

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 3, 1996

Mr. Robert H. Cothern 1145 20th Place Vero Beach, Florida 32960

Dear Mr. Cothern:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 7, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

# #0610067

	#0010007
	60 Minute Cleaners
	-spoke with Agnes De Jarnette- 8/22/96/Mr. Cothern on vacation
p.13	6. need title - Owner 7. need firm
D. 14	3. Should be new large area Source
P.15	3. Should be new large area source 4. Should be new large area source
. <u> </u>	refrig. con. 5.4) required
<del></del>	
. <u> </u>	
	<del> </del>

# Perchloroethylene Dry Cleaning Facility Notification

# **Facility Name and Location**

1	Facility Over and Common Name of Common time and individual common
1.	
	Robert W. Cothern
2.	Site Name (For example, plant name or number):
	60 MINUTE CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 060237666
4.	Facility Location:
	Street Address: 1145 201 Pl.
	City: UERO BEACH County: INDIAN RIVER Zip Code: 32960
5.	Facility Identification Number (DEP Use):
	9500653 0610067
	D
	Responsible Official
F6 1	Name and Title of Responsible Official:
(6.)	
	ROBERT. N. COTHERN
7.	Responsible Official Mailing Address: Organization/Firm:
معهوبينا	Organization/Firm:
	Street Address: PO.1307 156
	City: BLEVARD Zip Code: 32902
8.	Responsible Official Telephone Number:
	Telephone: (407) 724- 0170 Fax: (407) 724- 0171
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	RICHARD KORTE, PLANT MANAGER
10.	Facility Contact Address:
	Street Address: 11 45 20 Pl.
	City: UERO BEACH County: Zip Code: 32960
	· ·
11.	Facility Contact Telephone Number:
	Telephone: (407) 567 - 4387 Fax: (407) 724 - 0171

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example		03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	·								· · · ·
(1) w/ ref. condenser	#1	37 Aug 94	27 AU9 94	#2	2800194	280c7 94			
(2) w/ carbon adsorber			1	W					
(3) w/ no controls									
Washer Unit								<u></u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						. 4			independent
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		is in the		ä *	i e	6 (S. )		a Taley y	y
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the	are re quant galle	equired to be ity of perchloons ow many?	installed [_ proethylene (	perc)	_] purchased ir				[ <u>⊀.</u> ]
(3.)What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	nitions founc nall area sour	се [Ж	]	Part II?	
= -									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	es pursuant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber  []	Refrigerated condenser []
New small area source Refrigerated condenser  [ X ]	
New large area source Refrigerated condenser []	
	ns units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following ite:
	(1) have a total heat input of 10 million BTU/hr or less (298 v natural gas except for periods of natural gas curtailment ore than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X]
Equipment Monitorin	g and Recordkeeping Information
Check all logs which are required to be kept on-si	te 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 monitorin	g
(d) Carbon adsorber exhaust perc concentration m	onitoring []
(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)

lease indicat	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)
	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 is 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.
Siodanire	<u>Date</u>

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

THIS CHECK IS DELIVERED DATE	O FOR PAYMENT ON THE FOLLOWING ACCOUNTS	CENTRAL FLORIDA DRYCLEANING 12-86 PLANT ACCOUNT	15903
	,	P.O. BOX 156  MELBOURNE, FL 32902  8-2 19 9	
ESS %	TOTAL	PAY TO THE OF Deptoy Environmental Scatestian \$	500
	EDUCTIONS OF CHECK	Barnell 1109 E. New Haven	L-L-A-R S
ALEVA SON OF THE STATE OF THE S		Bank Melbourne, Florida 32901  Oggus J. De	ainte

THIS CHECK IS DELIVERED FOR PAYMENT ON THE	CENTRAL FLORIDA DRYCLEANING 12-86 PLANT ACCOUNT	15904
TOTAL LESS % DISCOUNT LESS % TOTAL DEDUCTIONS AMOUNT OF CHECK	Tifty Old of	
ANAMA SANELA	Bank. 1109 E. New Haven Melbourne, Florida 32901	Juntle

# #0610067 60 Minute Cleaners

### **BEST AVAILABLE COPY**

	-spoke with Agnes De Jarnette-	
1.	-Spoke with Agnes De Jarnette - 8/22/96/Mr. Cothern on vacation	
	$\mathcal{R}_{\mathcal{C}}$	
2.	Site N P.13 6. need title - Owner 7. need firm	
3.	7. need firm	. —
l .	Hazar	
4.	Facili P. 14 3. Should be new large area Source	
	F P. 14 3. Should be new large area Source  Stree P. 15 4. Should be new large area source  City: refrig. con.  Facili 5.(f) required	
	retrig. Con.	960
5.	Facill 5.(+) réquired	
6.)	Nam	
**************************************		·
7.	Resp Corrections made 11/15/96 S	
	Orga Stree	
	City	32902
8.	Res <sub>I</sub>	
	Tele	
9.	Name and Title of Facility Contact (For example, plant manager).	
9.		
10.	RICHARD KORTE, PLANT MANAGER Facility Contact Address:	
	Street Address: 11 45 30 Pl.	
	City: County: Zip Code: 32  City: TNDIAN RIVER  Code: 32	2960
11.	Facility Contact Telephone Number:	: -
- 1	Telephone: (407) 567 - 4387 Fax: (407) 724 - 0171	

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Bureau of Air Monitoring & Mobile Sources

# Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Robert U. Cothern Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	60 MINUTE CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 060237666
4.	Facility Location:  Street Address: //45 20 Pi.
	City: UERO BEACH County: INDIAN RIVER Zip Code: 32960
5.	Facility Identification Number (DEP Use): 0410047
	Responsible Official
6.	Name and Title of Responsible Official:
	ROBERT W. CITHERN, OWNER ADS 11-13-96 Responsible Official Mailing Address:
7.	Organization/Firm: 60 MINUTE CLEANERS. ADJ-11-13-96 Street Address: P.O.BOY 156
	City: BREUARD Zip Code: 32902
8.	Responsible Official Telephone Number:
	Telephone: (407) 734 - 0170 Fax: (407) 734 - 0171
-	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	RICHARD KORTE, PLANT MANAGER
10.	Facility Contact Address:
	Street Address: 11 45 20 Pl.
	City: UERO BEACH County: Zip Code: 32960
11.	Facility Contact Telephone Number:
	Telephone: (407) 537 - 4387 Fax: (407) 724 - 0171

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
٠.		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	lD	Purchased	Installed
Example		03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			•						
(1) w/ ref. condenser	#1	27 Puggy	27 AU994	42	2800794	28001 94			
(2) w/ carbon adsorber			, , , , , , , , , , , , , , , , , , ,			, D. S. J.			
(3) w/ no controls				-					
Washer Unit		•			•			•	. <del></del>
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•				•	·	•	
(7) w/ ref. condenser			,						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					- L			3.24	:
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the following of the fo</li></ul>	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (	(perc)	purchased ir				<b>_</b>
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.)	) ew sn	nall area sour			Part II?  ABY - 11-1	13-96
Existing large are	ca 501	uice [	IN	cw id.	rge area sour		, <i>f</i>	+12× 11′′	. •

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4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber  []  Refrigerated condenser	
New small area source Refrigerated condenser (***) みら 11-13-96	
Refrigerated condenser  New large area source Refrigerated condenser    X   A D 7   11-13-96	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
Equipment Monitoring and Recordkeeping Infor	
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(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	[V] ADJ- 11-13-96

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# Surrender of Existing Air Permit(s)

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te with an "X" the appropriate selection:
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
No air permits currently exist for the operation of the facility indicated in this notification form.
Responsible Official Certification
dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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.

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	и	COMPLAINT/DISC	OVERY 🗅
AIRS ID#: <u>06/0067</u> D.  FACILITY NAME:  FACILITY LOCATION:	ATE: 11/13/96 Minute 1145 20 /ero Brac	Cleans	¥	Œ OUT: <u>1:4δ ρ</u>
PART I: NOTIFICATION	<del></del>			
(check appropriate box)		<u> </u>		\
1. Existing facility notified DARI	M by 9/1/96			<u> </u>
2. New facility notified DARM 30	days prior to star	tup		۵
3. Facility failed to notify DARM	to use general per	mit		
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source		2. New small	area source	
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		dry-to-dry only transfer only, x both types, x<1 (constructed on	<200 gal/yr	\ ,
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr l/yr</td><td>transfer only, 2 both types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>×</td></x<2,>	gal/yr l/yr	transfer only, 2 both types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	×
This is a correct facility classification	ition	DV DN		
If no, please check the appropriate	e classification:			
	l for a general perr above limits and is		above a general permit	
B. The total quantity of perchlore facility was gallons.	oethylene (perc) pu 나	irchased within	the preceding 12 month	s by this dry cleaning

#### 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 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 prior to September 22, 1993

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

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



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,		
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?	Жу ом
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MA □N
	Is the temperature differential equal to or greater than 20° F?	MA □N
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?	Dang) t
	Is the perc concentration equal to or less than 100 ppm?	□Y □N
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?	<sub>γ</sub>
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XVIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	A/KK NO YO
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	_
1.	Maintained receipts for perc purchased?	XY DN
2.	Maintained rolling monthly averages of perc consumption?	
3.	Maintained forming monthly averages of pere consumption:	ZY DN
	Maintained leak detection inspection and repair reports for the following:	ΔY □N
		AA ON AA ON
	Maintained leak detection inspection and repair reports for the following:	DY ON
4.	Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	0
	Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	O ON ON
5.	Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	O ON ON MIN/A
5. 6.	Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	O ON ON MANA  OY ON MANA  OY ON
5. 6.	Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	O ON ON MON/A OY ON MON/A OY ON OY ON

# PART VI: LEAK DETECTION AND REPAIRS MO A 1. Does the responsible official conduct a weekly leak detection and repair inspection?

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?    □Y □N						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N						
	c. Inspected for leaks and obvious signs of wear on a weekly basis? $\Box Y \Box N$						
	d. Kept in a clean and secure area when not in use? □Y □N						
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
3.	Has the facility maintained a leak log? □Y □N						
4.	Ooes the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves □Y □N Muck cookers □Y □	7					
	Door gaskets and seating	N					
	Filter gaskets and seating	.1					
	Pumps Diverter valves MY Diverter valves	N					
	Solvent tanks and containers	N					
	Water separators						

	•
Name of Responsible Official	
Sheila Schrider	11/13/96
Inspector's Name (Please Print)	Date of Inspection
Theila Tchreide	11/13/97
Inspector's Signature	Approximate Date of Next Inspection

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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:45 TIME OUT: 12:2	O AIRS ID#: 06/0067
TYPE OF FACILITY: Dry Cleaning	
FACILITY NAME: 60 min Cleaner	DATE: 11-25-97
FACILITY LOCATION: 114 5 20th Place	·
Veno Beach	PL
RESPONSIBLE OFFICIAL: Pichard Kartes	PHONE NUMBER: 561 - 567 - 4387
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	·
•	
•	
	1
Very Good Record Keeping facility	, mei dean
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NOX
DATE OF NEXT INSPECTION: 1/98	
INSPECTION CONDUCTED BY: SAAD) A	oproximate)
/	lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-894-75-55
Page	of Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS



# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMILIANC	E INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
	MY TIME IN: 12:45 TIME OUT: 1:20
FACILITY NAME:	Claners
FACILITY LOCATION: 1145	2014 Place
1/0 00	Reach I.
051	1 1/2 1 22 1202
RESPONSIBLE OFFICIAL: What	d Kartes PHONE: 561-567-4387
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	· <u> </u>
(check appropriate box)	
1. New facility notified DARM 30 days prior to	startup
2. Facility failed to notify DARM to use general	permit $\square$
<u> </u>	<del>-</del>
PART II: CLASSIFICATION	
Facility indicated on notification form that it i (check appropriate box)	s:   No notification form  Drop store/out of business/petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/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	MY □N □Can not determine
	sification: general permit as number above limits and is not eligible for a general permit

1 of 5

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

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

# A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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

мо уъх

( UN

OX ON ON/A

N/A

אג טא

XY ON ON/A

MA ON

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
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?	□Y □N □N/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?	□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?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased? WW gd Copg	□Y ØØN				
2. Maintained rolling monthly total of perc consumption?	XX DN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	Y ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Y ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	AVENTO NO YOU				
6. Maintained startup/shutdown/malfunction plan?	XIY ON				
7. Maintained deviation reports?	XIY ON ON/A				
Problem corrected?	A/MED YOU				
8. Maintained compliance plan, if applicable?	ON/A				

#### PART VI: LEAK DETECTION AND REPAIRS

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

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE I	NFORMATION:	,			
	<u>:</u> :				
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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0610067 ROBERT H. COTHERN ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL 32902 Do NOT Remove Label Annual Reporting Period: Tan / \_\_\_\_\_1996 TO bec31 Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule  $\square$ NO 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: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after 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 or 1,800 gallons per year for transfer or combination facilities. Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

IN ARMS

RE-INSPECTION

AIRS ID#: 06/00# DATE: 3/17/9	9 TIME IN: 91,30 TIME OUT: 10120	
FACILITY NAME: 60min aca	NENT	
FACILITY LOCATION: 1145 20t Vero Bea	h Place	
RESPONSIBLE OFFICIAL: 10mm PC	PHONE: 567-4387	
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to start	пр	
2. Facility failed to notify DARM to use general perm	nit 👊	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ Drop store/out of business/petroleum	
1. Existing small area source	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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed 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 $12/9/91$ )	oler
5. This is a correct facility classification	□Y □N □Can not determine	
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	nation: neral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) pu facility was	urchased 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)

1. Storing perchloroethylene in tightly sealed and impervious containers?

DY DN DXIA

2. Examining the containers for leakage?

DY DN DXVA

3. Closing and securing machine doors except during loading/unloading?

Y ON

4. Draining cartridge filters in their housing or in sealed containers for at

least 24 hours prior to disposal?

Spin custo

Spin cu

\_\_\_\_\_\_

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

OY ON MYNA

#### 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?

MD AX

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

AVI ON ONIA

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

AY ON ONA

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

XY □N

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

AL ON ONIA

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

DX □N

В.	Has the responsible official of an existing large or new large area source also:		* * *	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ūΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 200 F?	ΩY	ΩN	AWD
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	□И	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□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	_N □N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coids?	ΩY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? Warry get copy  2. Maintained rolling monthly total of perc consumption?	
1. Maintained receipts for perc purchased? Walking Street	□Y ΦΧ
2. Maintained rolling monthly total of perc consumption?	עם אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	אואבל מם גם
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 ZN/A
4. Maintained chiloration data? (for applicable direct reading instruments)	DY DN ZNA
5. Maintained exhaust duct monitoring data on perc concentrations?	אאבע אם צם
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	בוא אם אם אם
Problem corrected?	OY ON ENIA
8. Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: LEAK DETECTION	AND REPAIRS			· .
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			4	עז טע
2. Has the facility maintained a le	nk log?		/	עא פא י
<ol> <li>Does the responsible official ci</li> </ol>	neck the following ar	eas for leaks?		
Hose connections, fitting		D>*/	No. de la la	Arr Dr Dr.
couplings, and valves	DY CH	AMA	Muck cookers	DY ON ONA
Door gaskets and seating	אם עם	ANA	Sulls	DY ON ONA
Filter gaskets and seatin	א פא פא	AVAD	Exhaust dampers	TY ON ONA
Pumps	אם צף	□N/A	Diverter valves	אואם אם צם
Solvent tanks and contai	ners dy On	AWD	Cartridge filter housings	אואם אם אוא
Water separators	qл ои			
4. Which method of detection is	used by the responsi	ole official?		
Visual examination (cor	idensed solvent on ex	nerior surfaces)		Ø
Physical detection (airflow felt through gaskets)			<i> </i>	
Odor (noticeable perc odor)				
Use of direct-reading in	strumentation (FID/F	ID/calorimetric	tubes)	Q
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			□N/A	
a. Capable of	ietecting perc vapor	concentrations i	n a range of 0-500 ppm?	MD AD
b. Calibrated a	against a standard ga nlv)?	s prior to and af	ter each use	OY ON
,	or leaks and obvious	signs of wear on	. a weekly basis?	OY ON
1	ean and secure area		-	OY ON
1			s (calorimetric only)?	מם צם
			,	
			<del></del>	
Spada			3)99	
Insperor's Name	Insegnor's Name (Please Print)  Date of Inspection			
(4m =	)		21	
Inspector's Sig	mature	`	Approximate Date of	of Next Inspection

Safetykleen => haz wast

hat waste I has pan.

has them (alsolled V (3000)

Condensate natur 7 tens waste madere has cond. Hzo covered > Voye

Unin (20f them)
34
pan? yes
epix? yes
uses perc on spotting board, has epixy -

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 9',30 TIME OUT: 10',20	AIRS ID#: \$ 0610067				
TYPE OF FACILITY: Drycleaning	·				
FACILITY NAME: 60 - Minute che	nois Date: 3/17/99				
FACILITY LOCATION: 1145 20th Place	e, Vers Beach				
RESPONSIBLE OFFICIAL: Dmmy Dean	PHONE NUMBER: 567-4387				
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·				
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	·				
	•				
•					
	-				
<del>-</del>					
COMMENTS:					
	ord kooming needed to get				
VSing calendar, good record keeping - needed to get percunvoices (her safety Rleen paper work though) — Clean facility.					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.					
DATE OF NEXT INSPECTION: 3/00					
(A <sub>1</sub>	pproximate)				
INSPECTION CONDUCTED BY: AADIA YULBIT					
INSPECTOR'S SIGNATURE:	Non 092 2252				

Page 2 of 2.

Revised 10/96

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

DATE 12-3-99

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

T. T	<u>)</u>
AIRS ID#: 06/0067 DATE: 12-2-41 TIME IN: 11:30 & TIME OUT  FACILITY NAME: 60 min Cleaners  FACILITY LOCATION: 1/45 20th Place  Vero Beach, FL 32960  RESPONSIBLE OFFICIAL: 70 mmy Pearl PHONE: 567-567-  CONTACT NAME: PHONE:	4387
DADE I. NOTICICATION	
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr  dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	petroleum
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  5. This is a correct facility classification  If no, please check the appropriate classification:  Gallity 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 facility was gallons.	dry cleaning

Is the responsible official of the dry cleaning facility:  (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON PANA		
2. Examining the containers for leakage?	DY ON ANA		
3. Closing and securing machine doors except during loading/unloading?	A DN		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5pin dis h	OY ON KINA		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON <b>J</b> AVA		
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)			
Equipped all machines with the appropriate vent controls?	AX ON		
Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND NO NA		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DAY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XY □N		
<ol> <li>Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?</li> </ol>	YAY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY □N		

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?	ΟY	ON-	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° 59	ΩY	□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?	ΟY	□N	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□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?	ΠV	ΠN	□N/A
		u i		J.V.A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser ooils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	א□	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY 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 DY DN SONA and parts installed w/in 5 days of receipt? DY DN XNA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON XIA 5. Maintained exhaust duct monitoring data on perc concentrations? X Y DN 6. Maintained startup/shutdown/malfunction plan? DY DN SANA 7. Maintained deviation reports? DY DN PANA Problem corrected? DY DN SN/A 8. Maintained compliance plan, if applicable?

## 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?			XY.	ПΝ
2.	Has the facility maintained a leak log	?		XY	ПΝ
3.	Does the responsible official check th	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	AY ON ONA	Muck cookers	DET DI	N 🗆 N/A
	Door gaskets and seating	AVO NO VA	Stills	ΔY O	N/A N/A
	Filter gaskets and seating	אומם מם צפל	Exhaust dampers	AY O	A/MD N
	Pumps	אומם מם אא	Diverter valves	XY O	A/ND P
	Solvent tanks and containers	אואם אם צים	Cartridge filter housings	XY O	A/ND N
	Water separators	AND NO YO			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	es)	A	
	Physical detection (airflow felt t	hrough gaskets)	•	# # #	
	Odor (noticeable perc odor)			9	
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector				
	If using direct-reading inst	trumentation, is the equip	oment:	□N/A	
	a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?		7
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use		7
	c. Inspected for leaks a	and obvious signs of wear o	on a weekly basis?	DY D	7
	d. Kept in a clean and	secure area when not in us	se?	OY O	4
	e. Verified for accuracy	y by use of duplicate samp	les (calorimetric only)?		1

Inspeciol's Name (Please Print)

Down Inspector of the In

Inspector's Signature

12-2-99

Date of Inspection

12-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
• • • • • • • • • • • • • • • • • • •			
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	•		
		•	

# ATRS ID#:

# **BEST AVAILABLE COPY**

Revised 09/15/97

O 6/0067
DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

per

FACILITY NAME: 60 min Cleaners	DATE: 12-2-99
FACILITY LOCATION: 1145 20th Place	
Vero Beach, FL 32960	
Annual Reporting Period: December 1996 TO December	cember 1999
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this stateme	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance duri	ng the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance duri	ing the reporting 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, based on information and belief formed after reamade in this notification are true, accurate and complete. Further, my annual consumption upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1, combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Sign	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.

Page \_\_\_\_\_ of \_\_\_\_.

### Z 333 612 984

## US Postal Service Receipt for Certified Mail

AIRS ID 0610067

ROBERT H. COTHERN ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL 32902

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:30 am	тіме оит: 12!00	pm AIRS ID#:	0067
TYPE OF FACILITY: Dry	Cleaning		
FACILITY NAME: 60 mi	n Cleaners		DATE: 12-2-99
FACILITY LOCATION: []	15 20th Place		<u>,                                     </u>
Ve	ro Beach, FL 32960		
RESPONSIBLE OFFICIAL:	Tonny Pean	PHONE NUMBER:_	561-567-4387
<b>L</b>	the compliance requirements evaluat Rule 62-213.300, Florida Administra	-	ity is found to be in
Based on the results of discrepancies were note	the compliance requirements evaluated:	ted during this inspection, the follo	wing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
	-		<u>.                                    </u>
		**********	
COMMENTS:		<u> </u>	
	pliance		
The Annual Compliance Certific	cation form has been properly certific	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		proximate)	
INSPECTION CONDUCTED	BY: Kandall C	van in ghum ase Print)	
INSPECTOR'S SIGNATURE	14 dall Top	PHONE NUMBER:	<u>(407) -893 -3333</u>
	Page	_of	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 10-24-00
RY RC

TYPE OF INSPECTION:

ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY-(Ci)-

RE-INSPECTION (FUI)

AIRS ID#: 0(10067 DATE: 10/23/	00 TIME IN: 1:30 TIME OUT: 2300
FACILITY NAME: 60 min Clean	ners
FACILITY LOCATION: 1145 20 th	014ce
Vero Beach,	Fc 32960
RESPONSIBLE OFFICIAL: TOMAY PE	PHONE: 561-567-4387
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to star	rtup   (ARMS Data) MNC
2. Facility failed to notify DARM to use general per	ermit
PART II: CLASSIFICATION	
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: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box) A.  1. Existing small area source □	Drop store/out of business/petroleum  2. New small area source
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr  □	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 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
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, 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)
(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)	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)
(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)	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)
(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	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
(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	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 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr
(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	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 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr
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(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 classific facility qualified for a gen	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 $12/9/91$ ) $\square Y \square N \square Can$ not determine  cation: neral permit as number above
(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 classific facility qualified for a gen	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 $12/9/91$ ) $\square Y \square N \square Can$ not determine

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? DY DN ZN/A 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) Day on 1. Equipped all machines with the appropriate vent controls? 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated dy ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after dy on verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?		
,			
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		□N/A
	Is the temperature differential equal to or greater than 20° F?	מם עם	□N/A
3.	Measured and recorded the perc concentration in the exhaust afream 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?	□Y □N	□N/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?	OY ON	□N/A
5.	Equipped trapsfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	□Y □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N	□N/A
=5			

#### 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: ZY 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 DY ON MY/A and parts installed w/in 5 days of receipt? DY ON DINA 4. Maintained calibration data? (for applicable direct reading instruments) OY ON ZN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN ZN/A Problem corrected? □Y □N ØN/A 8. Maintained compliance plan, if applicable?

PA	ART '	VI: LEAK DETECTION AND I	REPAIRS				
1.	Does	s the responsible official conduct a	weekly (for	small source	ces, bi-weekly) leak detection a	nd rep	air
	insp	ection?				ΔY	□N
2.	Has	the facility maintained a leak log?				ΔY	□N
3.	Does	s the responsible official check the	following a	reas for leak	ss?		
		Hose connections, fittings, couplings, and valves	Jay On	□N/A	Muck cookers	ÞΥ	□N □N/A
		Door gaskets and seating	אם עם	□N/A	Stills	þΥ	□N □N/A
		Filter gaskets and seating	OY ON	□N/A	Exhaust dampers	þΥ	□N □N/A
		Pumps	DY DN	□N/A	Diverter valves	ÞΥ	□N □N/A
		Solvent tanks and containers	אם אם	□N/A	Cartridge filter housings	ΔY	□N □N/A
		Water separators	DY DN	□N/A			
4.	Whic	ch method of detection is used by t	he responsib	ole official?	. *		
		Visual examination (condensed so	olvent on ex	terior surfac	ces)	6	
		Physical detection (airflow felt th	rough gaske	ts)	,		
		Odor (noticeable perc odor)		•			
		Use of direct-reading instrumenta	tion (FID/Pl	ID/calorime	tric tubes)		
		Halogen leak detector					
		If using direct-reading instru	umentation	, is the equi	pment:	<b>Z</b> N/	A
		a. Capable of detecting J	perc vapor c	oncentratio	ns in a range of 0-500 ppm?	ΠY	□N .
		b. Calibrated against a s (PID/FID only)?	tandard gas	prior to and	after each use	ΠY	ПN
		c. Inspected for leaks an	d obvious si	igns of wear	on a weekly basis?	ΠY	□N
		d. Kept in a clean and se	ecure area w	hen not in u	se?	ΠY	ПN
		e. Verified for accuracy	by use of du	ıplicate sam	ples (calorimetric only)?	ПY	□N

Kandall	Luningham
Inspector's N	lame (Please Print)
MI	7/17
1 MM	
Inspector	's Signatur

10-23-00Date of Inspection

10-200 |
Approximate Date of Next Inspection

AIRS ID#: 0610067

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 60 MIA CLE	PUNTS DATE: 10-23-00
FACILITY LOCATION: 1145 20th	Place
Vero Beach,	FL 32960
<u> </u>	
Annual Reporting Period: 0000	20 TO October 2000
Based on each term or condition of the Title V general air	r permit; my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during	g the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not be	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not be	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
in this notification are true, accurate and complete. Furth	rmation and belief formed after reasonable inquiry, that the statements made ther, my annual consumption of perchloroethylene solvent, based upon r for dry-to dry facilities or 1,800 gallons per year for transfer or Signature Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANN	JAL 🔀 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1:30	гіме оит: 2; 00	AIRS ID#:	6 10067
TYPE OF FACILITY: Dry Clean			
FACILITY NAME: 60 mga C	leaners .		DATE: 10/23/00
FACILITY LOCATION: 1/45 2	oth Place		
Vero Bi	each, FC 329	160	
RESPONSIBLE OFFICIAL: Tomm	y Dean	PHONE NUMBER	561-567-4387
Based on the results of the comp compliance with DEP Rule 62-2	13.300, Florida Administra	ative Code (F.A.C.).	•
Based on the results of the comp discrepancies were noted:	liance requirements evalua	ited during this inspection, the to	Howing compliance
COMPLIANCE REQUIREM	ENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
e			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
		·	
			<u> </u>
In Complianc	e		
The Annual Compliance Certification for	n has been properly certifi	ed and submitted to the inspecto	r. YEST NO
DATE OF NEXT INSPECTION: 10	-2001	proximate)	<u> </u>
INSPECTION CONDUCTED BY:	Pandall Com		
INSPECTOR'S SIGNATURE:	doll of	PHONE NUMBER	1: 407-893-3333
	Page	_of	Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357056

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

**BEST AVAILABLE COPY** 

TOTAL AMOUNT DUE: \$50,000 13 99

AIRS ID # 0610067

Do NOT Remove Label

**60 MINUTE CLEANERS** ROBERT H. COTHERN

P.O. BOX 156 **MELBOURNE FL 32902** 

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQ: B1 Fund: 20-2-035001 Obi.: 002273

303035 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** 

RECEIVED MAIL ROOM FEB 19 98

Do NOT Remove Label

AIRS ID#0610067 ROBERT H. COTHERN ROBERT H. COTHERN

P.O. BOX 156 **MELBOURNE FL 32902** 

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

Obj.: 002273

## **Best Available Copy**

L FLORIDA DRYCLEANING TLE V AIR GENERAL PERMITS

Check Number: 13988

Check Date: Jan 10, 2000

Item to be Paid - Description

Check Amount: \$50.00

0610067 BREVARD

Discount Taken

Amount Paid

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

039:022

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 # 0610067

**60 MINUTE CLEANERS** ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL 32902

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

# Z 570 PP3 577

**US Postal Service** 

# Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See For

AIRS ID # 0610067001AG ROBERT H. COTHERN 60 MINUTE CLEANERS P.O. BOX 156 MELBOURNE FL 32902

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

Fold at line over top of envelope to	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. S. delivery rights suffferent framitiem by Yes
1. Article Addressed to:  10 AIRS ID # 0610067001AG ROBERT H. COTHERN 60 MINUTE CLEANERS	If YES, enter delivery address below:  JUN 2001  Bureau of Alignonitoring
P.O. BOX 156 MELBOURNE FL 32902	3. Service Type  3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

450	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>AiRS ID # 0610067</li> <li>MINUTE CLEANERS ROBERT H. COTHERN</li> <li>P.O. BOX 156</li> <li>MELBOURNE FL</li> </ul> </li> <li>32902</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
2. Article Number (Copy from service label) 7000, 0600, 0006   14128   17	2669   11111   11 11 1
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789
	j

7669	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
7. Z. B	Postage	\$	
<b>_</b>	Certified Fee		Postmark
0026	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
7000 0600	AIRS ID # 0610067  Rec 60 MINUTE CLEANERS  ROBERT H. COTHERN  Str. P.O. BOX 156  City MELBOURNE FL 32902		
	PS <sup>3</sup>		or Instruction

CENTRAL FLORIDA DRYCLEANING, INC. TITLE V AIR GENERAL PERMITS

Check Number:

16336

Check Date:

Jan 19, 2001

Check Amount: \$50.00

Item to be Paid - Description

Discount Taken

Amount Paid

0610067 (BREVARD)

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

403380

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 # 0610067

**60 MINUTE CLEANERS** ROBERT H. COTHERN P.O. BOX 156

MELBOURNE FL 32902

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258408 /

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

JAN 17 97

Do NOT Remove Label

AIRS ID# 0610067

60 MINUTE CLEANERS ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL 32902 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 CENTRAL FLORIDA DRYCLEANING, INC.

• DEPT. OF ENVIRONMENTAL PROTECT

Check Number:

18713

Check Date:

Feb 6, 2002

Check Amount: \$100.00

Item to be Paid - Description

Discount Taken

Amount Paid

AIRS ID #0610067

50.00

AIRS ID #0090142

50.00

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**

# 413963

Do NOT Remove Label

AIRS ID # 0090142

**60 MINUTE CLEANERS** ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413963 FEB11 2092 L

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 # 0610067

**60 MINUTE CLEANERS** ROBERT H. COTHERN P.O. BOX 156 MELBOURNE FL

32902

FOR GOVERNMENT USE ONLY

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

Obj.: 002273