AIRS ID#: 01/2200

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: HANDORAFT Custon	1. 101
FACILITY LOCATION: 2720 F Country Location: 27	ercial Blod. Fl.
Annual Reporting Period:	19 <u>9</u> 7 to <u>4</u> 19 <u>9</u> 8
Based on each term or condition of the Title V general air permit, my	facility has remained in compliance with DEP Pule
62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in con-	inuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to RECEIVED
Action(s) taken to achieve compliance:	MAY 8 1997
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit that has not been in con	
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<u></u>
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, nupon rolling averages of purchase receipts, does not exceed 2,100 go year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	ny annual consumption of perchloroethylene solvent, based

Page	0	of

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

AIRS ID#: ルリクスピロ

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: HANDORAGE CL	ston Day Cleaners Inc. DATE: 4/97
FACILITY LOCATION: 2770 E (connercial Blod
It Landerd	de, Fl.
· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period:	19 97 TO 4 19 98
Based on each term or condition of the Title V general air	permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during	the period covered by this statement. UYES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not b	peen in continuous compliance during the reporting period stated above:
	QECEIVED.
Event anied of the compliance from	· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance: from	MAY 8 1997
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	निप्रस्केत of Air Monitoring
#2. Term or condition of the general permit that has not be	peen in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate and complete.	rmation and belief formed after reasonable inquiry, that the statements Further, my annual consumption of perchloroethylene solvent, based ed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per NV 9 Signature Date
	

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

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TYPE OF INSPECTION: ANNUAL C	COMPLAIN 1/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0//2200
TYPE OF FACILITY: Perc DRy C	le Avers
FACILITY NAME: HANDORAGE CUSS	toon Dry Cleaners DATE: 4/1/9>
	man and Blud
Ft media	dole Fl
RESPONSIBLE OFFICIAL: Anthony Chou	<u>UAlis</u> PHONE NUMBER: (954) 771-8545
Based on the results of the compliance requirements ev compliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
· .	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
	RECEIVED
	MAY 8 1997
	Bureau of Air Monitoring & Mobile Sources
	-
COMMENTS: New equipt.	- aicely maintained.
The Annual Compliance Certification form has been properly co	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER: (954) ST9-1235

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III V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL []	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: TIME OUT: AIRS ID#: O//2200 TYPE OF FACILITY: Perc Dry Cleaners FACILITY NAME: Hand cert Custom Dry Cleaners DATE: 4/1/2> FACILITY LOCATION: A TO E Compute with Bland		
COMPLIANCE REQ	UIREMENT/PROBLE	EM FOLLOW-UP ACTION REQUIRED
		·
		RECEIVED
		MAY A 1997 Bureau of Air Monitoring
		& Mobile Sources
COMMENTS:	29 w 187.	- ricely insintained.
	1	y certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTI	ON: 172	(Approximate)
INSPECTION CONDUCTED	(32)	(Please Print)
INSPECTOR'S SIGNATURE	:: Propola	PHONE NUMBER: (954) 519-1235

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