

# Department of Environmental Protection

marnie

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

Virginia B. Wetherell Secretary

May 16, 1997

Ms. Elizabeth Johnson President Plaza Cleaners, Inc. 754 Apollo Boulevard Melbourne, Florida 32935-5068

Dear Ms. Johnson:

Thank you for your \$50 payment and note. I understand from your note that you became the new owner of Plaza Cleaners in February.

Rule 62-213.300, Florida Administrative Code (F.A.C.), Title V Air General Permits, does not allow the transfer of a general permit upon a change in ownership of the facility. Therefore, the existing general permit for Plaza Cleaners (#0090156) is no longer valid. To ensure that your facility is eligible to operate under the terms of a Title V general permit, please complete and return the enclosed notification form.

Under separate cover, you will also receive a \$50 refund since you were not the owner of Plaza Cleaners in 1996. The invoice you received was intended for the previous owner or operator of the facility. The \$50 annual fee is due and payable between January 15 and March 1 for the <u>preceding</u> year during which the facility was in operation and subject to the requirements of the rule and the general permit.

If you have any questions concerning this matter, please call me at 904/488-6140. If you have questions concerning the proper completion and submittal of the enclosed notification form, please contact Marnie Brynes at the same telephone number.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring and

Mobile Sources

SB\

Enclosure

cc: Marnie Brynes

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

PLAZA CLEANERS, INC 754 APOLLO BLVD. MELBOURNE, FL, 32935 407-242-8811

April 26, 1997

Department of Environmental Protection Mobile Source Control Section 2600 Blair Stone Road Tallahassee, FL 32399

Attn: Henry Estevez

Dear Sir:

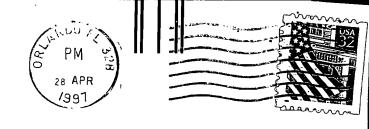
It has only been since February 1, 1997 that I have taken over the operation of Plaza Cleaners, Inc. I am trying to catch up with all the fees and procedures.

Yours truly,

Elizabeth Johnson, Pres.

EJ:ej

PLAZA CLEANERS INC. 754 Apollo Blvd. Melbourne, FL 32935



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

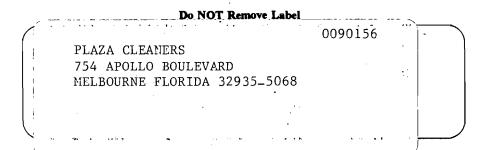
32315)3070

հոհահետևուների հունականուների հունականում

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 269554

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**



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

ATAS# 0090156 Plojd Cleaness, Inc. Elizabeth Johnson 1979 - 1996 Not new owner Anthony Borzano -Sorzano -407 - 242 - 8811 6am - 6pm 754 Apollo BLVO Melbourne 32935

May 230 gallons 300/ - Idonsepower May 16 Sandra Barmon

# Perchloroethylene Dry Cleaning Facility Notification

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  PLAZA CLEANERS, INC  2. Site Name (For example, plant name or number):  SAME AS ABOVE  3. Hazardous Waste Generator Identification Number:  SAFETY KLEEN FLD // 5387789  4. Facility Location: Sirvet Address: 754 Apollo Blvd City: Idelbourne, FL County: Brevard Zip Code: 32935  7 Facility IdentificationNumber(DEP.Use):  Responsible Official  6. Name and Title of Responsible Official:  ELIZABETH JOHNSON PRESIDENT  7. Responsible Official Mailing Address: OrganizationFrim: PLAZA CLEANERS, INC Street Address: 754 APOLLO BLVD City: MELBOURNE, PL County: BREVARD Zip Code: 32935  8. Responsible Official Telephone Number: Telephone: (407) 242-8811 Fax: () NONE-  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Cuntact (For example, plant manager):  10. Facility Contact Address: Street Address: City: County: Zip Code:  11. Facility Contact Telephone Number: Telephone: () Fax: ()  Fax: ()		Facility Name and Location	Bureau of Waste Cleanug
PLAZA CLEANEES, INC  2. Site Name (For example, plant name or number):  SAME AS ABOVE  3. Hazardous Waste Generator Identification Number:  SAFETY KLEEN FLD //5 3 8 7789  4. Facility Location: Street Address: 754 Apollo Blvd City:Helbourne, FL County: Brevard Zip Code: 32935  5. Facility Identification Number(DEP,Use):  Responsible Official  6. Name and Title of Responsible Official:  ELIZABETH JOHNSON PRECIDENT  7. Responsible Official Mailing Address: Organization/Firm: PLAZA CLEANERS, INC Street Address: 754 APOLLO BLVD City: MELBOURNE, PL County: BREVARD Zip Code: 32935  8. Responsible Official Telephone Number: Telephone: (407) 242-8811 Fax: () NONE-  Facility Contact (If different from Responsible Official)  9. Name and Title of Facility Contact (For example, plant menager):  10. Facility Contact Address: City: County: Zip Code:  11. Facility Contact Telephone Number:	1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Cleanu <sub>i</sub>
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11. Facility Contact Telephone Number:		Street Address:	
		City: County: Zip Code:	
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JUN 1 7 1997

Bureau of Air Monitoring & Mobile Sources

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## **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	2-1-97	12-1-97		T			]	
(2) w/ carbon adsorber		7							
(3) w/ no controls									
Washer Unit		•	•		-1	•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		-							
Dryer Unit		·							
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [	installed [	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)	)	nitions found		3) of	Part II?	
_						<u></u>			
Existing large are	ta so	urce	N€	:w iai	rge area sour	CE	I		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	pursuant to section (5) of Part 11	of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser [	
New small area source Refrigerated condenser  [X]		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating units on-	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for periods of	natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>X</u>	
Equipment Monitoring	and Recordkeeping Information	on
Check all logs which are required to be kept on-site	in accordance with the requirem	ents of this general permit:
(a) Purchase receipts and solvent purchases	[×	
(b) Leak detection inspection and repair	[>	<u>(</u>
(c) Refrigerated condenser temperature monitoring	. [2	<u>.</u>
(d) Carbon adsorber exhaust perc concentration mor	itoring [	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		<b>≺</b> ]

## Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
<b>L</b>	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	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will produced Signature	mptly notify the Department of any changes to the information contained in this notification.  Way 29, 1997  Date

# Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	Bureau of Waste Clear		
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Gieal Clear		
	PLAZA CLEANERS, INC	Hazards 1997		
2.	Site Name (For example, plant name or number):	Hazardous Waste		
	SAME AS ABOVE	Cleanup Section		
3.	Hazardous Waste Generator Identification Number:	,		
	SAFETY KLEEN FLD 115387789			
4.	Facility Location:			
	Street Address: 754 Apollo Elvd City:Melbourne, FL County: Brevard Zip Code:			
	City:Melbourne, FL County: Brevard Zip Code:	32935		
<b>25.</b>	Facility Identification Number (DEP Use):			
	的对话,但是这种可以通过的。这是是这种的,我们就是这些一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	THE PERSON NAMED IN COLUMN TO SERVE A		
	Responsible Official			
6.	Name and Title of Responsible Official:			
	ELIZABETH JOHNSON PRESIDENT			
7.	Responsible Official Mailing Address: Organization/Firm: PLAZA CLEANERS, INC			
	Street Address: 754 APOLLO BLYD			
		Code: 32935		
8.				
	Telephone: (407) 242-8811 Fax: ( ) NONE-			
	Facility Contact (If different from Responsible Official)			
9.	Name and Title of Facility Contact (For example, plant manager):			
10	Families Contact Address			
10.	Facility Contact Address:			
	Street Address:			
	City: County: Zip Code:			
1.1	Facility Contact Telephone Number			
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -			
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JUN 1 7 1997

Bureau of Air Monitoring & Mobile Sources

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

#### Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	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	2-1-97	2-1-97						
(2) w/ carbon adsorber			7						
(3) w/ no controls									
Washer Unit					•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1				•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser			_						T
(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 control devices  (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ins ow many? [ _	installed [ proethylene (	perc)	purchased in		not k		
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi	cation only.)		nitions found	·	3) of	Part II?	
Existing large are	ea sou	irce []	Ne	w lar	ge area sour	ce [			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	Fart II Of this nothication 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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordkeeping Information	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	[ <u>X</u> ]
(b) Leak detection inspection and repair	<u></u>
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	$[\times]$

## Surrender of Existing Air Permit(s)

	·
Please indicat	e with an "X" the appropriate selection:
K	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  0090156
	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 facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	D'alat Johnson May 29 1997

- 18 m - 19 - 19 m

2853

Sig. Peni# 168666

#### APPLICATION FOR REFUND FORM

#### THE STATE OF FLORIDA

#### DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF
Pursuant to the provisions of Section 215.26, or Section*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:
NAME: BUNNY JOHNSON PLAZA CLEANERS, INC.
ADDRESS: 754 APOLLO BLVD MELBOURNE, FL 32935-5068
FEID OR SS NUMBER:
AMOUNT: \$50.00 DEPOSIT DATE: 05-MAY-97 DEPOSIT: 970259
DOCUMENT NUMBER: 269554 SYS RECEIPT#: 135623
REV OBJECT CODE: 2273 TITLE V GENERAL PERMIT
which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:
REASON FOR CLAIM: NO FEE DUE
CERTIFIED TRUE AND CORRECT this 6 day of June, 1997
Elizabeth (Swing) XVIIII
Àpplicant's Signature
*Must be completed if authority is other than Section 215.26, Florida Statutes.
·
(FOR AGENCY USE ONLY) (1) Agency recommends denial of above claim based on the following facts, including
statutory authority for collection:
OR
(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$50,00 was originally deposited into the State Treasury, Receipt $1000000000000000000000000000000000000$
SAMAS ACCOUNT CODE
3720203500137 <u>55</u> 0000000020000
Statutory Authority for Collection
It is requested that payment be made from: NAME OF ACCOUNT:
SAMAS ACCOUNT CODE 2 3720203500137 <u>55</u> 0000002200 <b>0</b> 000
3720203500137 <u>55</u> 0000002200 <b>%</b> 000
**********************
CERTIFIED TRUE AND CORRECT this
Saude Breene
Signature and Title of Authorized Person
**********************

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.





# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

Plaza Cleaners 754 Apollo Boulevard Melbourne, Florida 32935-5068

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

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

# #0090156

	Plaza Cleaners
	-spoke with Anthony Sanzano-
p./3	
P.14	
1	1.(a) add date machine initially purchased - 1980; mark out "yess, and add date control device installed, if any 1.(c) add "X"
. 15	Control device installed, it any
<u>_p./5_</u>	5. (f) required

# Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	•
1.	,
	PLAZA CLEAVERS
2.	Site Name (For example, plant name or number):
	PLAZA CLEANERS
3.	Hazardous Waste Generator Identification Number:
	Facility Location:
4.	Facility Location:  Street Address: 754 A POLL 6 BLVd
	Street Address: 754 APDLL & BLVG  City: MELbourve FL County: BRAVARG Zip Code: 31935-5068  Facility Identification Number (DEP Use):
<b>5.</b>	Facility Identification Number (DEP Use).  0090156
	Responsible Official
( <u>6</u> .)	Name and Title of Responsible Official:
	ANTHONY SANZAMO Responsible Official Mailing Address:
7.	
	Organization/Firm: Street Address: 754 APGLLO BLV9
	City: County: BRAVARd Zip Code: 329355661  Responsible Official Telephone Number:
8.	Responsible Official Telephone Number:
	Telephone: $(407)$ 259- 7636 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: ( ) -

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SEP 5 1996

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.

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	•	111 LTIN	YATIC			:		· .	•
(1) w/ ref. condenser	1		, , , , , , , , , , , , , , , , , , ,						
(2) w/ carbon adsorber		Ve6							
(3) w/ no controls		V08							
Washer Unit								•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				•					
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	: -	. :							
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol Check why it is less	are ro	equired to be ity of perchloons ow many? [_	installed [	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi urce [	cation only.) Ne	w sm	iall area sour	ce [	3) of	Part II?	
Existing large are	ta sol	11 CE []	ine	w iai	ge area sourc		j		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

# Surrender of Existing Air Permit(s)

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
signed, am the responsible official, as defined in Part II of this form, of the facility addressed in ation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and e air pollutant emissions units and air pollution control equipment described above so as to hall terms and conditions of this general permit as set forth in Part II of this notification form.
otly notify the Department of any changes to the information contained in this notification.  8-11-96

Date

Signature



# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Anthony Savzano Plaza Cleaners 754 Apollo Boulevard Melbourne, Florida 32935-5068

Re: Facility I.D. No. 0090156

Dear Mr. Savzano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

RECEIVED:

MAR 3 1997

Bureau of Air Monitoring & Mobile Sources

# Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PLAZA CLEANERS, INC:
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
1/5387789  4. Facility Location: 75 H APOLLO BLVD Street Address: City: MELBOURNE  County: BREVARD  Zip Code: 32935  (5) Facility: Identification: Number: (DEP. Use; ONLY: do; not fill lin):
4. Facility Location: 75H APOLLO BLVD
Street Address:  City: AAT, PALAUTE County: BREVAPA Zip.Code: 20025
ON MIELDOURNE DIE VILLO DIE OUR 32935
75: Facility Identification Number (DEP Use ONLY) - do not fill in):
Describle Official
Responsible Official
6. Name and Title of Responsible Official:
Name: ELIZABETH JOHNSON Title: PRESIDENT
7. Responsible Official Mailing Address:
Organization/Firm: PLAZA CLEANERS, INC Street Address: 75.1 Apollo BLVD
Street Address: 75 + A POLLO BLVD City:  MELBOURNE BREVARD Zip Code: 32935
8. Responsible Official Telephone Number:
Telephone: 407 242-8811 Fax: ( ) -
17:7 3:75: 30
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: ( ) -
Telephone: ( ) - Fax: ( ) -
· · · · · · · · · · · · · · · · · · ·

DEP Form No. 62-213.900(2)

Effective: 6-25-96

## **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	.02-MAR-92	02-MAR-9
Dry-to-Dry Unit							98	#55##UXIX	14. T.
(1) w/ ref. condenser (2) w/ carbon adsorber		2-1-97	2-1-97					•	
(3) w/ no controls	Kerra se	- Transmittance	EDWOODS AND SERVICES	6/20/2224	AND STREET STREET, STREET	ESTER ANNUAL TEXT TO SERVE	e visitation de	Carrier Court Carrier Transport	ASSESSED TO THE PROPERTY OF TH
Washer Unit	2380	us var samen T	TOPS CONTROL OF THE PARTY OF TH	<b>13888</b>	0.44.54.45.45.45. T		AND BE		
(4) w/ ref. condenser	<b> </b>							ļ	<del>                                     </del>
(5) w/ carbon adsorber	<u> </u>			<u> </u>	-				
(6) w/ no controls	3253914	an installation of the test with the second state of the second	#Emmana (2.2)***********************************	30.64/02/5	CONTRACTOR OF THE CONTRACTOR	A STANCE OF THE	- 2727 (154) (PM	No distriction of the section of the	CRESS NUMBER SHAPE AND A STATE OF THE STATE
Dryer Unit	78.00			330.EE		\$192 FB	THE REAL PROPERTY.		
(7) w/ ref. condenser	<u> </u>			ļ			ļ	ļ	
(8) w/ carbon adsorber	ـــــ						·		<u> </u>
(9) w/ no controls			Contract to Manager and Contract on State	See -1207	Assemble Administration	bed av or of offered to the	r . resident	Manusky , Article League In the June	e e e e e e e e e e e e e e e e e e e
Reclaimer Unit			e en le			ELYACIES SE			Market
(10) w/ ref. condenser	<u> </u>								
(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 roquant	equired to be ity of perchlo ons (You mu ow many? [_	oroethylene (extended fill this in)	perc)	g small area : purchased o	or consumed i	in the		
Jilled A  3. What is the facility's so (Indicate with an "X".  Existing small an	ource Selec	classification	hime  based on the cation only.)	defi		d in section (			
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce [	]		

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 [ ] OR Refrigerated condenser [ ]
New small area source Refrigerated condenser
New large area source Refrigerated condenser []
ting the second of the second
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 have a total heat input of 10 million BTU/hr or less (298 boiler HP or less) and are fired by natural gas, propane or fuel oil containing no more than one percent sulfur.
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 [X]
(b) Leak detection inspection and repair
(b) Leak detection inspection and repair
(b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring

## Surrender of Existing Air Permit(s)

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
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.

# #0090156

# BEST AVAILABLE COPY

	Plaza Cleaners	
1.	-spoke with Anthony Sanzano	-
2.	p./3 6.add title - Owner	
3.	P.14 1.(a) add date machine initially purchased - 1980; mark	
4.	out "vest and and date	2000
55:55 10:50	control device installed, if any 1.10 add "x"  p.15 5.(f) required	9.045,6
6.	VISITED LOCATION 2/18/97, BUSINESS HAS BEEN SOLD-AND IS NOW	
7.	PLAZA COMANERS, INC	'ode
	NEW OWNER BUNNY JOHNSON, PRESIDENT	
8.	PLAZA CLEANERS, TUC, AND HELPED	
	HER FILL OUT PART OF FORM,	
	Vouis anchols 2/16	8/97
9.	Name and Title of Facility Contact (For example, plant manager):	
	·	
10.	Facility Contact Address:	
	Street Address: City: County: Zip Code:	_
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	-

# RECEIVED

SEP 5 1996

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1.	, , , , , , , , , , , , , , , , , , , ,
	PLAZA CLEAVERS Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	PLAZA CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLO 115387789
4.	Facility Locations
	Street Address: 754 APOLL & BLVG
	Street Address: 754 APOLL & Blud  City: MELL bourne FL County:  Facility Identification Number (DEP Use): 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -
5.	Facility Identification Number (DEP Use):
建建	0090156
্লিক <sup>ক্</sup> ৰ	
	Responsible Official
6.	Name and Title of Responsible Official:
	ANTHONY SAVZANO
7.	AVTHONY SANZAMO  Responsible Official Mailing Address:
	Organization/Firm: Street Address: 754 APOLLU BLV4
	City: County: SRAVARD Zip Code: 32935-506
8.	Responsible Official Telephone Number:
	Telephone: $(407)$ 259- 7636.
	457 763L
	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: Zip Code:
	<u> </u>
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

RECEIVED

SEP 5 1996

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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.

		Date	Date		Date	Date		Date	Date
.		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		AU LTIA	YATIC						
(1) w/ ref. condenser			1 1 1				I		[
(2) w/ carbon adsorber		12							
(3) w/ no controls		100							
Washer Unit		11-1				•		•	
(4) w/ ref. condenser		<u> </u>							
(5) w/ carbon adsorber				-					
(6) w/ no controls									
Dryer Unit					•	•			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			., .		<del>-</del>				•
		T							
(10) w/ ref. condenser									
(10) w/ ref. condenser (11) w/carbon adsorber									
(11) w/carbon adsorber (12) w/ no controls	requ	ired, but not	yet installed	ſ	1 4	MULTIMA WITH a P	PEN	MACHII	NE REAL
(11) w/carbon adsorber	uanti gallo	equired to be ity of perchlo ins ow many? [_	installed [	perc)	purchased in		2 mor	nths?	
(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are (c) No control devices  2.(a) What was the total q	uanti gallo hs, he than	equired to be ity of perchlo ins ow many? [_ 12 months:	installed [] months New owner:	perc)	purchased in	2/1/97, in the latest 12	2 mor not k	eep records:	
(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are (c) No control devices  2.(a) What was the total q  (b) If less than 12 montl Check why it is less  3. What is the facility's sor	uanti gallo ns, ho than	equired to be ity of perchlo ons ow many? [_ 12 months:	installed [] months New owner: based on the cation only.)	perc)	purchased in	2/1/97,  the latest 12  : [] Did  d in section (2)	2 mor not k	eep records:	
(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are (c) No control devices  2.(a) What was the total q  (b) If less than 12 montl Check why it is less  3. What is the facility's sort (Indicate with an "X".	uanti gallo hs, ho than	equired to be ity of perchlors ow many? [	installed [] months New owner: based on the cation only.)	perc)	purchased in  New store  nitions found  nall area sour	2/1/97.  the latest 12  : [] Did  d in section (:	mor knot k	eep records:	
(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are (c) No control devices  2.(a) What was the total q  (b) If less than 12 montl Check why it is less  3. What is the facility's sou (Indicate with an "X".	uanti gallo hs, ho than	equired to be ity of perchlors ow many? [	installed [] months New owner: based on the cation only.)	perc)	purchased in  New store  nitions found  nall area sour	2/1/97,  the latest 12  : [] Did  d in section (2	mor knot k	eep records:	

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Page 14 of 16

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser []	,
New large area source  Refrigerated condenser  []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
•	
٠.	•
Equipment Monitoring a	nd 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	( <del>/</del>
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

#### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ν.	•
ĹŽ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	My Smyne 8-21-96 Date

NEW OWNER BUNNY JOHNSON PRESIDENT WILL SUBMIT A NEW NOTIFICATION FORM.



## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

**RE-INSPECTION** 

COMPLAINT/DISCOVERY

 $\Box$ 

0090156

AIRS ID#: 0090156 DATE: 2/18/97 TIME IN: /2:00 TIME OUT: 12:35
FACILITY NAME: RAPA CLEANERS TOS.
FACILITY LOCATION: 754 APOLLO BLVO.
MELBOURNE FZ 32935-5068

#### PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- NEW OWNERSHIP
- 2. New facility notified DARM 30 days prior to startup LAFT NOTIFICATION

  3. Facility failed to notify DARM to use general permit FOR GENT PERMIT,



#### PART II: CLASSIFICATION

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

- - 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)

This is a correct facility classification

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



If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons. FILLER MACHINE

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN IN MACHINE AS NEEDED 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? DY DN 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 NO YO 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 EXPLAINED 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?

<b>B</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?	OY N						
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם צם						
	Is the temperature differential equal to or greater than 20° F?	OY 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?	OY ON ON/A						
	Is the perc concentration equal to or less than 100 ppm?	OA 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?	OY ON						
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WINA						
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON KONA						
_								
PART V: RECORDKEEPING REQUIREMENTS								
PA	ART V: RECORDKEEPING REQUIREMENTS							
H	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)							
<b>H</b> (c	as the responsible official:	MY ON						
<b>H</b> (c)	as the responsible official: heck appropriate boxes)	MY ON						
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	MY ON MY ON						
H (c) 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	MA ON AND AND AND AND AND AND AND AND AND AN						
H (c) 1. 2.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	/\						
H (cl 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY JAN						
H (c) 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY PA						
H (cl 1. 2. 3.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)	OY ON WINA						
H: (cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	OY ON PIN/A						
H: (cl 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?							
H: (c) 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	DY DN DY DN DY DN DY DN DY DN DY DN						
H: (c) 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Depla inea Requirements  Problem corrected?  Lift Sample Fores							
H. (c) 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Depla inea Requirements  Problem corrected?  Lift Sample Fores							

•									
2.	. Which method of detection is used by the responsible official?								
	Visual examination (condensed solvent on exterior surfaces)								
	Physical detection (airflow felt through gaskets)								
	Odor (noticeable perc odor)								
	Use of direct-reading instrument	ı,							
	If using direct-reading instrumentation, is the equipment:								
ı	a. Capable of detecting	$\Box Y$	□и						
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> <li>□Y □N</li> </ul>									
	c. Inspected for leaks a	$\Box Y$	□и						
	d. Kept in a clean and s	$\Box$ Y	⊓א□						
e. Verified for accuracy by use of duplicate samples (calorimetric only)?									
3. Has the facility maintained a leak log?									
4. Does the responsible official check the following areas for leaks?									
	Hose connections, fittings, couplings, and valves	¥Υ	□N	Muck cookers	Y	ПИ			
	Door gaskets and seating	Y	□N	Stills	Y	□и			
	Filter gaskets and seating	YY	□И	Exhaust dampers	ΔY	ΩИ			
	Pumps	ÞΥ	□N	Diverter valves	YY	ΩИ			
	Solvent tanks and containers	XX	□и	Cartridge filter housing	s Avy	ОИ			
	Water separators	A Y	ПИ						
	BUNNY JOHNSON  Name of Responsible Office	ial							

Louis A. Nicitols
Inspector's Name (Please Print)

ours ahuchol Inspector's Signature

Approximate Date of Next Inspection

PLAZA CLEANERS
Cleaning With A Touch Of Class

754 APOLLO BLVD. MELBOURNE, FL 32935

Owned & Operated John & Bunny Johnson Terri Francht

Telephone: (407) 259-7636

#### ADDITIONAL SITE INFORMATION:

- · RENZACCI 50 LB SERENA SUNS30 HAS CONTAINMENT DAN
- · SEPARATOR WATER TO ATTERDOUS WASTE
- · SAFETY KLEEN PICKS UP WASTE
- · DISCUSSED LEAK CHECK RECORDKEEPING AND LEFT SAMPLE FORM,
- LEFT NOTIFICATION FORM AND INSTRUCTIONS
  FOR NEWOWNER PLAZA CHANERS INC
  BUNNY JOHNSON, PRESIDENT

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT RE-INSPECTION F ANNUAL X COMPLAINT/DISCOVERY TYPE OF INSPECTION: AIRS 1D#: 009 0156 TIME IN: Malhourne, Fr FACILITY LOCATION: PHONE NUMBER: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Leak from door, gasket hasn't been needed to be dilled, advised she replaced do it ASAP-P.C. Calendar, explained RECEIVED A 1998 **FEB** Bureau of Air Monitoring & Mobile Sources COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY:

(Please Print)

PHONE NUMBER:

(Please Print)

Page of ...

Revised 10/96

DF	RY CLEANER AIR ANNUAL COMPL			Tau
	PLAZA CLEANER ELIZABETH "BUN 745 APOLLO BLVI MELBOURNE FL 3	<sup>NNY"</sup> JOHNSON, <i>PRE</i>	7 ~ 2 - 1	CK/AKO
,	De	o <u>NOT</u> Remove Label	C& OIII	
Annual Reporting Period:	ten	19 <u>98</u> то	Jan .	19 <u>99</u>
Based on each term or condition o	f the Title V general air per	mit, my facility has re	mained in compliance with	DEP Rule
62-213.300, Florida Administrativ	•		<u> </u>	□NO
If NO, complete the following:				
#1. Term or condition of the gene	ral permit that has not been	in continuous complia	ance during the reporting p	period stated above:
Exact period of non-compliance:	from		to	
Action(s) taken to achieve complia	псе:			
Method used to demonstrate comp	liance:			
#2. Term or condition of the gener	ral permit that has not been	in continuous complia	ince during the reporting p	eriod stated above:
Exact period of non-compliance: f	rom		to	
Action(s) taken to achieve complia	nce:	· 		
Method used to demonstrate compl	liance: <u>-</u>			:
				· 
As the responsible official, I hereby c notification are true, accurate and co does not exceed 2,100 gallons per yea	emplete. Further, my annual o	consumption of perchlo	roethylene solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL:	Name (Please Print)	HNSON Sley	solth Colusion Signature	1-24-98 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	INSPI	ECTION
TILE	OF	TIOLI	

PART I: NOTIFICATION

ANNUAL

RE-INSPECTION

□ Ø

COMPLAINT/DISCOVERY

15'

AIRS ID#: 0090154 DATE: 1/27/98 TIME IN: 1:15 TIME OUT: 2:15

FACILITY NAME: Plaza Cleaners

FACILITY LOCATION: 754 Appllo Blvd.

MUBDURNE: FC: 32935

RESPONSIBLE OFFICIAL: Elizabeth Johnson Phone: 242-8811

CONTACT NAME: PHONE:

(check appropriate box)						
1. New facility notified DARM 30 days prior to startup						
2. Facility failed to notify DARM to use general per	rmit					
		<u>.</u>				
PART II: CLASSIFICATION						
Facility indicated on notification form that it is:	☐ No notification form					
(check appropriate box)	☐ Drop store/out of business/petrole	eum				
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)  Luced m	196 achere				
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, $140 \le x \le 2,100$ gallyr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	V E D				
5. This is a correct facility classification	□Y □N ACan not determine Bureau of Air	r Monitor na Sources				
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit						
B. The total quantity of perchloroethylene (perc) per facility was fogallons. ( MA H A	urchased within the preceding 12 months by this dry classe which was heard was h	\ \ \				

#### PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers? they put it in

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?

YZY ON ON/A

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

DAY ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

ØXY □N □N/A

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

XX □N

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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box$ Y	ΠИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box$ Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ИΠ	□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,			
1	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		_	_
	condenser coils?	ΠY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ח□	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	MO M
2. Maintained rolling monthly total of perc consumption?	Dr on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	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?	AN ON DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	AVA ON DE
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DAN/A
6. Maintained startup/shutdown/malfunction plan? In Italian / adu sel	MY DW
7. Maintained deviation reports?	A'NO NO YÀ
Problem corrected?	AVIDE NO YO
8. Maintained compliance plan, if applicable?	OY ON XIN/A

							٠,			
PA	ART VI: LEAK DETECTION AND	REPAI	RS							
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
	inspection?					<b>P</b> Y	□N			
2.	Has the facility maintained a leak log?					Y	□N			
3.	Does the responsible official check the	followi	ng ar	eas for leaks?						
	Hose connections, fittings, couplings, and valves	PY	□и	□N/A	Muck cookers	ФY	□N □N/A			
	Door gaskets and seating	ÞΥ	ПN	□N/A	Stills	фY	□N □N/A			
	Filter gaskets and seating	þΥ	ПΝ	□N/A	Exhaust dampers	q <sub>Y</sub>	□N □N/A			
	Pumps	ÞY	ПΝ	□N/A	Diverter valves	ΠY	□N □N/A			
	Solvent tanks and containers	þΥ	ΠИ	□N/A	Cartridge filter housings	ΠY	□N □N/A			
	Water separators	фΥ	ПΝ	□N/A	·					
4.	Which method of detection is used by t	he resp	onsib	le official?		,				
	Visual examination (condensed s	olvent o	on ex	terior surfaces)		Ø				
	Physical detection (airflow felt th	rough g	gaske	ts)		9				
	Odor (noticeable perc odor)				/	Ø				
	Use of direct-reading instruments	ation (F	ID/P	D/calorimetric	tubes)					
	Halogen leak detector									
	If using direct-reading instrumentation, is the equipment:						/A			
	a. Capable of detecting	perc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	□N			
	b. Calibrated against a s (PID/FID only)?	standaro	d gas	prior to and aft	er each use	ΟY	ПN			
	c. Inspected for leaks ar	nd obvio	ous si	gns of wear on	a weekly basis?	ΩY	□N			

SAADIA CLUEESHI	_(1/27/98
Inspector's Name (Please Print)	Date of Inspection
	4/20
Inspector's Signature	Approximate Date of Next Inspection

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

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

OY ON

Safety clean, harandovs want (no strekers, explained)

containment pan? 425

no per on spot peporg? No

while on site door gasket was leaking

a lot - miss. Ihnson told me she
had a replacement, but to it thenedel
to be dulled (?) - while do today.

Strongsmed of perc-

por kept eye on limp & nevorded that he did though did not mend actual temp explained - will do from nowon. Provided the D.C. Calendar & will use.

Well visit in a comple of mths to rule sure record is up to date

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 1,00	TIME OUT:	2:00	AIRS ID#:	090156
TYPE OF FACILITY:	Drudeanin	ιφ		
FACILITY NAME:	Plaza cleane.	rs -		DATE: 2/8/99
FACILITY LOCATION:	754 Appollo E	31vd. m	Jellaurne Fl. 3	29.35
	<del></del>			
RESPONSIBLE OFFICIAL:	Flitcheth Joh	mson	PHONE NUMBER:	407-242-8811
	of the compliance requiremer P Rule 62-213.300, Florida A		during this inspection, the facile Code (F.A.C.).	lity is found to be in
Based on the results discrepancies were n	•	nts evaluated	during this inspection, the follo	owing compliance
COMPLIANCE RE	QUIREMENT/PROBL	LEM	FOLLOW-UP ACTION	ON REQUIRED
			•	P
	·			6
			Bureau o	
	_		The state of the s	B K
			The Sources	
				<del>a</del>
			-	
COMMENTS:	- Using Cale	ndar	perc find needs to docue Conly mote d	r + Condense tela
D needs par	n for her waste	ē 3	needs to docu	ment leak chede
@ neds still	cers for hat n	vaste	Conly moted	own whom
	11. 1920. 11		Something wa	e verland.
The Annual Compliance Cert	ification form has been prope	erly certified a	and submitted to the inspector.	YES NO
DATE OF NEXT INSPECT	10N:	2/00	vi ata)	
INSPECTION CONDUCTE	ED BY: SAAT		ximate)	<u>.                                    </u>
INSPECTOR'S SIGNATUR	RE:	Prease	Print) PHONE NUMBER:	407-893-333

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

Tales for

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMILIANCE				
TYPE OF INSPECTION:	ANNUAL		4	COMPLAINT/DISCOVERY	
THE OF MOILEMON.			_	COM MINTED COVER	_
	RE-INSPECTIO	N			
				6)	
AIRS ID#: 209156	DATE: 218/9	<u>1</u>	TIME I	N: <u>L'00</u> TIME OUT:	V:00
II	,				<u> </u>
FACILITY NAME:					<del>~</del>
FACILITY LOCATION:	754 Apr	ollo 1	Blvd	79 935 8 7 2 2 PHONE: 407 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	`/,
	Melbour			Od O O COUR P	
				32735 65 3	
RESPONSIBLE OFFICIAL:	Elizebeth	2 Joh	nson	PHONE: 407-4240	-887
				v (5)	
CONTACT NAME:				PHONE:	
PART 1: NOTIFICATION					<del></del>
(check appropriate box)				•	
New facility notified DARM	30 days prior to star	ф		•	
2. Facility failed to notify DAR	UM to use general per	mit			
		· · · · · · · · · · · · · · · · · · ·			
PART II: CLASSIFICATION	Υ				
				DN	
Facility indicated on notificati (check appropriate box)	ion form that it is:			☐ No notification form ☐ Drop store/out of business/pe	roleum
A.					., 0104111
1. Existing small area sour				rea source	
dry-to-dry only, x < 140 gab				x < 140 gal/yr	
transfer only, x < 200 gal/yr both types, x < 140 gal/yr			•	< 200 gallyr 140 gallyr	
(constructed before 12/9/91)	1			or after 12/9/91)	
(**************************************		(		,	1491
3. Existing large area sour			_	rea source	1996
dry-to-dry only, $140 \le x \le 2$				$140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.80$				00 ≤ x ≤ 1,800 gal/yr	
both types, $140 \le x \le 1,800$	gal/yr	both ty	pes, 140	≤ x ≤ 1,800 gaVyr	
1	_			an after 12/0/01)	
(constructed before 12/9/91)	_		ucted on	or after 12/9/91)	· at
1	)		ucted on	or after 12/9/91)  □Can not determine	receipt
(constructed before 12/9/91)	) lassification	(constr		or after 12/9/91) □Can not determine	receipt
(constructed before 12/9/91)  5. This is a correct facility of  If no, please check the	lassification appropriate classific ity qualified for a ger	(constr DY ation: neral per	□N mit as nu	□Can not determine  when above	receipt
(constructed before 12/9/91)  5. This is a correct facility of If no, please check the	lassification appropriate classific ity qualified for a ger	(constr DY ation: neral per	□N mit as nu	□Can not determine	receipt

24 120

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AYY ON ON/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? 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? AND ND KD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN XVIVA condenser upon opening the door? Halan, no fans 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 DN/A 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:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	QΥ	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
1	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΩY	ПИ	N/A□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
1	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
1	or expansion; is at least/2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ΩИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΩY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A
Ĺ_				

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	X DN						
2. Maintained rolling monthly total of perc consumption?	Ø □N						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	RIND ND YX						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY ON ON/A						
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN SONA						
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN CHYA						
6. Maintzined startup/shutdown/malfunction plan?	MG DN						
7. Maintained deviation reports?	DY ON PANA						
Problem corrected?	DY ON OXIA						
8. Maintained compliance plan, if applicable?	ביאס אם צם						

PA	ART VI: LEAK DETECTION AND R	EPAIRS				
ì.	Does the responsible official conduct a	weekly (for	small sources, b	i-weekly) leak detection ar	id repa	ir
	inspection?	72			Ø×	□N .
2.	Has the facility maintained a leak log?				DAY	Пи
3.	Does the responsible official check the	following ar	eas for leaks?		,	
	Hose connections, fittings, couplings, and valves	Py On	□N/A	Muck cookers	фy I	ON ON/A
	Door gaskets and seating	dr an	□N/A	Stills	dx (	AND ND
	Filter gaskets and seating	מט עם	□N/A	Exhaust dampers	dy i	AND NO
	Pumps	dy □N	□N/A	Diverter valves	dY	AIND ND
	Solvent tanks and containers	фy Ои	□N/A	Cartridge filter housings	dy '	AND ND
	Water separators	dr on	□N/A		1	
4.	Which method of detection is used by the	ne responsib	le official?			
	Visual examination (condensed so	lvent on ext	terior surfaces)		Ø	
	Physical detection (airflow felt the	ough gaske	<b>(</b> 2)	,	<u>/</u> d	
	Odor (noticeable perc odor)			•	Ø	
	Use of direct-reading instrumenta	tion (FID/Pl	D/calorimetric t	ubes)		
	Halogen leak detector					
	If using direct-reading instru	ımentation.	, is the equipme	ent:	ΩИV	A
	a. Capable of detecting p	erc vapor c	oncentrations in	a range of 0-500 ppm?	QΥ	ПИ
-	b. Calibrated against a st (PID/FID only)?	andard gas	prior to and afte	r each use	ΩY	ПИ
	c. Inspected for leaks an	d obvious si	gns of wear on	a weekly basis?	ΩY	ПИ
	d. Kept in a clean and se	cure area w	hen not in use?		ΩY	ΩN
	e. Verified for accuracy	by use of di	iplicate samples	(calorimetric only)?	ΩY	ПN
				<u> </u>		
		, ,		2000		<i>:</i>

ADDITIONAL SITE INFORMATION: Rentacione part, not indenstron duming inch. waters for your street of markets developed the percon water street on nactor developed the percon water of the percon water o s walls to large the state of t yours andown containment for voneta JEWY) Callindar

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	EN A
	•			60 N 9 FM
AIRS ID#: <u>2090/5</u> D	, ,			out & \$\frac{1}{2} \frac{1}{2} \cdot
FACILITY NAME: Pla	Za Cleane	er		
FACILITY LOCATION:				
	Melbourne	R.	39935	
RESPONSIBLE OFFICIAL:				242-8811
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION			<del></del>	
(check appropriate box)				
I. New facility notified DARM 3	0 days prior to startup	•		
2. Facility failed to notify DARM	to use general permit	t	· 	c.
PART II: CLASSIFICATION				
Facility indicated on notification	form that it is:		☐ No notification form	
(check appropriate box)	ı form that it is:		☐ No notification form☐ Drop store/out of bu	
_	_	New small ar	☐ Drop store/out of bu	
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. dr	y-to-dry only, :	Drop store/out of but rea source x < 140 gal/yr	isiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr	2. dr	y-to-dry only, : ansfer only, x <	Drop store/out of butter source  x < 140 gal/yr  200 gal/yr	isiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr	2. dr tra	y-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$	Drop store/out of butter source  x < 140 gal/yr  200 gal/yr  40 gal/yr	isiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr	2. dr tra	y-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$	Drop store/out of butter source  x < 140 gal/yr  200 gal/yr	isiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr	2. dr	y-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$	Drop store/out of but  rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)	isiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	2. dr tr. bo (c	y-to-dry only, ansfer only, x < oth types, x < leonstructed on constructed only,	Drop store/out of but  rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)  rea source  140 \( \leq x \leq 2,100 \)  gal/yr	isiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	2. dr tr bc (c  2. 0 gal/yr dr gal/yr tr	y-to-dry only, ansfer only, x < oth types, x < leonstructed on constructed on constructed only, x < otherwise arry-to-dry only, ansfer only, 200	Drop store/out of but  rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)  ea source  140 \( \leq x \leq 2,100 \)  0 \( \leq x \leq 1,800 \)  gal/yr	isiness/petroleum
(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 ≤ 1,800 both types. 140 ≤ x ≤ 1,300 gal/yr 140 ≤ x ≤ 1,300 gal/y	2. dr bc (c  2. 0  4. 00 gal/yr dr gal/yr tr l/yr bc	ry-to-dry only, ansfer only, x < oth types, x < 1-constructed on constructed on constructed on constructed on constructed on constructed only, ansfer only, 20coth types, 140 <	Drop store/out of but lea source $x < 140 \text{ gal/yr}$ $(200 \text{ gal/yr})$ $(40 \text{ gal/yr})$ or after $(12/9/9)$ $(40 \text{ gal/yr})$ $(5 \text{ gal/yr})$	isiness/petroleum
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	2. dr bc (c  2. 0  4. 00 gal/yr dr gal/yr tr l/yr bc	ry-to-dry only, ansfer only, x < oth types, x < 1-constructed on constructed on constructed on constructed on constructed on constructed only, ansfer only, 20coth types, 140 <	Drop store/out of but  rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)  ea source  140 \( \le x \le 2,100 \)  0 \( \le x \le 1,800 \)  gal/yr	isiness/petroleum
(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 ≤ 1,800 both types. 140 ≤ x ≤ 1,300 gal/yr 140 ≤ x ≤ 1,300 gal/y	2. dr tr bo (c  2. dr tr bo (c	ry-to-dry only, ansfer only, x < oth types, x < 1-constructed on constructed on constructed on constructed on constructed on constructed only, ansfer only, 20coth types, 140 <	Drop store/out of but lea source $x < 140 \text{ gal/yr}$ $(200 \text{ gal/yr})$ $(40 \text{ gal/yr})$ or after $(12/9/9)$ $(40 \text{ gal/yr})$ $(5 \text{ gal/yr})$	isiness/petroleum
(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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,300 ga (constructed before 12/9/91)  5. This is a correct facility class of the property of the second statement of th	dr  dr  bo  (c  2.  dr  bo  (c  4.  00 gal/yr dr  gal/yr tr  l/yr bo  (c  sification	ry-to-dry only, ansfer only, x < oth types, x < leonstructed on constructed on constructed on constructed only, 200 oth types, 140 < tonstructed on constructed on construc	Drop store/out of but the source $x < 140 \text{ gal/yr}$ (200 gal/yr 40 gal/yr or after 12/9/91)  Lea source $140 \le x \le 2,100 \text{ gal/yr}$ ( $0 \le x \le 1,800 \text{ gal/yr}$ for after 12/9/91)  Can not determine	isiness/petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,300 ga (constructed before 12/9/91)  5. This is a correct facility class If no, piece check the applications.	dr dr bo (c  2.  dr bo (c  4.  00 gal/yr dr gal/yr tr l/yr bo (c)  sification   opropriate classification qualified for a general	ry-to-dry only, ansfer only, x < oth types, x < 1- constructed on	Drop store/out of but  rea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)  ea source  140 \( \leq \times 2, 100 \) gal/yr  \( \leq \leq 1, 800 \) gal/yr  \( \leq \leq 1, 800 \) gal/yr  or after 12/9/91)  Can not determine  mberabove	1996
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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,300 ga (constructed before 12/9/91)  5. This is a correct facility class If no, piece check the applications.	dr dr bo (c  2.  dr bo (c  4.  00 gal/yr dr gal/yr tr l/yr bo (c)  sification   opropriate classification qualified for a general	ry-to-dry only, ansfer only, x < oth types, x < 1- constructed on	Drop store/out of but the source $x < 140 \text{ gal/yr}$ (200 gal/yr 40 gal/yr or after 12/9/91)  Lea source $140 \le x \le 2,100 \text{ gal/yr}$ ( $0 \le x \le 1,800 \text{ gal/yr}$ for after 12/9/91)  Can not determine	1996

245

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining carridge filters in their housing or in sealed containers for at AY ON ON/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?

#### PART IV: PROCESS VENT CONTROLS

In	Par	t II-,	<b>A</b> :
----	-----	--------	------------

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?	A.A.	スロ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	<b>Q</b> X	A/ND ND	
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Halan, no fance	ΩY	DH XHIA	
<b>4</b> .	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	KY.	ΩŊ,	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	<b>X</b> <sup>4</sup>	□N □N/A	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>\Z</b> Y	ロカ	

F	Has the associable official of an existing large or new large groups class			
ъ.	Has the responsible official of an existing large or new large area source also			
	And the state of t			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
ĺ	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QΥ	$\square \mathcal{N}$	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	$\Box$ Y	ПN	□N/A
Ä		_		_
1	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	$\square$ N/A
Ì				
<b>₿</b> 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?	$\Box$ Y	ИD	□N/A
		~	<b>-</b>	<b>5</b>
1	Is the perc concentration equal to or less than 100 ppm?	ШY	ЦΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
Ì	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,			
il !	or expansion; and downstream from no other inler?	ΩY	ПΝ	□N/A
				•
<b>]</b> 5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser codis?	ΠY	ПΝ	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ΠV	⊓พ	□N/A
J.	Notice and now to the carpon ansorber (in used) at an times:	<b>-</b> 1	- I	CINA
		===		

PART V: RECORDKEEPING REQUIREMENTS	. ]
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY DN
2. Maintained roiling monthly total of perc consumption?	Ø □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואל אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BKIA
6. Maintained startup/shutdown/maifunction plan?	ØY □N
7. Maintained deviation reports?	DY DN PXVA
Problem corressed?	DY DN PKIA
8. Maintained compliance plan, if applicable?	DY DN PRUA

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?	*3	Øx □N .		
2. Has the facility maintained a leak log?		AY ON		
3. Does the responsible official check the	following areas for leaks?	,		
Hose connections, fittings,	TOY ON ON/A Muck coo	dy my my		
couplings, and valves	TY ON ON/A Muck coo	okers IY IN IN/A		
Door gaskers and seating	DY DN DN/A Stills	DY DN DN/A		
Filter gaskets and seating	DY ON ON/A Exhaust of	dampers GY QN QN/A		
Pumps	Y ON ON/A Diverter	valves OY ON ON/A		
Solvent tanks and containers	DY DN DN/A Cartridge	e filter housings GY ON ON/A		
Water separators	אואם אם אף	1		
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	olvent on exterior surfaces)	ø		
Physical detection (airflow felt th	rough gaskets)	<u>^</u>		
Odor (noticeable perc odor)	ø			
Use of direct-reading instrument	ation (FID/PID/calorimetric tubes)	´ a		
Halogen leak detector	۰			
If using direct-reading instr	□N/A			
a. Capable of detecting	perc vapor concentrations in a range o	f 0-500 ppm? □Y □N		
b. Calibrated against a (PID/FID only)?	standard gas prior to and after each use	Y QN		
c. Inspected for leaks a	nd obvious signs of wear on a weekly h	pasis? DY DN		
	ecure area when not in use?	מם עם		
e. Verified for accuracy	by use of duplicate samples (calorime	etric only)?		
		· · · · · · · · · · · · · · · · · · ·		
Suadia Quiesti 218/99				
Inspector's Name (Please Pri	nt) Date	of Inspection		
/ Om.		2/00		
Inspector's Signature	Appr	oximate Date of Next Inspection		

ADDITIONAL SITE INFORMATION: Renzación part, west instantination during during during during during during during dur water part stred water developments

The converted water of the conv s many containment will have reaches strakens Vous 2ndows containment for voust Jours Callindary

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COI	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1,00	TIME OUT: 2:00		915%
TYPE OF FACILITY:	Drudeaning	· ·	
FACILITY NAME:	Plaza cleaners		DATE: 2/8/99
FACILITY LOCATION:	754 Appollo Blvd.	Mellourne Fl. 32	1935
PACILITY LOCATION.	13 4 1377 130 1510 151	THE WAR TO SE	
	T7: 1 1 1 1 1		11 = 11/2 5 11
RESPONSIBLE OFFICIAL:_	Elitabeth Johnson	<u>1                                    </u>	407-242-8811
	of the compliance requirements evalu Rule 62-213.300, Florida Administ	nated during this inspection, the facil rative Code (F.A.C.).	ity is found to be in
Based on the results o discrepancies were no	•	nated during this inspection, the follo	wing compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
	·		
<del></del>			
	<del></del>		
		1	
•			
Gad	action of Annala		+ ( ) do se +1
COMMENTS:	- Using Calenda	I for perc fuch	1 + Condense tely
D ne eds Dan	for hez. waste	3 needs to docu	mont last d. l.
	100 1000		
a neas si ac	ers for hat. waste	. Conly moted	own when
·		Something wa	e replaced.
The Annual Compliance Certif	fication form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTI	ON: 2/0		
		pproximate)	
INSPECTION CONDUCTED	DBY: DAARIA-(	JULESH1	
, <del>-</del> -		lease Print)	
INSPECTOR'S SIGNATUR	E:	PHONE NUMBER:	407-893-333

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## $\stackrel{\mathrm{d}}{\sim}$ title v general permit

COMPLIANCE INSPECTION CHECKLIST

1	ARMS UPDATED	i
	DATE 4-6-00	
_	_ KP .	١
Ξ.	BY	ľ

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVE

AIRS ID#: 0090/56 DATE: 4-7-00 TIME IN: 12:3	TIME OUT: 7:00
FACILITY NAME: Plaza Cleant15	
FACILITY LOCATION: 754 N. Apollo Blvd.	70
Melbourne, FL 32935	200 M
responsible official: Elizeboth Johnson Phone:	407-342-8819
CONTACT NAME:PHONE: _	SO MONTH TO
	70 11 0
	<u> </u>
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 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/yt transfer only, $200 \le x \le 1,800$ gal/yt both types, $140 \le x \le 1,800$ gal/yt (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Can not determine
	ation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	irchased 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)

(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

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

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

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

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?	Ω¥	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	ΩY	מם	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	•		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ND	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	DAY ON	
2 Maintained rolling monthly averages of perc consumption?	AY ON	
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?	ON ON ANA	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>A</b> VIA	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XXVA	
5. Maintained startup/shutdowtv/malfunction plan?		
7. Maintained deviation reports?	OY ON PANA	
Problem corrected?	A'א <b>אל</b> אם צם	
8. Maintained compliance plan, if applicable?	DY ON BANA	

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ΠN 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AINO NO YE Muck cookers DY ON ONA couplings, and valves Door gaskets and seating DY ON ONA Stills DY ON ON/A AVNO NO YO Filter gaskets and seating Exhaust dampers DY ON ON/A DY ON ON/A Diverter valves AVAD ND YD Pumps Solvent tanks and containers ФY □N □N/A Cartridge filter housings DY ON ON/A Water separators DY ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector NZINIA If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? NO YO d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? . NO YO

Randal Contingham

Inspector's Name (Please Print)

Date of Inspection

4-7-00

Date of Inspection

4-2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	

AIRS ID#:	0090156	
AIKS ID#:	9090136	

ACC

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Plaza Cleaners	DATE: 4-7-00
FACILITY LOCATION: 754 N. Appallo 5+,	
Melbourne, FL 32935	
Annual Reporting Period: April 1997 TO A	2000
Based on each term or condition of the Title V general air permit, my facility has remained in c	ompliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	<b>⊠</b> YES □NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during	the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reason in this notification are true, accurate and complete. Further, my annual consumption of perchle purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallocombination facilities.  RESPONSIBLE OFFICIAL: LADETH CHUSON Signature.  Name (Please Print)	oroethylene solvent, based upon ons per year for transfer or solvent H-7-2000

<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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 121,30 PM TIME OUT: 1:00 PM	n AIRS ID#: 009 0156
TYPE OF FACILITY: Dry Clean ing	
FACILITY NAME: Pluza Cleaners	DATE: 4-7-00
FACILITY LOCATION: 754 N. Apollo St	
melbourne, FL 3293	
RESPONSIBLE OFFICIAL: Elize beth Johnson	PHONE NUMBER: 407-242-8811
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	tive Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u> </u>
	·
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
In Compliance	
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION: 4-2001	
INSPECTION CONDUCTED BY: Randal (Plan)	proximate)  Unningham  pase Print)  PHONE NUMBER: 407-843-3333
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 401-893-3535
Page_/	_of Revised 10/96



#### This portion must be attached to remittance for proper handling

412658 JAN 72002 💢

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 # 0090156 PLAZA CLEANERS ELIZABETH "BUNNY" JOHNSON 745 APOLLO BLVD MELBOURNE FL 32935

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301183

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 28 98

Do NOT Remove Label

AIRS ID#0090156

PLAZA CLEANERS ELIZABETH "BUNNY" JOHNSON 745 APOLLO BLVD **MELBOURNE FL 32935** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00 ROOM

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AIRS ID # 0090156

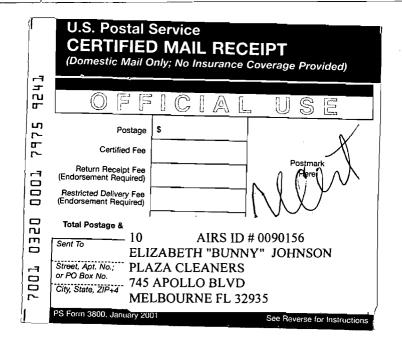
PLAZA CLEANERS ELIZABETH "BUNNY" JOHNSON 745 APOLLO BLVD MELBOURNE FL 32935

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

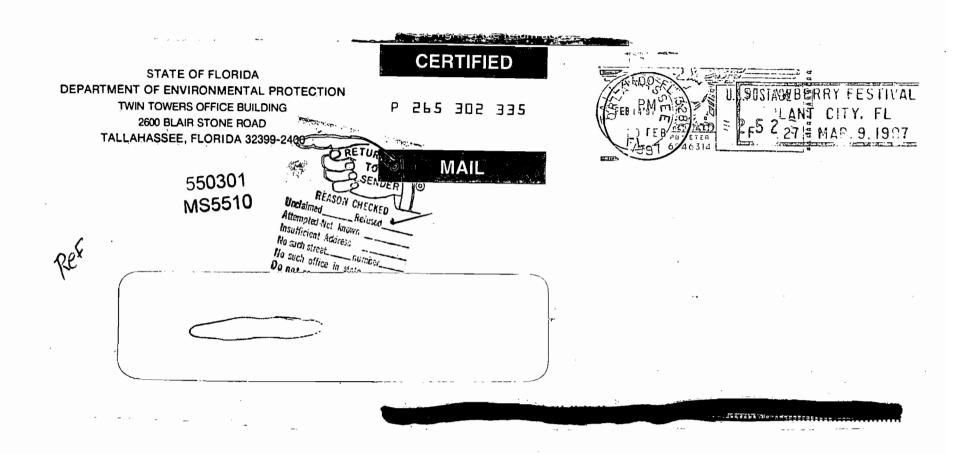
Obj.: 002273

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  10 AIRS 1D # 0090156  ELIZABETH "BUNNY" JOHNSON	A. Received by (Please Print Clearly)  B. Date of Delivery  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
PLAZA CLEANERS 745 APOLLO BLVD MELBOURNE FL 32935	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789



PLACE STICKER AT TOP OF ENVELOPE TO THE RICHT	
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:</li> <li>10 AIRS ID # 0150067</li> <li>RICHARD WHITTEN</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. S delivery address different from item 1? Yes  If YES, enter delivery address below:
COMET DRYCLEANERS 115 TAMIAMI TRAIL UNIT 4117 PUNTA GORDA FL 33950	3. Service Type  Description Mail
7001 0320 0001 7975 9234 ;;	# #
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

#### **BEST AVAILABLE COPY**





# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

February 12, 1997

# FINAL NOTICE OF ANNUAL EMISSIONS FEE VIA CERTIFIED MAIL WITH RETURN RECEIPT

TO: Holder of Title V Air General Permit

Records in the Division of Air Resources Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, which has been set by the Department in Rule 62-213.205, F.A.C.

Your annual emissions fee is \$50.00. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice with the enclosed replacement invoice are being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 1997, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment please follow the directions on the enclosed invoice form. If you have any questions you may call Marnie Brynes, Claire Benz or Sandy Bowman at 904/488-6140.

Sincerely yours,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enc.: Invoice Form



# Department of Environmental Protection

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

Virginia B. Wetherell
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1, 1997. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32399-2400



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID#: 0090156 PLAZA CLEANERS ANTHONY SAVZANO 754 APOLLO BLVD MELBOURNE FL 32935-5068

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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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 artic.  The Return Receipt will show to whom the article was delivered and delivered.	e does not le number. Ind the date	1 also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	seipt Service.
ADDRESS completed	AIRS ID#: 0090156 PLAZA CLEANERS ANTHONY SAVZANO 754 APOLLO BLVD MELBOURNE FL 32935-5068	4a. Article N  4b. Service  Registere  Express  Return Red  7. Date of De	Type  ad Certified  Mail Insured  ceipt for Merchandise COD	you for using Return Red
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<u> </u>	PS Form 3811, December 1994		Domestic Return Receipt	

#### P 265 302 335 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0090156 PLAZA CLEANERS ANTHONY SAVZANO 754 APOLLO BLVD **MELBOURNE FL 32935-5068** |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 TOTAL Postage & Postmark or Date \$ TOTAL Postage & Fees



POSTAGE REQUIRED

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



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 # 0090156

PLAZA CLEANERS ELIZABETH "BUNNY" JOHNSON

745 APOLLO BLVD MELBOURNE FL 32935 FOR GOVERNMENT USE ONLY.
Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

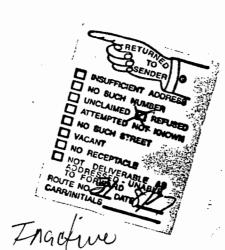
STATE OF FLORIDA **DEPARTMENT OF ENVIRONMENTAL PROTECTION** MS 5510-37550 304000 2600 BLAIR STONE ROAD TALLAHASSEE FL 32399-2400



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> 2nd Notica

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Article Addressed to:  10 AIRS ID # 0090156001AG ANTHONY SAVZANO	A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature  X  Agent Addresse  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
PLAZA CLEANERS 754 APOLLO BLVD MELBOURNE FL 32935-5068	3. Service Type  Certified Mail
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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

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

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AIRS ID # 0090156

PLAZA CLEANERS
ELIZABETH "BUNNY" JOHNSON
745 APOLLO BLVD
MELBOURNE FL 32935

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

PLAZA CLEANERS
Cleaning With A Touch Of Class

754 APOLLO BLVD. MELBOURNE, FL 32935

Owned & Operated John & Bunny Johnson Terri Francht

Telephone: (321) 242-8811

I PUT THIS ASIDE and FORGOT ABOUT IT

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits:	A. Received by (Please Print Clearly)  B. Date of Delivery  2 - 9 - 6  C. Signabure  Agent  Addressee  D. Medelivery address different from item 1? Yes
1. Article Addressed to:  AIRS ID # 0090156  PLAZA CLEANERS ELIZABETH "BUNNY" JOHNSON	If YES enter delivery address below:
745 APOLLO BLVD MELBOURNE FL 32 (25)	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  C.O.D.
200 0600 002641274577	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
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PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

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