

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 27, 1998

Mr. David Marnell Diamond Dry Cleaners 911 Gulf Breeze Parkway Gulf Breeze, Florida 32561

Facility No.: 1130165 Re:

Dear Mr. Marnell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 9, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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

Perchloroethylene Dry Cleaning Facility Notification

	Perchloroethylene Dry Cleaning Facility Notification
	Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Diamond Cleaners, Inc. Site Name (For example, plant name or number):
2.	
	Danard Dry Cleaner 5 Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
-	
4.	Facility Location: 911 Gulf Breeze Pkuy Street Address: 44 P
	City: Gulf Broeze County: Santa ROSA Zip Code: 3256/
5.	Facility Identification Number (DEP Use):
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Degravaible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Diamond Dry Clausers Organization/Firm: 911 (-ulf Brecke Plan)
7.	Responsible Official Mailing Address: Diamond Dry Clequers Organization/Firm: 911 (-ulf Brecze Pleux
	Street Address:
	City: Santa Rosq Zip Code: 3256/
8.	Responsible Official Telephone Number: Telephone: ()
	Telephone: (550) 934 7917 Fax: (550) 934 792 0
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SAME
10.	Facility Contact Address:
	Street Address:
	City: Zin Code:
11	Facility Contact Telephone Number:
11.	Telephone: () SAME Fax: () -
	SAMC

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

3		
		1130165
	p 14 /(a)	add late control drive installed
-	KS)	Add date control device installed. Should not be marked. Markout
		ana encia.
	P16	Responsible Official signand date for changes.

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
xample	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Pry-to-Dry Unit				qui i		e wie sykin			
(1) w/ ref. condenser	1	12/97				T			
(2) w/ carbon adsorber						-			
(3) w/ no controls									
asher Unit						le leal	Paraga.		1 . 55
(4) w/ ref. condenser						-			
(5) w/ carbon adsorber									
(6) w/ no controls									
Oryer Unit	1,31429	İşaliyaçı		KT. S.	er i de de la Laci	i prijeka		idatoga e l	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
eclaimer Unit							NOTE:		1 4 5 5 6
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices (a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are requanting galloths, he	ity of perchlons. In the since ow many?	proethylene (Hul Day Hul Day Hul Day	perc)	purchased in sections of the s				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	ct one classifi	ication only.))	initions found	, A ,	3) of	Part II?	
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please 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)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement 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 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 prop	mptly notify the Department of any changes to the information contained in this notification. Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

p14		BEST AVAILABLE COPY	P
(a) (Il date control should not been	device installed	PKCK L
1. Facilit	nd initial	- Control of the cont	Die Sources of
2. Site N 2/6 /	Perpopulate 21		<u></u>
3. Hazar	ate for change	es.	
4. Facili Stree City:			
5. Facili	grected	9/1+/98	5
2. 国际中的国际国际基础			Parties a California and California
6. Name		SEP 2 8 14 40 SE	
7. Resp Orga Stree		Solitoria de Co	
City:	Transmitted and Augustian and	is the	3256/
Tele			0
9. Name and Title of Facility	y Contact (For example, plant ma		···
SAM	E ·	anager).	
10. Facility Contact Address:			
Street Address: City: SAM		Zip Code:	
11. Facility Contact Telephor Telephone: ()	SAME	Fax: () -	

Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location
1	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	70, %
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Site Name (For example, plant name or number): D(amond Dry Cleaners Hazardous Waste Generator Identification Number: Facility Location: 911 Gulf Breeze Plany Street Address: 441 P
3.	Hazardous Waste Generator Identification Number:
	GZ LE
4.	Facility Location: 911 Gulf Breeze Plany
	Street Address: unit P
	Street Address: unit D City: Gulf Breze Sanla Rost Facility: Identification Number (DEP Use): 11 11 11 11 11 11 11 11 11 11 11 11 11
*5.÷	Facility Identification Number (DEP Use):
	1130165
	Responsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Djamond Dry Clequers Organization/Firm: 911 (-ulf Breeze Pkwy Street Address:
7.	Responsible Official Mailing Address: Dumpnd Dry Clayers
	Organization/Firm: 411 (-ulf Breche Plemy
	City: County: Santa Kosq Zip Code: 3256/ Responsible Official Telephone Number:
8.	Responsible Official Telephone Number:
	Telephone: (\$50) 934 7917 Fax: (\$50) 934 792 O
	730 121 1111
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
,	SAME
10.	Facility Contact Address:
	Street Address:
	Street Address: City: Zip Code:
	SAME
11.	Facility Contact Telephone Number:
	Telephone: () SAMÊ 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, and the date the control device was installed, if applicable.

	ID	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 .	#]	03-OCT-93	12-NOV-93	#2	08-DEC - 91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	#T.		My	9/2	4/85		spirate of		
(1) w/ ref. condenser	1	12/97	12/97	-					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	11.77	Jana Jana	The Control of the Co				ne fra 1 me		14
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	. ČK S	tribppentie.	ettojai viri			Trans.	255	in the second	'T
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	500					111111			• .
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(12) 110 001111011	1				<u> </u>	.]	•	_	
(b) Control devices are	are requanting gallo	equired to be ity of perchlors. In the Since ow many? [s	proethylene (Hul Dur Let den' 2 months	perc)	purchased in	n the latest 1	2 mor we	haven't ext id	purchesse inoutis.

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
, <u> </u>	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	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 ication. 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. Date

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

BEST A	VAILABLE COPY Au
TITLE V	IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY &
AIRS ID#: 1130165 DATE: 4/7/	78 TIME IN: 7:35 TIME OUT:
FACILITY NAME: DIAMOND DRY	CLEANERS
FACILITY LOCATION: 9// GUIF	Breeze Pky, Unit D
Gulf Bree	re, f/ 3256/.
RESPONSIBLE OFFICIAL:	Marnell PHONE: 850-934-7917
CONTACT NAME: David Mai	
DADEX NORWEYCARYON	
PART I: NOTIFICATION	
(check appropriate box)	The opening Feb 9, 1998
 New facility notified DARM 30 days prior to sta Facility failed to notify DARM to use general pe 	7
2. Tacinty failed to notify DARWI to use general pe	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
A.	A V
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, $x \le 200$ gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source □	4. New large area source □
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific	cation:
facility qualified for a ge	
	neral permit as number above
☐ facility exceeds above lir	neral permit as number above nits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/NOZ NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MINA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD YE 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? HASNITHAD to be yet - Knows of 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY. DN 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? MO YE 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? BY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? HASN'T had a 1 ro blem. 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Has'N mon force!

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	NO AG		
2. Maintained rolling monthly averages of perc consumption? Just she led	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN MONA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN BN/A		
4. Maintained calibration data? (for applicable direct reading instruments)	A/MED NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A		
6. Maintained startup/shutdown/malfunction plan?	N□ Y⊞.		
7. Maintained deviation reports?	A/אפ אם צם		
Problem-corrected?	OY ON DIN/A		
8. Maintained compliance plan, if applicable?	אומש מם צם		

PART VI: LEAK DETECTION AND REPAIRS

		· · · · · · · · · · · · · · · · · · ·			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection	?			NO YES
2.	Has the fac	ility maintained a leak l	og?		NE YO
3.	Does the re	esponsible official check	the following areas for leaks	s?	
		connections, fittings, olings, and valves	→ BY □N □N/A	Muck cookers	OY ON DN/A
	Door	gaskets and seating	DY ON ON/A	Stills	A/NO NO YES
	Filter	gaskets and seating	OY ON ON/A	Exhaust dampers	A/אים אם צם
	Pump	os	OY ON ON/A	Diverter valves (VA)	A/אם אם צים
	Solve	ent tanks and containers	□Y □N □N/A	Cartridge filter housings	DY ON ON/A
	Wate	r separators	Y ON ON/A		-
4.	Which met	hod of detection is used	by the responsible official?		
	Visu	al examination (condens	ed solvent on exterior surfac	es)	D .
	Physi	cal detection (airflow fe	lt through gaskets)		<u>_</u>
	Odor	(noticeable perc odor)			<u>_</u> 0
	· Use o	of direct-reading instrum	entation (FID/PID/calorime	tric tubes)	
	Ḥalo	gen leak detector			
ā	1	f using direct-reading i	nstrumentation, is the equi	pment:	DN/A
	8*	a. Capable of detect	ing perc vapor concentratior	ns in a range of 0-500 ppm?	□Y □N
	# #4 ***	b. Calibrated agains (PID/FID only)?	st a standard gas prior to and	after each use	□Y □N
		c. Inspected for leak	s and obvious signs of wear	on a weekly basis?	□Y □N
		d. Kept in a clean a	nd secure area when not in u	ise?	OY ON
		e. Verified for accur	racy by use of duplicate samp	oles (calorimetric only)?	□Y □N
					÷

Inspector's Name (Please Print)

Date of Inspection

On 99

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 7:35 N M TIME OUT: 9:05	AIRS ID#:
TYPE OF FACILITY: D.C.	
FACILITY NAME: DIAMOND DAY CLEANED	DATE: 4/7/98
FACILITY LOCATION: 911 Gulf Srange PKW1	
Gulf Breoze, FL 3.	256/
RESPONSIBLE OFFICIAL: DAVID MARN 5//	PHONE NUMBER: 850 - 934 - 7917
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Ten pero time checks not some. Never of Resping of leach atention & tomp	Bogin Keeping logs and Loing temp cherk as explained turing
Charles out Jone; Rolling to Lady perc purch	ines implection.
Total 10 M 2 m M.	
· .	<u> </u>
	Wean of A Children
	9, 1998 F Air Monit
Manager to the	
	TE MGT ON REQUIREMENT to Ver
Vopord from sepera for water engla	rator to autside.
	and the first of the second
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: lang 99	
INSPECTION CONDUCTED BY: Charles Not ma	
INSPECTOR'S SIGNATURE:	ease Print) PHONE NUMBER: 595-8364
Page/	<u>of</u> Revised 10/96

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- AIRS ID#: 1130165

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DIAMOND	DRY CLEANERS DATE: 17 900 1
FACILITY LOCATION: 911 God	Breeze PKW /
Golf Br	eage FL 32561
Annual Reporting Period: Fel-9, 19	198 19 TO Apr 7, 1998 19
	tle V general air permit, my facility has remained in compliance with DEP Rule (F.A.C.), during the period covered by this statement. YES
If NO, complete the following:	
Record Kiepen, to lead chiels	nit that has not been in continuous compliance during the reporting period stated above:
*	To 1998 to 1907 79/998
Action(s) taken to achieve compliance:	Procedures set up to de chicles uning Dry l'bane Calinda
	,
	,
Method used to demonstrate compliance:	,
Method used to demonstrate compliance: #2. Term or condition of the general perm	MAININIA 1095
Method used to demonstrate compliance:	mit that has not been in continuous compliance during the reporting period stated above:
Method used to demonstrate compliance: #2. Term or condition of the general perm Exact period of non-compliance: from	mit that has not been in continuous compliance during the reporting period stated above:

*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.

Ale

Revised 10/10/96

RECEIVED DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORMUN 2 8 1999

<u> </u>	
FACILITY NAME: DIAMOND DRY CLEAN EDS & Mobile Sources 1/3	19
FACILITY LOCATION: 911 Gulf Bruge PKW11	_
Gulf Breine FL 32561	_
Annual Reporting Period: 4/7/98 19 TO 6/21/99 19	_
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.	
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:	
Complete record Keeping	
Exact period of non-compliance: from $4/7/98$ to $6/21/99$	
Action(s) taken to achieve compliance: Agent explained the areas that I was	
Method used to demonstrate compliance: Agent explained to me how to proper	موا
#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 REVIEWED	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.	
RESPONSIBLE OFFICIAL: Name (Please Print) Name (Signature Date)	1

^{*}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. COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1420 TIME OUT: 1454	5 AIRS ID#: 1130/65
TYPE OF FACILITY: DC	
FACILITY NAME: DIAMOND DRY	CLINNESS DATE: 6/21/99
FACILITY LOCATION: 911 Gulf Breen	ne Pxwy
Gulf Breene	FC 32561
RESPONSIBLE OFFICIAL: Danid Mornel	PHONE NUMBER: 934-7917
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
JID NOT DO LEAK Chocks/ Jenip eliclis except months.	DOTHESE bi-weekly
SOLLING TO TAL.	Keep on monthly basis.
ENTERED	
REVIEWED 2014 2 5 1999	
Beel 7 & NUL	•
required records up to	calendar la Keup your Late.
The Annual Compliance Certification form has been properly certification form has been properly certification. DATE OF NEXT INSPECTION: 8 – 12 m as	ed and submitted to the inspector. YES NO
	proximate)
INSPECTION CONDUCTED BY: DITARLES NO	1
INSPECTOR'S SIGNATURE	PHONE NUMBER:
Page	of X 122 1 Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPF	OF	INSPECTION	

ANNUAL

(B)	

COMPLAINT/DISCOVERY

	_

RE-INSPECTION

AIRS ID#: 1130165 DATE: 6/21/99 TIME IN:/420 TIME OUT: 145	S
FACILITY NAME: DIAMOND DAY CLEANERS	·
FACILITY LOCATION: 911 Gulf Breen Blwy Unit	
Gulf Breoze 32561	
RESPONSIBLE OFFICIAL: DAVID MARNELL PHONE: 934-7917	
CONTACT NAME:PHONE:	
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 ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification $\square N$ Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _ gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN/A 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? OY ON 4. Draining cartridge filters in their housing or in sealed containers for at SY 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? **N/A** PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) NO YE 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Gondenser upon opening the door? DY ON ON/A - CARBON UNPOR Adsorber 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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? NO YE

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? No YE 2. Maintained rolling monthly total of perconsumption? By calender ye 3. Maintained leak detection inspection and repair reports for the following: $\square Y$ OY ON a. documentation of leaks repaired w/in 24 hrs? or; A/NÆ b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD YD 6. Maintained startup/shutdown/malfunction plan? OY ON DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY ON BN/A 8. Maintained compliance plan, if applicable?

				•	
PAI	PART VI: LEAK DETECTION AND REPAIRS				
1. I	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection a			nd repair	
i	inspection?	S WNESO ONCE	Ren mersel	DY DAN	
2: F	las the facility maintained a leak log	?		MD A G	
3. I	Does the responsible official check th	e following areas for leaks?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON QN/A	
	Door gaskets and seating	BY ON ON/A	Stills	BY ON ON/A	
	Filter gaskets and seating	~QY □N □N/A	Exhaust dampers	DY DN DN/A	
	Pumps	Y ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY 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)	`	Q	
	Physical detection (airflow felt t	through gaskets)	_		
	Odor (noticeable perc odor)				
	Use of direct-reading instrumen	tation (FID/PID/calorimetric t	ubes)	a	
	Halogen leak detector				

If using direct-reading instrumentation, is the equipment:

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

(PID/FID only)?

CHARLES NORMAN	6/21/99
Inspector's Name (Please Print)	Date of Inspection
Murli Momman	8-12 mos
Inspector's Signature	Approximate Date of Next Inspection

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

c. Inspected for leaks and obvious signs of wear on a weekly basis?

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

□N/A

OY ON

 \square \square \square \square

 \square Y \square N

OY ON

- · HASKOPT recends on lakes & temps but
- only one per month frequence.

 « Rept perc purchases by calendar year no by rolling total.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1006	TIME OUT: /O	25 AIRS ID#: 11	30165
TYPE OF FACILITY: 1	_		
FACILITY NAME:	DIAMOND Dry Class	est S	DATE: 4/19/00
FACILITY LOCATION:	Gulf Brange	FL 52561	
	,	· · · · · · · · · · · · · · · · · · ·	
RESPONSIBLE OFFICIAL	: DAVID MARNELL	PHONE NUMBER:_	934-7917
لخب	es of the compliance requirements even EP Rule 62-213.300, Florida Admin	aluated during this inspection, the facilistrative Code (F.A.C.).	lity is found to be in
Based on the result discrepancies were	•	aluated during this inspection, the follo	owing compliance
COMPLIANCE R	EQUIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
<u> </u>			
			R F
			APR 2 1 2000 APR 2 1 2000 Bureau of Air Monitoring & Mobile Sources
		APR 2 0 2000	VED 2000 Monitoring
COMMENTS:			
The Annual Compliance Co	ertification form has been properly co	ertified and submitted to the inspector.	YES NO
DATE OF NEXT INSPEC	CTION:		
INSPECTION CONDUC	<i>(</i>)	(Approximate) MA (Please Print)	77.
INSPECTOR'S SIGNATION	JRE: Charle former	PHONE NUMBER:	595-8364
	Pag	<u>ke / of / .</u>	1271 Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN:TIME OUT:	, , , , , =	AIRS ID#:	3
TYPE OF FACILITY.	1025	··	50165
FACILITY NAME:		,	DATE: , ,
FACILITY LOCATION: DINALD DE, C	で37 かにい	S	4/19/00
	e FL	32561	
RESPONSIBLE OFFICIAL:		_ PHONE NUMBER	
DAVID MARKE	=		4311-1917
Based on the results of the compliance requireme compliance with DEP Rule 62-213.300, Florida A			ility is found to be in
Based on the results of the compliance requireme discrepancies were noted:	nts evaluated	during this inspection, the fol	lowing compliance
COMPLIANCE REQUIREMENT/PROBI	LEM	FOLLOW-UP ACT	ION REQUIRED
t November 1		•	
	:		
	1		
	**		
			,
COMMENTS: .			
1			•
•			
The Annual Compliance Certification form has been prope	erly certified	and submitted to the inspector	YES NO
	· ·	and submitted to the inspector	X
DATE OF NEXT INSPECTION:	(Appr	oximate)	
INSPECTION CONDUCTED BY:	(Apply		
L' FIA 2 les	vil (Rleas	&Print)	<u></u>
INSPECTOR'S SIGNATURE:		PHONE NUMBER	: (14/1)
Chente //syn	un		29.2-8761
	Pageo	f y	127 Revised 10/

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	, <u> </u>	COMPLAINT/DISCOV	ERY 🗅
110C10# 1/7 0// 6 p	4/19/00	<i></i>	· /	
AIRS ID#: 113 0165 D			N: 1000 TIME (DUT: 1025
FACILITY NAME: DIAM	nons Dry	C'enre	ms	
FACILITY LOCATION: _ 9	11 Gulf Bre	ron o PK	w~,	
	_	0	254/	
RESPONSIBLE OFFICIAL:	David MA	rhell	PHONE:	
CONTACT NAME:	. U		PHONE:	····
PART I: NOTIFICATION				
(check appropriate box)		E	NTERED	
1. New facility notified DARM 3	0 days prior to startu	.D ΔP	R 2 0 2000	
2. Facility failed to notify DARM		•		
2. I active failed to flothly DARW	to use general perm	111		
PART II: CLASSIFICATION				
	- Sa Al-A i Ai		D. No 1 Cont C	
Facility indicated on notification	n form that it is:		☐ No notification form ☐ Drop store/out of bus	iness/petroleum
Facility indicated on notification (check appropriate box) A.	• .		☐ No notification form ☐ Drop store/out of bus	iness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source		2. New small a	Drop store/out of bus	iness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	e 🗆 3	dry-to-dry only,	Drop store/out of bus rea source x < 140 gal/yr	iness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source			Drop store/out of bus rea source x < 140 gal/yr < 200 gal/yr	iness/petroleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗆 S	dry-to-dry only, transfer only, x both types, x <	Drop store/out of bus rea source x < 140 gal/yr < 200 gal/yr	iness/petroleum
Facility indicated on notification (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		dry-to-dry only, transfer only, x both types, x < (constructed on	Drop store/out of bus rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source)
Facility indicated on notification (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 ≤ 2,16	e	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only,	□ Drop store/out of bus rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr)
Facility indicated on notification (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	00 gal/yr 1	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20	Drop store/out of bus rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$)
Facility indicated on notification (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 gal both types, 140 ≤ x ≤ 1,800 gal	e	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of bus rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$)
Facility indicated on notification (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	e	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of bus rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$)
Facility indicated on notification (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 gal both types, 140 ≤ x ≤ 1,800 gal	e	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop store/out of bus rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$)
Facility indicated on notification (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 \le x \le 2,10 transfer only, 200 \le x \le 1,800 gal (constructed before 12/9/91)	e	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	Drop store/out of bus rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$))
Facility indicated on notification (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 \le x \le 2,10 transfer only, 200 \le x \le 1,800 both types, 140 \le x \le 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the please check the approximate the property of the please check the approximate the property of the please check the approximate the property of the property of the property of the please check the approximate the property of the pro	e	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on $\Box Y \Box N$ ion:	Drop store/out of bus rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not determine mber above)
Facility indicated on notification (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 \le x \le 2,10 transfer only, 200 \le x \le 1,800 both types, 140 \le x \le 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class of the please check the approximate the property of the please check the approximate the property of the please check the approximate the property of the property of the property of the please check the approximate the property of the pro	e	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on $\Box Y \Box N$ ion:	Drop store/out of bus rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine)

DY DN BN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AVAC VIC YO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YE 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? AVAC NO YES 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) ND YØ 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the A/A CA YOU YOU condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YO condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אום אום אם condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO AB verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	DY	ОΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	ΠV		□N/A
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ЦΥ	U,N	□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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	אם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם אם
2. Maintained rolling monthly total of perc consumption?	→QY □N
3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, トルップ・カバラ	OY 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?	OY ON BN/A
4. Maintained calibration data? (for applicable direct reading instruments)	אמבי אם צם A/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אומ אם עם A/A
6. Maintained startup/shutdown/malfunction plan?	MO AB
7. Maintained deviation reports?	DY DN/A
Problem corrected?	אום אם אם אם
8. Maintained compliance plan, if applicable?	חעם אם YON/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduc	a weekly (for small source	es, bi-weekly) leak detection a	and repair
inspection?			NO YE
2. Has the facility maintained a leak log	g?		QY ON
3. Does the responsible official check t	he following areas for leaks	5?	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואים אם איא
Door gaskets and seating	AVN NO VO	Stills	N/A N O YE
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	A/N UN YE	Diverter valves	AVA NO YO
Solvent tanks and containers	N/A N Q YQ	Cartridge filter housings	DY ON ON/A
Water separators	A/NO NO YED		
4. Which method of detection is used b	y the responsible official?		
Visual examination (condensed	d solvent on exterior surfac	es)	<u></u>
Physical detection (airflow felt	through gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrume	ntation (FID/PID/calorimet	ric tubes)	
Halogen leak detector			
If using direct-reading in	strumentation, is the equi	pment:	DN/A
a. Capable of detection	ng perc vapor concentration	is in a range of 0-500 ppm?	DY DN
b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	OY ON
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and	d secure area when not in u	se?	DY DN
e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	אם אם
			
Contactes Nur my	,	4/19/00	
Inspector's Name (Please I	Print)	Date of Inspection	
Level win		Approximate Date of	f Next Inspection
Inspector's Signature		Approximate Date o	f Next Inspection

DDITIONAL SITE INFORMA	ATION:		· · · · · · · · · · · · · · · · · · ·
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		•	
	•		
·			
,			
	.:		

AIRS ID#: 113 0165



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DIAMOND DRY CLEANED DATE: 4/19/00
FACILITY LOCATION: 911 G wy Brange (1/20)
TACILITY LOCATION. THE STATE OF
Gulf 15 reage FL 3256/
Annual Reporting Period: 6/22/99 20 TO 4/19/00 20
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.
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:
ENTERED
ADD O O Octob
Exact period of non-compliance: from to AFR 2 U ZUUL
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 to
Exact period of non-compliance: from to Span Compliance: from the span Compl
Action(s) taken to achieve compliance:
Action(s) taken to achieve compliance: Method used to demonstrate compliance:
aring D
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities of 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

T CITLE

0362966

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 # 1130165 DIAMOND DRY CLEANERS DAVIS MARNELL 911 GULF BREEZE PARKWAY GULF BREEZE FL 32561 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1
Fund: 20-2-035001

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Obj.: 002273



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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

Do NOT Remove Label

AIRS ID # 1130165

DIAMOND DRY CLEANERS DAVIS MARNELL 911 GULF BREEZE PARKWAY GULF BREEZE FL 32561

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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 # 1130165 DIAMOND DRY CLEANERS

DAVIS MARNELL 911 GULF BREEZE PARKWAY

GULF BREEZE FL 32561

FOR GOVERNMENT USE ONLY Or 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002213



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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 T Remove Label AIRS ID#1130165 ANERS ARKWAY

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DIAMOND DRY CLEANERS DAVIS MARNELL 911 GULF BREEZE PARKWAY GULF BREEZE FL 32561

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 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



Do NOT Remove Label

AIRS ID # 1130165 DIAMOND DRY CLEANERS DAVIS MARNELL 911 GULF BREEZE PARKWAY GULF BREEZE FL 32561

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Fund: 20-2-035 Obj.: 002273

•	<u> </u>
 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 Deliv C. Signature X Adulha M Carlo Addres
Article Addressed to:	D. Is delitery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 1130165 DIAMOND DRY CLEANERS DAVIS MARNELL 911 GULF BREEZE PARKWAY GULF BREEZE FL 32561	3. Service Type Certified Mail
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	5 888)
1000 0600 0026 412	

6661	U.S. Postalis CERTIFIED *(Domestic Mail o	MAIL REC	EIPT Coverage Provided)
25	Postage	\$	
7	Certified Fee		Postmark
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	Restricted Delivery Fee (Endorsement Required)		
			# 1130165
090	DIAMOND DRY	CLEANERS .L.	
	011 GULF BREEZ	ZE PARKWA I	
7000	GULF BREEZE F	L 32561	
,		000	See Reverse for Instructions

E BETURN ADDRESS SETURN ADDR	O THE PICKER N DELIVERA
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1130165 DIAMOND DRY CLEANERS DAVIS MARNELL DAVIS MARNELL 	A. Received by (Please Print Clearly) B. Date of Delivery 2-9-01 C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
GULF BREEZE FL 32561	Certified Mail
2 Article Number (Copy from service label) 2 Article Number (Copy from service label) 100000000000000000000000000000000000	124 3243
PS Form 3811, July 1999 Domestic Re	turn neceipt 102595-99-M-1769

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domesti: Mail Only, No Insurance Coverage Provided)				
Retu (Endorse	Postage Certified Fee urn Receipt Fee ment Required)	\$	Postmark Here	
☐ (Endorse	ed Delivery Fee ment Required)			
Total P	os	A	IRS ID # 1130165	
Recipier	t's DIAMON	ND DRY CLEANERS		
		MARNELL F BREEZE PARKWA	Y	
Street, A	GULF BI	REEZE FL 32561	-	
PS Form	330m reducity.	2010101	SeetHeversetor-Ins	tructions

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailplece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailplece below the article number. The Return Receipt will show to whom the article was delivered and the date ■ The Return Receipt will show to whom the article was delivered and the date			
completed	3. Article Addressed to: AIRS ID # 1130165 DIAMOND DRY CLEANERS	4a. Article N 233 4b. Service	3660	ster for fee.
DRESS co	DAVIS MARNELL 911 GULF BREEZE PARKWAY GULF BREEZE FL 32561	☐ Registere ☐ Express I ☐ Return Re		
N AD	<u> </u>	7. Date of D	elivery 3 ~ 99	/ > !
s your RETUR	Received By: (Print Name) Signature:/(Addresses or Agent) X	8. Addressee and fee is		Ther
	PS-Form 3811 , December 1994	2595-97-B-0179	Domestic Re	turn Receipt

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	Z 333	660	520 -00
•	US Postal Service		1997
	Receipt for Cer	rtified	l Mail \
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	Do not use for Internation	nal Mail	(See reverse)
	'	AIR	S ID # 1130165
	AMOND DRY CLEAN	IERS	
1	VIS MARNELL		
	GULF BREEZE PAR		
GU	LF BREEZE FL 3256 J	Ι.	
	•		
	Certified Fee	ĺ	*···
	Special Delivery Fee		
2	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
E	Postmark or Date		
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rse side?	☐ .■Complete items 1 and/or 2 for additional services. ✓ ■Complete items 3, 4a, and 4b.		I also wish to receive the following services (for an extra fee):	
the reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	
Je	■Write "Return Receipt Requested" on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an		2. Restricted Delivery	
	delivered.	o ino dato	Consult postmaster for fee.	Receipt Service
IN ADDRESS completed on	3. Article Addressed to: AIRS ID # 1130165 DIAMOND DRY CLEANERS DAVIS MARNELL 911 GULF BREEZE PARKWAY GULF BREEZE FL 32561	7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return
RETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Ónly if requested paid)	Thank
s your	6. Signature: (Addressee or Agent)			}
	PS Form 3811, December 1994		Domestic Return Receipt	· [

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ĺ	US Postal Service Receipt for Cert No Insurance Coverage I Do not use for Internation	Provided.
1	AMOND DRY CLEAN	AIRS ID # 1130165
DA 911	VIS MARNELL I GULF BREEZE PAR JLF BREEZE FL 3256	KWAY
	Certified Fee	
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ii 1995	Return Receipt Showing to Whom & Date Delivered	_
0 , Apr	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form 3800 , April 1995	TOTAL Postage & Fees Postmark or Date	\$



Sender: Please print your name, address, and ZIP+4 in this box

Sender: Please print your name, address, and ZIP+4 in this box

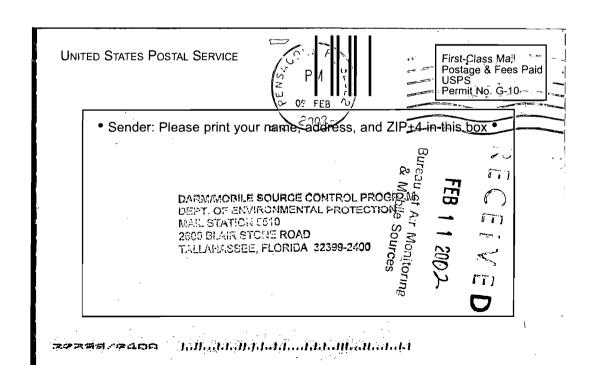
BURY OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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. Signature A. Signature B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No :
AIRS ID# 1130165 3 rd Cert04	
DIAMOND DRY CLEANERS	
911 Gulf Breeze Parkway GULF BREEZE, FL 32561	3. Service Type Certified Mall Registered Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 1 4 (Transfer from service label)	2510 0004 6986 6903
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

{ [1 1 L L	U.S. Rostal S CERMINED (Domestic Mail O	ervice MAIL RECE	IPT overage	e Provided	d) -
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{ t		Restricted Delivery Fee (Endorsement Required)	111	20165		
\ r	00	Total F	AIRS ID # 11 DRY CLEANERS	30103		
1.	<u> </u>	DIAMOND Recipier DAVIS M.	ARNELL			
1		911 GULF	BREEZE PARKWA	Y		
{		Street, A GULF BRI	EEZE FL			Į
	700	City, Stat 32561				
Ļ		PS Form 3800; February	2000	See	Reverse for I	nstructions

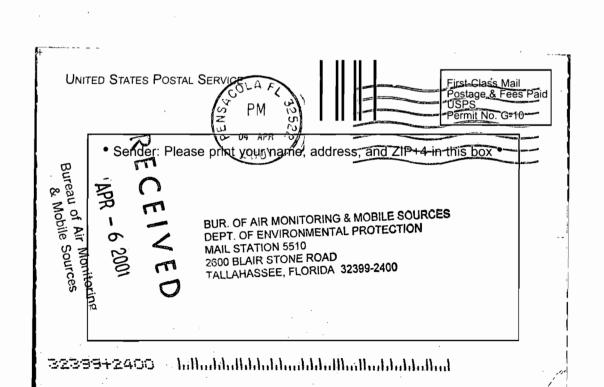
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse softhat we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 1130165 DIAMOND DRY CLEANERS 	A. Received by (Please Print Clearly) B. Date of Delivery 2 - 9 - 0 2 C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below:
DAVIS MARNELL 911 GULF BREEZE PARKWAY	
GULF BREEZE FL	
32561	3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
100006001002641286327	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt102595-99-M-1789

BEST AVAILABLE COPY

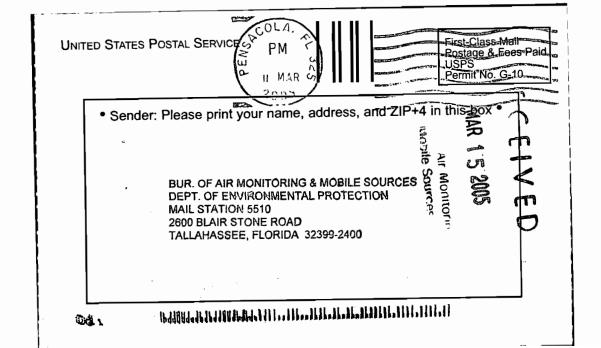


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	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation	Provide	ed.
D ₂ 91	IAMOND DRY CLEA AVIS MARNELL 1 GULF BREEZE PAI JLF BREEZE FL 3256	AI NERS RKWA	RS ID # 1130165
	Certified Fee		
	Special Delivery Fee		
10	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, Apr	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

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 C. Signature MTE Agent Addressee D. Is delivery address different from item 1? Yes
Article Addressed to: Article Addre	If YES, enter delivery address below: ☐ No
AIRS ID # 1130165	,
DAVIS MARNELL	
911 GULF BREEZE PARKWAY	<u> </u>
GULF BREEZE FL 32561	3. Service Type
;	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise
·	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789

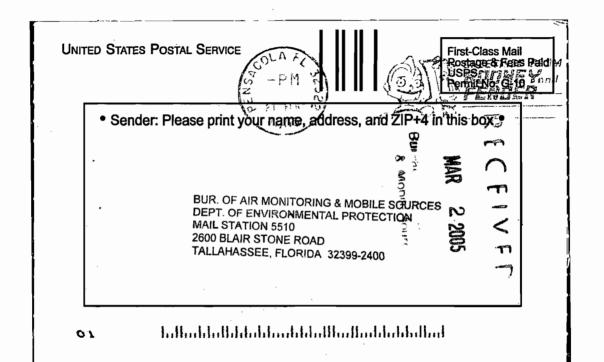


5053	(Domestic Mail O	OMAIL™ REC Only; No Insurance C	Coverage Provided)
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7	0.100.179		
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete 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 mailplece, or on the front if space permits. 1. Article Addressed to: AIRS ID#1. 13017e+0062nd Cert 05 DIAMOND DRY CLEANERS 911 Gulf Breeze Parkway	A. Signature Address B. Received by (Printed Name) C. Date of Delivery address different from item 1? Yes If YES, enter delivery address below:
GULF BREEZE, FL 32561	3. Service Type #\$1 Certified Mall
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7004 25	10 0002 3939 5053
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1

5200	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com			
939	OFF	ICIAL	USE	
ļm.	Postage	\$		
02 0	Certified Fee			
000	Return Receipt Fee (Endorsement Required)		Postmark Here	
510	Restricted Delivery Fee (Endorsement Required)			
'n	Total Postage & Fees	<u>\$</u>		
h _B	AIDC ID# 1120165 1 . C			
	DIAMOND DRY CLEANERS			
\ <u>-</u>	Section 15 To Gail Breeze Larkway			
1	City, State, ZIP+4 GULF BREEZE, FL 32561			
	7.00 Marie 1902 - 1902 - 1903 - 1			
	GE COM 3500 P			



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. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes if YES, enter delivery address below: No
AIRS ID# 1130165 1stC DIAMOND DRY CLEANERS 911 Gulf Breeze Parkway	• · · · · · · · · · · · · · · · · · · ·
GULF BREEZE, FL 32561	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	<u>10 0002 3939 0072</u>
PS Form 3811, August 2001 Domestic Retr	urn Receipt 2ACPRI-03-P-4081

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
3361	OFFICIAL USE
7976	Postage \$ Certified Fee
0007	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
7001 0320	Total Pos 10 AIRS ID# 1130165001AG DIAMOND DRY CLEANERS DAVIS MARNELL Street, Apt. or PO Box I City, State, GULF BREEZE FL 32561
1	PS Form 3800 danuary 2001

OPTHE RETURN RODRESS, FOLLOWING TO THE MICHT.	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. Signature X fatters Oale Agent Addressee B. Received by (Printed Name) C. Date of Delivery Z/21/0-3
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yés If YES, enter delivery address below: ☐ No
10 AIRS ID# 1130165001AG DIAMOND DRY CLEANERS DAVIS MARNELL	
911 GULF BREEZE PARKWAY GULF BREEZE FL 32561	3. Service Type Continue Con
7001 0320 0001 7976 3361	tricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label)	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
VAIL STATION 5510
VAIR STONE ROAD
VEE, FLORIDA 32399-2400