

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 1, 1997

Mr. James Itwaru 4205 Mariner Boulevard Spring Hill, Florida 34608

Re: Facility No.: 0530350

Dear Mr. Itwaru:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 1997.

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,

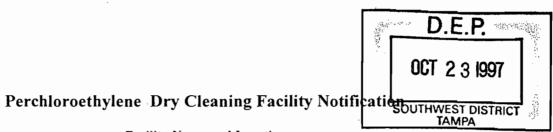
Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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



Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Spring Hill Cleaner
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
<i>J</i> .	
	FLD CESQG
4.	Facility Location: Street Address: 4205 Mariner Blud City: Spring Hill County: Hernando Zip Code: 34608
	City: Spring Lill County: Hernando Zip Code: 34608
5.	Facility Identification Number (DEP Use):
	0530350
	Desire with Official
	Responsible Official
6.	Name and Title of Responsible Official:
	James Itwaru Owner
7.	Responsible Official Mailing Address: Spring Hill Cleaner Organization/Firm:
	Organization/Firm:
	Street Address: 4205 Mariner Blod.
	City: Spring Hill County: Hernando Zip Code: 34608
8.	Responsible Official Telephone Number:
	Telephone: 352/83-708/ Fax: () -
	· · · · · · · · · · · · · · · · · · ·
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
,	
10	Facility Contact Address
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVED

Bureau of Air Monitoring & Mobile Sources

061 27 1997

DEP Form No. 62-213.900(2)

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Effective: 6-25-96

Facility Information

"I'(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.

Example		Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Contr Device Instal
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-M
Dry-to-Dry Unit		,	<u> </u>		·				
(1) w/ ref. condenser									
(2) w/ carbon adsorb	er	1	ı						
(3) w/ no controls	# i	11 91	3						
Washer Unit						* : :	'	•	. :,
(4) w/ ref. condenser									
(5) w/ carbon adsorb	er								
(6) w/ no controls			-						
Dryer Unit		•				1			.
(7) w/ ref. condenser									
(8) w/ carbon adsorb	er								
(9) w/ no controls									
Reclaimer Unit		- Mag (1)	121 3 4 4 4 1 2 1 1			971 311			
(10) w/ ref. condense	er								Ì
(11) w/carbon adsort			ī						
(12) w/ no controls			<u> </u>					 	
(b) Control devices (c) No control device 2.(a) What was the tot [al quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				

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)

Ple	ease 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)
,	K i	No air permits currently exist for the operation of the facility indicated in this notification form.
	**************************************	Responsible Official Certification
	this notifi statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facition. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	Ja . Signature	Mur 10.39.97.97



AIRS 10#: 0530350

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Spring Hill Clouner	RECEIVED
FACILITY LOCATION: 4205 Mariner Blod Spring Hill Fr	GCT 27 1997
	Bureau of Air Monitoring
Annual Reporting Period: Sept 1996 TO Oct	2 & Mobile Sources
Based on each term or condition of the Title V general air permit, my facility has remained in compl 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 r	reporting period stated above:
Exact period of non-compliance: from $q - -q _b$ to	
Action(s) taken to achieve compliance: Notification Completed	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the recording the response of the continuous compliance during the response of the continuous co	· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perch upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fa year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Tames Itwaru Signature	hloroethylene solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINTOISCO	OVERY	× ·
airs id#: <u>05 30357</u> facility name: <u>5</u> £	oring Hill	Clace,	LEN	E OUT: _	12:50
FACILITY LOCATION:	Spring Hi	arine ll	r Blud		
RESPONSIBLE OFFICIAL:	James It				
CONTACT NAME:	(PHONE: 352/6	83-7	708/
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to startup				
2. Facility failed to notify DARM	1 to use general permit				×
PART II: CLASSIFICATION					
Facility indicated on notificatio (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)	e 🗆 2. I dry- tran both (con	sfer only, x types, $x < 1$ structed on	x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)		troleum
Facility indicated on notificatio (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility clause of the second constructed before 12/9/91)	e	to-dry only, sfer only, x types, x < 1 structed on lew large a to-dry only, sfer only, 20 types, 140 structed on	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) $= 12/9/91$ Can not determine	usiness/pe	troleum

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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ZIN/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) MO Y 🖎 1. Equipped all machines with the appropriate vent controls? MAY 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 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? DY DN DXVA 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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N	□N/A
 	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПN	□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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XÍY ON
2. Maintained rolling monthly averages of perc consumption?	□Y X N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ØØ 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 DONA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X (N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אא ואל, אם עם
6. Maintained startup/shutdown/malfunction plan?	NO V K
7. Maintained deviation reports?	. OY ON X (N/A
Problem corrected?	DY DN A N/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

PART	VI: LEAK DETECTION AND F	REPAII	RS				
1. Do	es the responsible official conduct a	weekly	(for	small sources, b	i-weekly) leak detection as	nd rep	air
ins	pection?					Z Y	□N
2. Has	s the facility maintained a leak log?					ΩY	M
3. Do	es the responsible official check the	followi	ng ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	(SK)	ΩΝ	□N/A	Muck cookers	ÆĮΥ	□N □N/A
	Door gaskets and seating	E Y	ΩΝ	□N/A	Stills	⊠ (Y	□N □N/A
	Filter gaskets and seating	M Y	ΩИ	□N/A	Exhaust dampers	Q Y	□N □N/A
	Pumps	X Y	ПN	□N/A	Diverter valves	ØY	□N □N/A
	Solvent tanks and containers	Ø Y	ПΝ	□N/A	Cartridge filter housings)) (Y	□N □N/A
	Water separators	Yay	ПΝ	□N/A			
4. Wh	ich method of detection is used by th	ne respo	onsib	le official?			
	Visual examination (condensed so	olvent o	n ex	terior surfaces)		ध्य	
	Physical detection (airflow felt thr	ough g	aske	ts)		\	
	Odor (noticeable perc odor)					প্র	
	Use of direct-reading instrumenta	tion (Fl	D/PI	D/calorimetric	tubes)		
	Halogen leak detector						
	If using direct-reading instra	umenta	tion	, is the equipme	ent:	M N/	Å
	a. Capable of detecting p	erc vap	or c	oncentrations in	a range of 0-500 ppm?	\Box Y	□и
	b. Calibrated against a st (PID/FID only)?	tandard	gas	prior to and afte	er each use	ΟY	ПИ
	c. Inspected for leaks and	d obvio	us si	gns of wear on a	a weekly basis?	$\Box Y$	⊓א⊡
	d. Kept in a clean and se	cure ar	ea w	hen not in use?		ΠY	מם
	e. Verified for accuracy l	by use o	of du	plicate samples	(calorimetric only)?	ПY	□N
					·		

Margaret Cangro	Oct 98
Inspector's Name (Please Print)	Date of Inspection
Margaret Cangre Inspector's Signature	10 23 97 Approximate Date of Next Inspection

(meght # 0 BCE-20 Model # 0 BCE-20 Grad # CDN-884 Revise

Revised 8/11/97

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MINE HT

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY ON O
AIRS ID#: 0530350 DATE: 12/10	78 TIME IN: 2:10 TIME OUT: 7:35
FACILITY NAME: Spring Hill	
FACILITY LOCATION: 4305 N	
Dring H	all Clarica
RESPONSIBLE OFFICIAL DIMES A	tivaru phone: 352-683-708/
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	•
2. Facility failed to notify DARM to use general pe	ermit \square
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification If no, please check the appropriate classification	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 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) Ye are the monitoring of the source

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 DONA 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? ON ON/A 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop yapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 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 DNA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box A \Box B$

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם אם אם
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/Á
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN DN/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 ON/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days ANG NO YOU and parts installed w/in 5 days of receipt? DY DN SONA 4. Maintained calibration data? (for applicable direct reading instruments) AME NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DY DN AMA 7. Maintained deviation reports? Problem corrected? DY DY DYA |δ. Maintained compliance plan, if applicable? DA DN BANY

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	nd repair
inspection?			DY DN
2. Has the facility maintained a leak log?			AY ON
3. Does the responsible official check the	e following areas for leaks	?	• ;
Hose connections, fittings, couplings, and valves	TY ON ON/A	Muck cookers	אום אם עקל
Door gaskets and seating	YOU ON ON/A	Stills	RY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	XY ON ON/A	Diverter valves	ביאקל אם צם
Solvent tanks and containers	BY ON ON/A	Cartridge filter housings	AND NO YES
Water separators	AVA UN TYPE	•	
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	es)	\triangleright
Physical detection (airflow felt t	hrough gaskets)		X
Odor (noticeable perc odor)	•		A
Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	
Halogen leak detector	•		
If using direct-reading inst	rumentation, is the equip	oment:	Ž N/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	NC YO
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	אם עם
	secure area when not in us		DY DN
	y by use of duplicate samp		DY DN
MARCHET CANG	fo	(2-1-	98
Inspector's Name (Please Pr	int)	Date of Inspection	-1
Margaret Conor		NEC 19	199
Inspector's Signature		Approximate Date of	Next Inspection.

AIRS 1D#: 05303S0

Kin

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Spring	Hill Clea	ner .	DATE: 12-1-98
FACILITY LOCATION: 420S	Mariner	Blud.	
Sossia	HIDD FL	34608	
	-		·
Annual Reporting Period:	10-24-	_19 <u>97</u> то	12-1- 1998
Based on each term or condition of the Ta 62-213.300, Florida Administrative Code	-	•	<u>-</u>
If NO, complete the following:			•
#1. Term or condition of the general per	mit that has not been in o	continuous compliance du	ing the reporting period stated above:
Exact period of non-compliance: from		to	·
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general per	mit that has not been in o	continuous compliance du	ing the reporting period stated above:
Exact period of non-compliance: from		to	Que DEC V
Action(s) taken to achieve compliance:			Mora Sisy C
Method used to demonstrate compliance:			Solle Soll Ces Ting
As the responsible official, I hereby certimade in this notification are true, accuration rolling averages of purchase receip year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	te and complete. Furthe ts, does not exceed 2,10 s.	er, my annual consumption	of perchloroethylene solvent, based
·		\	•

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
FACILITY NAME: 45	ig Hill	riner Blod	
	Dring Hi	el Cleaner	
RESPONSIBLE OFFICIAL	ames Stu	valu PHONE: 352-683-708/	
CONTACT NAME:	·	PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30	days prior to startu	up	1
2. Facility failed to notify DARM	to use general perm	nit	
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box) A.	form that it is:	☐ No notification form ☐ Drop store/out of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	t t	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) But read to the constructed on or after 12/9/91)	X T
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, $140 \le x \le 1,800$ ga (constructed before $12/9/9.1$)	00 gal/yr c gal/yr t l/yr b	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)	
5. This is à correct facility clas	sification	Y DN DCan not determine	
1	qualified for a gener	cion: eral permit as number above ts and is not eligible for a general permit	
B. The total quantity of perchloro facility was 30 gallons.	ethylene (perc) purc	chased within the preceding 12 months by this dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ANDS NO YOU 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DONA 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop paper venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/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?/ DY DN 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 DY DN 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?	PΩY	ŪΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust effeam 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?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□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	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	, □n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days A/MEZ NO YO and parts installed w/in 5 days of receipt? DY DN XVA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON BATA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? NO KE A/A/E MO YO 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN BN/A 8. Maintained compliance plan, if applicable?

PART	VI: LEAK DETECTION AND I	REPAIRS				
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	ection?			Żęy □n		
2. Has	the facility maintained a leak log?			XX DN		
3. Does	s the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	AND ND YE	Muck cookers	אום אם צאָל		
	Door gaskets and seating	Y ON ON/A	Stills	DN ON ON/A		
	Filter gaskets and seating	A/NO NO YE	Exhaust dampers	XY ON ON/A		
	Pumps	A/NO NO YA	Diverter valves	איא אל אם אם אם		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	XY ON ON/A		
	Water separators	Y □N □N/A				
4. Whi	ch method of detection is used by t	he responsible official?				
	Visual examination (condensed s	olvent on exterior surface	es)	$ \propto $		
	Physical detection (airflow felt th	rough gaskets)		×		
	Odor (noticeable perc odor)			×		
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)			
	Halogen leak detector			ا		
	If using direct-reading instr	umentation, is the equip	oment:	ØN/A		
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use			
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	□Y □N		
	d. Kept in a clean and so	ecure area when not in us	e?	□Y □N		
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY ON		
			:			
		· · · · · · · · · · · · · · · · · · ·		·		
N	LARGARET CANGE	20	12-1-	95		
<u>·</u>	Inspector's Name (Please Prin	nt)	Date of Inspection	10		
h	avant Conan		DEC 19	199		
	Inchestor's Signature		Approximate Date of	Next Inspection		

TITLE V	A COMPLAINT/DISCOVERS OF CE 10 1999 COMPLAINT/DISCOVERS OF Air Monitoring Sources
	99 TIME IN: 11:30 TIME OUT: 11:55
FACILITY NAME: Spring Hill (leaner
FACILITY LOCATION: 4305 Mas	iner Blod.
Spreig Hill	1 FC 34608
RESPONSIBLE OFFICIAL: Janus Itu	MARU PHONE: 352/683-708/
CONTACT NAME:	PHONE:
	
PART I: NOTIFICATION	! `,
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box) - A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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	Y DN DCan not determine
If no, please check the appropriate classific facility qualified for a genumber 2.5	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 25 gallons.

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

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) DY DN 1. Equipped all machines with the appropriate yent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 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 DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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 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?	□Y □N □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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □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?	□Y □N □N/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 ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	.,
1. Maintained receipts for perc purchased?	ANY ON
2. Maintained rolling monthly total of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	\
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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 DEN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN 🔊
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MAN/A
6. Maintained startup/shutdown/malfunction plan?	AY DN
7. Maintained deviation reports?	DY DN DON/A
Problem corrected?	DY DN ANA
8. Maintained compliance plan, if applicable?	DY DN PN/A

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			OQY □N		
2.	Has the facility maintained a leak log	; ?	•	NO DN		
3.	Does the responsible official check the	he following areas for leaks?	•			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	BY ON ON/A		
	Door gaskets and seating	-QY □N □N/A	Stills	KAY ON ON/A		
	Filter gaskets and seating	ÆY □N □N/A	Exhaust dampers	AVA CO YO		
	Pumps	ØY □N □N/A	Diverter valves	OY ON DANA		
	Solvent tanks and containers	P Y □N □N/A	Cartridge filter housings	MY ON ON/A		
	Water separators	ØY □N □N/A	17.			
4.	Which method of detection is used b	y the responsible official?				
	Visual examination (condensed	d solvent on exterior surfaces	s)	S		
	Physical detection (airflow felt	through gaskets)		2		
	Odor (noticeable perc odor)			zi `		
	Use of direct-reading instrument	ntation (FID/PID/calorimetri	ic tubes)			
	Halogen leak detector					
	If using direct-reading ins	strumentation, is the equip	ment:	ØN/A		
	a. Capable of detection	ng perc vapor concentrations	in a range of 0-500 ppm?	OY ON		
	b. Calibrated against (PID/FID only)?	a standard gas prior to and a	fter each use	□У □И		
	c. Inspected for leaks	and obvious signs of wear o	on a weekly basis?	OY ON		
	d. Kept in a clean and	l secure area when not in use	?	OY ON		
	e. Verified for accura	cy by use of duplicate sample	les (calorimetric only)?	DY DN		

MARGARET CANGRO	12/6/29
Inspector's Name (Please Print)	Date of Inspection
Margaret Canasi	Dec 2000
Inspector's Signature	Approximate Date of Next Inspection

AIRS 1D#: 0530350

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Spring L	tel Cleaner	·	DATE: 12/6/99
FACILITY LOCATION: 4205	Mariner Blv	d.	, /
Spring Ni	el, Fe 34600	f	
Annual Reporting Period:	12-2- 1998	, то	12-6-1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (l			·
If NO, complete the following:			
#1. Term or condition of the general permi	t that has not been in continuou	s compliance during the rep	orting period stated above:
Exact period of non-compliance: from		to	EC EC
Action(s) taken to achieve compliance:			E C L
Method used to demonstrate compliance:	·		Sources Sources
#2. Term or condition of the general permi	it that has not been in continuou	s compliance during the rep	್ orting period stated above:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·	to	· .
Action(s) taken to achieve compliance:		· ·	
Method used to demonstrate compliance:			

As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.	and complete. Further, my ann	ual consumption of perchlo	roethylene solvent, based
RESPONSIBLE OFFICIAL: James	Itaaru X	1. Aluer	12.6.99
Na	ame (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.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
7417				
74	<u>OFFICIAL</u> US.	달,		
108	Postage \$	30		
E E	Certified Fee			
<u> </u>	Return Receipt Fee (Endorsement Required)	$V \mid$		
007	Restricted Delivery Fee (Endorsement Required)			
2	T 10 AIRS ID #.0530350001AG			
1670	Se JAMES ITWARU			
	SPRING HILL CLEANER 4205 MARINER BLVD			
7000	SPRING HILL FL	ˈ		
~	34608			
<u></u>	PS Fortuggeous May 2000 See Reverse for	Instructions		

PLACE STICKER AT TOP OF ENVELOPE	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. 	C. Signature Agent D. Is delivery address different from item 1? Yes
1. Article Addressed to: 10 AIRS ID # 0530350001AG JAMES ITWARU SPRING HILL CLEANER	If YES, enter delivery address below: No
	3. Service Type Certified Mail
2. Article Number (Transfer from service label) 7000 (2700)	01331087417
PS Form 3811, March 2001 Domestic Re	eturn Receipt 102595-01-M-1424



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412654 JAN 72882 📉

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TOTAL AMOUNT DUE: \$50.00

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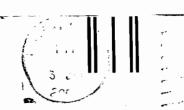
SPRING HILL CLEANER JAMES ITWARU 4205 MARINER BLVD SPRING HILL FL 34608

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

GANGA ITWARU OR LILOUTEE ITWARU 11288 RAINBOW WOODS LOOP SPRING HILL, FL 34609



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AIRS ID # 0530350

SPRING HILL CLEANER JAMES ITWARU 4205 MARINER BLVD SPRING HILL FL 34608 DEC 21 00

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

GANGA ITWARU OR LILOUTEE ITWARU 11288 RAINBOW WOODS LOOP ESPRING HILL, FL 34609





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

Z 333 682 832

US Postal Service

Receipt for Certified Mail

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AIRS ID 0530350

SPRING HILL CLEANER JAMES ITWARU 4205 MARINER BLVD SPRING HILL FL 34608

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
E 3	Postmark or Date	
PS Form 3800, April 1995		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID 0530350 SPRING HILL CLEANER JAMES ITWARU 4205 MARINER BLVD SPRING HILL FL 34608	4a. Article N 2 3 3 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD	for using Return R
ls your <u>RETURN</u>	5. Received By: (Print Name) 6. Signature: (Addressed or Agent) X — X X — X — X — X — X — X — X — X — X — X — X X	8. Addressee and fee is	. ,	Thank you
	PS Form 3811 , December 1994		Domestic Return Receipt	

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0355159

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TOTAL AMOUNT DUE: \$50.00

TOTAL AMOUNT DUE: \$50.00

AIRS ID # 0530350

SPRING HILL CLEANER

JAMES ITWARU

4205 MARINER BLVD

SPRING HILL FL 34608

FOR GOVERNMENT USE ONEY O Org.: 37550101000 E@ BI Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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JAMES ITWARU 4205 MARINER BLVD SPRING HILL FL 34608 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Fund: 20-2-03500 Obj.: 002273

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11288 RAINBOW WOODS LOOP SPRING HILL, FL 34609





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0508%21838

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0530350

3 00 NATURE ON 1

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273