL 32605 C. PARKER PHONE: 352-373-5665
	PHONE:
PART I: NOTIFICATION	· · ·
 (check appropriate box) New facility notified DARM 30 days prior to sta Facility failed to notify DARM to use general pe 	·
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)	□ No notification form □ Drop store/out of business/petroleum 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	4. New large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
both types, $140 \le x \le 1,800$ gallyr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classific	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 $12/9/91$) Y Only Can not determine

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	Y ON ONA
2. Examining the containers for leakage?	ANG NG Y
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	10 Y ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ארם מם צי ק
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	V÷-
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mutinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
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?	MD A CAN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN DN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Ò X Y □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	RY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ØY □N □N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	day □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?	16 Y	□N·	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	4 Y	ПN	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΦY	ΠN	□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?	\$ DY	מם	□N/A
		τ-		
	ls the perc concentration equal to or less than 100 ppm?	Z Y	ПИ	ŪN/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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	5	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Q Y	ПN	□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;	MY ON ON/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 opplicable direct reading instruments)	AVA NO N/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	YNON.ON/A				
6. Maintained startup/shutdown/malfunction plan?	A Y □M				
7. Maintained deviation reports?	MY ON ON/A				
Problem corrected?	AVA NO Y				
8. Maintained compliance plan, if applicable?	AMD ND YØ				

	·			
P	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct	a weekly (for small source	s, bi-weckly) leak detection as	nd repair
	inspection?			DY ON
2.	Has the facility maintained a leak log	?		ďaγ □N
3.	Does the responsible official check the	e following areas for leaks	?	•
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	AND NO Y
	Door gaskets and seating	AVA DN D Y	Stills	AVN DN DN/A
	Filter gaskets and seating	AND NO YO	Exhaust dampers	A/N D N D YA
	Pumps	DAYA ON ON/A	Diverter valves	AVNO NO YØ
	Solvent tanks and containers	AMO NO YG	Cartridge filter housings	AVN DN DN/A
	Water separators	AND NO YOU		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surface	es)	<i>\$</i>
Physical detection (airflow felt through gaskets)				₫ ₽
	Odor (noticeable perc odor)			Ŕ
	Use of direct-reading instrument	tation (FID/PID/calorimet	ric tubes)	<u> </u>
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	oment:	□N/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	NO Y
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	□Y □N
d. Kept in a clean and secure area when not in use?				OY ON

CHRISTOPHER L. SCOTT	4-8-98
Inspector's Name (Please Print)	Date of Inspection
At Lett	4/99
Inspector's Signature	Approximate Date of Next Inspection

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

 \Box Y \Box N

ADDITIONAL SITE INFORM	ATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 1/3	5AIRS ID#:
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: VILLAGE CLIZA	VERS DATE: 4/17/97
FACILITY LOCATION: 4217 N.W. 1	6 BLUD
GAINESVILLE	32605
RESPONSIBLE OFFICIAL: ROBERT C. PARK	ER PHONE NUMBER: 352-373-5665
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ited during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	
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•	
·	
ý	
-	
COLO CONTRO	<u> </u>
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION:	278 proximate)
INSPECTION CONDUCTED BY:	Bualk
	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904 - 448-4310

Page / of / .

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 💢	COMP	LAINT/DI	SCOVERY	RE-INSPECTION	ON 🔲
TIME IN: 1:50	TIME OUT:	2: 1	20	AIRS ID#:	0010088	
TYPE OF FACILITY:	LY CLEAN	ICR .				
FACILITY NAME:	MLLAGE	C	CAN	1505	DATE: 5/12	2/06
FACILITY LOCATION:	4/2/7 NL	VI	6th 1	SLYD.		
	KIVILU	-	FL	32605		
RESPONSIBLE OFFICIAL:	ROBERT	PAR	KER	PHONE NUMBER	<u>(352) 37</u>	3-5665
	he compliance requiremenule 62-213.300, Florida A				acility is found to be in	1 .
Based on the results of t discrepancies were noted	he compliance requiremend:	nts evaluat	ed during the	his inspection, the f	ollowing compliance	:
COMPLIANCE REQU	IREMENT/PROBL	EM_	FOI	LOW-UP ACT	TON REQUIRED	
334	· · · · · · · · · · · · · · · · · · ·	-			b	*
•						
	<u> </u>				P	
•	·		•	Ø	K.	
				Jureau &		:
	•			Mobile Sour	O TOWN	
				ces	toring	
					B	
				•		
				•		
· ·						
COMMENTS:						
The Annual Compliance Certific	ation form has been prope	erly certific	ed and subn	nitted to the inspect	or. YES	NO
DATE OF NEXT INSPECTION	N:APR	_	200	7		
•			roximate)			
INSPECTION CONDUCTED	BY: FGG.		LYAN	2	(Carry)	
	. ///	Plea	ase Print)		(904)448	-4316
INSPECTOR'S SIGNATURE:			/	PHONE NUMBER	R: X7	254
	F	Page	5 /		Re	vised 10/96



AIRS ID#: UO 100 88 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				·
FACILITY NAME: VILLA	FEE C	CANGAS		DATE: 5/12/0
FACILITY LOCATION: 421	7 NIW	16th 3L	42	,
(10	1116	FL 3	2605	
			, , , , , , , , , , , , , , , , , , , ,	,
Annual Reporting Period:	pril	19 <u><i>99</i></u> TO	De April	201 19
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code	_		\	·
If NO, complete the following:		•	<i>,</i>	
#1. Term or condition of the general perm	nit that has not	been in continuous com	pliance during the re	porting period stated above:
Exact period of non-compliance: from	·		to	
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:				
	•		·	
#2. Term or condition of the general perm	nit that has not	been in continuous com	pliance during the re	porting period stated above:
<u> </u>	· -	·· .		
Exact period of non-compliance: from			to	·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
radica about to demonstrate computation.				
As the responsible official, I hereby certif made in this notification are true, accura upon rolling averages of purchase receip year for transfer or combination facilities	te and complete ts, does not exc	e. Further, my annual c	onsumption of perchi	oroethylene solvent, based

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

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	NNUAL (1) CON	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00	TIME OUT:	9 9:35 AIRS ID#: 0010088
YPE OF FACILITY: DRY	CLEANER	
ACILITY NAME: VILLAGE	CLEANERS	DATE: 4-8-98
CILITY LOCATION: 4217	N.W. 16th B	ZVD
	VILLE, FL 3260	5
ESPONSIBLE OFFICIAL: Ro	BERT C. PARKEL	PHONE NUMBER: 352-373-5765
Based on the results of the c	ompliance requirements evalu	nated during this inspection, the facility is found to be in
compliance with DEP Rule	62-213.300, Florida Administr	rative Code (F.A.C.).
Based on the results of the o	ompliance requirements evalu	ated during this inspection, the following compliance
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•		4
· · · · ·		
	•	
•		
		EM AND CO
	·	·
·		
OMMENTS:		
•		
e Annual Compliance Certificatio	n form has been properly certi	fied and submitted to the inspector. YES NO
ATE OF NEXT INSPECTION:_	4/99	
		pproximate)
SPECTION CONDUCTED BY:	CHRISTOPHER L	. scott
	1000 19	ease Print)
SPECTOR'S SIGNATURE	JUL NOW	phone number: <u>904-448-43/0</u> 2

f Revised 10/96

AIRS ID#: 00/0088

Ace

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			11/1/16
FACILITY NAME: VILLAGE CE	-CANCE)	DATE:	4/6/49
FACILITY NAME: VILLAGE CE FACILITY LOCATION: 4217 NW 1	6th BLVD		
GAINESVILLE			
- GAINESTIE	, , <u>, , , , , , , , , , , , , , , , , </u>		
Annual Reporting Period:	19 98 TO	APR	19 99
		•	
Based on each term or condition of the Title V general air pe	rmit, my facility has remaine	d in compliance with DE	P Rule
62-213.300, Florida Administrative Code (F.A.C.), during th	e period covered by this state	ment. XES	□ио
If NO, complete the following:			·
#1. Term or condition of the general permit that has not been	n in continuous compliance d	uring the reporting perio	d stated above:
		·	
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
HO TO STATE OF THE			1 1
#2. Term or condition of the general permit that has not been	in continuous compliance d	uring the reporting period	d stated above:
· · · · · · · · · · · · · · · · · · ·			
Exact period of non-compliance: from	to	·	
Action(5) taken to achieve compliance:			
Action(s) taken to achieve compliance.			
Method used to demonstrate compliance:			
		·	
As the responsible official, I hereby certify, based on informa	tion and haliof formed after	reconcide inquire that	the statements
made in this notification are true, accurate and complete. Fi			
upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.	2,100 gallons per year for dr	y-to-dry facilities or 1,80	0 gallons per
	LA LOCAL DE LA COLLANDA DE LA COLLAN		11/1/60
RESPONSIBLE OFFICIAL: ROSERT PA	THE Affects	Parker _	9/ 6/99 Date
Name (Flease Print)		-Ruserma	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.

AIRS ID#: 0010088

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY LOCATION:	4217 N.W	16 BLUD		
	GAINESVILL	E 32605		
		 .		
Annual Reporting Period:	AUG	19 96 TO	APRIL	19 <u>9</u> 7
Based on each term or condition	of the Title V general air	permit, my facility has rem	ained in compliance with DE	P Rule
62-213.300, Florida Administra	-			□NO
If NO, complete the following:				
#1. Term or condition of the ge	neral permit that has not b	een in continuous complian	nce during the reporting perio	d stated above:
•				·
Exact period of non-compliance	from		to.	
Action(s) taken to achieve comp				
-	:	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
Method used to demonstrate con	npliance:		· ·	<u> </u>
#2. Term or condition of the ge	neral permit that has not b	een in continuous complian	nce during the reporting perio	d stated above:
	-			
Exact period of non-compliance	· from	·	0	
•				
Action(s) taken to achieve comp				
Method used to demonstrate con	npliance:			
· · · · · · · · · · · · · · · · · · ·				
As the responsible official, I her			fler reasonable inquiry, that	
made in this notification are true upon rolling averages of purcha				
made in this notification are true upon rolling averages of purcha year for transfer or combination	facilities.			
made in this notification are true upon rolling averages of purcha	facilities.	Esc Clave	Signature	-4/117/

^{*}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.

389124

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

755 2273

Do NOT Remove Label

AIRS ID # 0010088.

VILLAGE CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT(S) 4095 SANTA FE QUALITY CLEANERS D/B/A VILLAGE CLEANERS 4217 NW 16th Blvd. 63-139/631 Gainesville, Fl 32605 TOTALS OF INVOICES DATE LESS _% DISCOUNT LESS TOTAL DEDUCTIONS AMOUNT OF CHECK DOLLARS To Surrouty features FIRST MILLHOPPER OFFICE 4040 N.W. 16TH BLVD. GAINESVILLE, FL 32605 NATIONAL BANK OF ALACHUA FOR 1:0631013991 " OO 4095" 3 20 11

	Z 210	662 511	SENDER: COMPLETE THIS SECTION	COMPLETE THIS	SECTION ON DELIVERY
-	US Postal Service Receipt for Ce No Insurance Coverage	ertified Mail	 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 (PI OC. Signature	B. Date of Delivery Agent Addressee
F V	0 AIRS I ROBERT C. PARKER VILLAGE CLEANER 1217 NW 16 BLVD GAINESVILLE FL 32	S	10 AIRS ID # 0010088001AG ROBERT C. PARKER	If vES, enter de	ss different from item 12 ☐ Yes livery address below ☐ No
	Certified Fee	·	VILLAGE CLEANERS 4217 NW 16 BLVD		of Air Monitoring bbil e Sousces ii
	Special Delivery Fee		GAINESVILLE FL 32605	☐ Registered ☐ Insured Mail	☐ Return Receipt for Merchandise
1/	Restricted Delivery Fee			Restricted Deliv	
4004	─ Whom & Date Delivered		2. Article Number (Copy from service label) Z Z 10 662 5 1/	11 1111111 1	
	Return Receipt Showing to Who Date, & Addressee's Address	om,	PS Form 3811, July 1999 Domestic Re	turn Receipt	102595-99-M-1789
2000	TOTAL Postage & Fees	\$			
	P 174 05 US Postal Service Receipt for Cer	ω_{ω}	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 card to you. Attach this form to the front of the mailpiece, or on the back permit. Write **Return Receipt Requested** on the mailpiece below the The Return Receipt will show to whom the article was delivered.	that we can return this if space does not ne article number.	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ILI OF	LAGE CLEANERS BERT C. PARKER 7 NW 16 BLVD NESVILLE FL 32605	AIRS ID # 0010088	3. Article Addressed to: AIRS ID # 0010 VILLAGE CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605	4b. Service Registere Express Return Re	Type ed Certified Mail Insured Cept for Merchandise COD
	Postage	\$		7. Date of D	elivery $3 \cdot 1 \cdot 9 = 3$
	Certified Fee	(5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Only if requested
	Special Delivery Fee		6. Signature: (Addressee of Agent),		F
	Restricted Delivery Fee				·
<u> </u>	Return Receipt Showing to Whorn & Date Delivered		PS form 3811 , December 1994	102595-97-B-0179	Domestic Return Receipt
	Return Receipt Showing to Whom, Date, & Addressee's Address				
∞ [TOTAL Postage & Fees	\$			
S Form 3	Postmark or Date		<i>→ → → → → → → → → →</i>		

Complet Complet Print you card to y Attach th permit. Write **Re	ou. is form to the front of t iturn Receipt Request irn Receipt will show t		k if spac he articl	e does not		ices (for an essee's Address icted Delivery
3. Article	Addressed to:			4a. Article N		- 21/2
		AIRS ID # 00100)88 ·	Z3:	33 G B	1049
	GE CLEANERS			4b. Service		
	RT C. PARKER			Registere	∍d	Certified
	IW 16 BLVD			☐ Express	Mail	☐ Insured
GAIN	ESVILLE FL 326	605	:	☐ Return Re	ceipt for Merchan	dise 🔲 COD
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 7		,	7. Date of D	elivery	
				2	103	
5. Recei	ved By: <i>(Print Nan</i>	ne)		8. Addresse and fee is	e's Address (Or paid)	nly if requested
6. Signa	ture: (Addressee d	or Agent)		:		
	38/1, Decembe	er 1994	10:	2595-97-B-0179	Domestic F	eturn Receip
	_					

Receipt for Certified Mail

AIRS ID # 0010088

VILLAGE CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605

		ماروند بهدای ا
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
.0	Restricted Delivery Fee	
1999	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

DRY CLEANER AIR QUALITY GENERAL PERMIT

AIRS ID#0010088

SANTA FE QUALITY CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605

Do NOT Remove Label

Annual Reporting Period:	1927 ТО	1-1	198
1 minute 1 copy to 1 grant 1 c			-
Based on each term or condition of the Title V general air		~ /	_
62-213.300, Florida Administrative Code (F.A.C.), during	the period covered by this stat	ement. YES	ŬNO
If NO, complete the following:		,	
		; 	ania di sesse di albance.
#1. Term or condition of the general permit that has not be	een in continuous compliance	during the reporting p	eriod stated above:
		4	
Exact period of non-compliance: from	to		
	,		-
Action(s) taken to achieve compliance:		·	.
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not be seen that the seen that has not be seen that the seen that has not be seen		LEIVED	eriod stated above:
Exact period of non-compliance. Iron	10-10-	- CIVED	
Action(s) taken to achieve compliance:	<u> </u>	N 2 2 1998	<u> </u>
Method used to demonstrate compliance:			
	Bureau & M	of Air Monitoring obile Sources	-
RESPONSIBLE OFFICIAL:	ion and belief formed after reason ual consumption of perchloroeth or 1,800 gallons per year for tran	nable inquiry, that the s ylene solvent, based upo	on purchase receipts,
Name (Please Pri	nt)	fignature -	Date

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

1999

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 # 0010088

VILLAGE CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605 FOR GOVERNMENT USE ONLY Org.: 37550101000 ECABIO Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258010

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0010088

VILLAGE CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

399587

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

19/19/00

Do NOT Remove Label

AIRS ID # 0010088

VILLAGE CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605 FOR GOVERNMENT-USE ONLY
Org.: 37550101000 E0: Al-

O O

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300223

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 20 98

Do <u>NOT</u> Remove Label

AIRS ID#0010088

SANTA FE QUALITY CLEANERS ROBERT C. PARKER 4217 NW 16 BLVD GAINESVILLE FL 32605

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360865

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 # 0010088

VILLAGE CLEANERS ROBERT C. PARKER 4217 NW 1.6 BLVD **GAINESVILLE FL 32605** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273