

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

July 28, 1997

Mr. Gerald E. Orth  
Blue Bayou Dry Cleaners  
24 Eight Street  
Shalimar, Florida 32579

Re: Facility No.: 0910074

Dear Mr. Orth:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 9, 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. Charles Norman, Northwest District

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

Printed on recycled paper.

#0910074

Blue Bayou Drycleaners

p. 14 1.(a) Dry-to-Dry or transfer machine?; mark out incorrect "yes"s

1.(b) mark out "no"

1.(c) mark out "no", add "x"

p. 15 4. mark out "x"

5.(c) + 5.(d) not required, mark out "x"s and initial

p. 16 - add permit number(s)

JUN 9 1997

**Perchloroethylene Dry Cleaning Facility Notification**

Bureau of Air Monitoring  
& Mobile Sources

**Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):		
Gerald E. Orth Blue Bayou Drycleaners		
2. Site Name (For example, plant name or number):		
24 8 Street, Shalimar 32579		
3. Hazardous Waste Generator Identification Number:		
Speed Queen		
4. Facility Location:		
Street Address: 24 8th Street		
City: Shalimar	County: Okaloosa	Zip Code: 32579
5. Facility Identification Number (DEP Use):		
0910074		

**Responsible Official**

6. Name and Title of Responsible Official:		
Gerald E. Orth Owner		
7. Responsible Official Mailing Address:		
Organization/Firm: Blue Bayou Dr		
Street Address: 24 8th Street		
City: Shalimar	County: Okaloosa	Zip Code: 32579
8. Responsible Official Telephone Number:		
Telephone: (904) 651-3181	Fax: ( )	-

**Facility Contact (If different from Responsible Official)**

9. Name and Title of Facility Contact (For example, plant manager):		
10. Facility Contact Address:		
Street Address:		
City:	County:	Zip Code:
11. Facility Contact Telephone Number:		
Telephone: ( )	Fax: ( )	-

### Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	yes	1989							
(2) w/ carbon adsorber	yes								
(3) w/ no controls	yes								
<b>Washer Unit</b>									
(4) w/ ref. condenser	yes								
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser	yes								
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser	yes								
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed  NO

(c) No control devices are required to be installed  NO

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

existing  
small  
none

Existing small area source

New small area source

Existing large area source

New large area source

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

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

ⓐ Please indicate 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**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Gerald E. Orth  
Signature

5/29/97  
Date

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

RECEIVED

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Gerald E. Orth	SEP 15 1997
2. Site Name (For example, plant name or number):	Blue Bayou Dry Cleaner & Coin Laundry	Bureau of Air Monitoring & Mobile Sources
3. Hazardous Waste Generator Identification Number:		
4. Facility Location: Street Address: 24A 8th Street City: Shalimar County: Okaloosa Zip Code: 32579		
5. Facility Identification Number (DEP Use):		0910074

Responsible Official

6. Name and Title of Responsible Official:	Gerald E. Orth
7. Responsible Official Mailing Address: Organization/Firm: Street Address: 24A 8th Street City: Shalimar County: Okaloosa Zip Code: 32579	
8. Responsible Official Telephone Number: Telephone: (850) 651-3181 Fax: ( ) -	

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

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Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	1	1989							
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source



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:

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(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

### Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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No air permits currently exist for the operation of the facility indicated in this notification form.

### Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Gerold E. Outh  
Signature

9/3/97  
Date

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CASH LISTINGS OFFICE

VERIFICATION OF DOCUMENTATION RECEIVED WITH NO CHECK/CASH

DATE: 2-25-98.

DOCUMENTATION RECEIVED FROM Blue Dayon Cleaners.

NO CHECK OR CASH WAS RECEIVED IN THE ENVELOPE WITH THE DOCUMENTATION.

OPENED BY: Tina Butth

WITNESSED BY: Rodney Dawson

---

Documentation received by the Mail Rooms that does not contain a check or the appropriate amount of cash will be entered on this form.



# Department of Environmental Protection

Lawton Chiles  
Governor

Northwest District  
160 Governmental Center  
Pensacola, Florida 32501-5794

Virginia B. Wetherell  
Secretary

## Drycleaner Inspection Exit Summary

Drycleaning Facility: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

INTERVIEW PARTICIPANTS: \_\_\_\_\_

An inspection of your facility was conducted today for the purpose of determining compliance with applicable Department drycleaning regulations; this exit interview is the Department's attempt to advise you of possible violations. Unless you have a history of noncompliance or violations noted during the inspection appeared to be the result of gross negligence, no penalties are expected to be calculated as a result of your operations. However, because current regulations applicable to drycleaners require continued compliance to ensure eligibility to the State cleanup program you are advised to immediately begin correcting the deficiencies noted below.

The following violations have been tentatively identified:

- 1. The registration information for the facility is not correct.
- 2. The facility has not registered as an operating drycleaner.
- 3. Equipment inspection logs are not current or consistent.
- 4. Records showing proper management of hazardous waste are insufficient.
- 5. Equipment does not appear to be maintained to prevent a release.
- 6. There is evidence of releases of contaminants, but no record of response.
- 7. Separator water is being evaporated without proper controls.
- 8. Separator water is being improperly discharged to sewer, septic tank or ground.
- 9. Separator water containers are not covered during collection or storage.
- 10. Vacuum return water is being improperly discharged to sewer, septic tank, or ground.
- 11. No secondary containment is provided for the drycleaning machine.
- 12. No secondary containment is provided for the waste containers.
- 13. No secondary containment is provided for solvent based spotters over one quart in volume.
- 14. Secondary containment is damaged or insufficient.
- 15. Floors are not sealed.
- 16. Sealed floor areas are peeling, pitted, cracked or show other signs of damage or misinstallation.
- 17. Hazardous waste containers are not being stored in a manner to prevent release.
- 18. Product and/or waste containers are not properly labeled.
- 19. Facility is not equipped to effectively respond to a solvent release.
- 20. Other \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### DEP MAINTAINS A FAX-ON-DEMAND SYSTEM THAT ALLOWS YOU TO OBTAIN INFORMATION ON THE DRYCLEANING PROGRAM 24-HOURS A DAY TOLL FREE - 800-789-4502

The following will be/has been provided to help you maintain compliance with Department regulations:

- Multimedia Guide or mailing address
- Small Business Assistance Program Booklet
- Rule 62-781, F.A.C.
- Registration Information
- Small Quantity Generator Handbook/Fact Sheet
- Secondary Containment Fact Sheet
- Contact Water Management Information
- Application Information
- Summary of Hazardous Waste Regulations
- Other

Operator/Owner was provided copy of Notice of Site Visit.  Yes  No

I agree to provide written documentation of efforts to address the deficiencies noted above by: \_\_\_\_\_

RECEIPT ACKNOWLEDGED

Protect, Conserve and Manage Florida's Natural Resources

INVESTIGATOR

Printed on recycled paper.

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Sources

MAR 03 1998

RECEIVED

GERALD E ORTH GERALD E ORTH 24 A 8TH STREET SHALIMAR FL 32579	AIRS ID 0910074
--	-----------------

Do NOT Remove Label

Annual Reporting Period: 5-97 1997 TO 2 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: Discontinued Dry Cleaning

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

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.*

RESPONSIBLE OFFICIAL: Mildred Orth Mildred Orth 2-21-98  
 Name (Please Print) Signature Date

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

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

**RECEIVED**

**MAR 25 1998**

FACILITY NAME: Blue Bayou Cleaners Bureau of Air Monitoring & Mobile Sources  
 FACILITY LOCATION: 24 8<sup>th</sup> St. A  
Shalimar, Florida 32579

Annual Reporting Period: 5-1-97 1997 TO 3-1-98 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECORD KEEPING - NOT DONE: Perc purchases; leak repair; leak detection (maintain on site)

Exact period of non-compliance: from 5-1-97 to 2-15-98

Action(s) taken to achieve compliance: Shut down Dry Cleaning Machine

Method used to demonstrate compliance: as of 2-15-98, Trying to Sell Business

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Used perc + cartridges improperly stored/disposed. Perc & cartridge in container

Exact period of non-compliance: from 5-1-97 to 3-1-98

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

**RECEIVED**

RESPONSIBLE OFFICIAL: \_\_\_\_\_  
 Name (Please Print) Signature Date  
 MAR 10 1998  
 NORTHWEST FLORIDA  
 DEP

\*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.

I, Gerald E. Orth, will  
not be doing anymore drycleaning  
at Blue Bayou Cleaners.

Gerald E. Orth

RECEIVED

MAR 25 1998

Bureau of Air Monitoring  
& Mobile Sources

RECEIVED

MAR 13 1998

NORTHWEST FLORIDA  
DEP

This one is going  
inactive. He also  
sent me a SOC,  
but didn't sign it  
so I am sending  
it back.  
Charlie



INITIAL changes + Return to Dept.

RECEIVED

JUN 9 1997

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Gerald E. Orth Blue Bayou Drycleaners
2. Site Name (For example, plant name or number):	2448 <sup>th</sup> Street, Shalimar 32579
3. Hazardous Waste Generator Identification Number:	Speed Queen
4. Facility Location: Street Address: City:	2448th Street Shalimar
County:	Okaloosa
Zip Code:	32579
5. Facility Identification Number (DEP Use):	0910074

Bureau of Air Monitoring & Mobile Sources

MAR 25 1998

RECEIVED

Responsible Official

6. Name and Title of Responsible Official:	Gerald E. Orth Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Blue Bayou Dr 248th Street Shalimar
County:	Okaloosa
Zip Code:	32579
8. Responsible Official Telephone Number: Telephone:	(904) 651-3181
Fax:	( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:  Street Address: City:	
County:	
Zip Code:	
11. Facility Contact Telephone Number: Telephone:	( ) -
Fax:	( ) -

RECEIVED

MAR 13 1998  
NORTHWEST FLORIDA  
DEP

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		<i>2 D.F.O.</i>							
(1) w/ ref. condenser	<i>YES</i>	<i>1984</i>							
(2) w/ carbon adsorber	<i>YES</i>	<i>D.F.O.</i>							
(3) w/ no controls	<i>YES</i>	<i>D.F.O.</i>							
Washer Unit		<i>1 D.F.O.</i>							
(4) w/ ref. condenser	<i>YES</i>	<i>D.F.O.</i>							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		<i>YES D.F.O.</i>							
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		<i>YES D.F.O.</i>							
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

- (b) Control devices are required, but not yet installed  *D.F.O.*
- (c) No control devices are required to be installed  *D.F.O.*

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  
 gallons

(b) If less than 12 months, how many?  months  
 Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

- Existing small area source       New small area source
- Existing large area source       New large area source

**RECEIVED**  
 MAR 13 1998  
 NORTHWEST FLORIDA  
 DEP

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  *D.F.O.*      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:

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- 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.F.O.*
- (d) Carbon adsorber exhaust perc concentration monitoring  *D.F.O.*
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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*I will promptly notify the Department of any changes to the information contained in this notification.*

Donald E. Orth  
Signature

5/29/97  
Date

RECEIVED  
MAR 25 1998  
Bureau of Air Monitoring  
& Mobile Sources

RECEIVED  
MAR 13 1998  
NORTHWEST FLORIDA  
DEP



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

July 28, 1997

RECEIVED

MAR 25 1998

Bureau of Air Monitoring  
& Mobile Sources

Mr. Gerald E. Orth  
Blue Bayou Dry Cleaners  
24 Eight Street  
Shalimar, Florida 32579

Re: Facility No.: 0910074

Dear Mr. Orth:

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

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Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

RECEIVED

MAR 13 1998

NORTHWEST FLORIDA

DD/jw

cc: Mr. Charles Norman, Northwest District

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

Printed on recycled paper.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3/10/98/1045 TIME OUT: 1245 AIRS ID#: 0910074  
 TYPE OF FACILITY: DAY  
 FACILITY NAME: Blue Bay Area Cleaners DATE: 3/10/98  
 FACILITY LOCATION: 24A 8th ST, SHALIMON FL 32579  
 RESPONSIBLE OFFICIAL: Gerald Orth PHONE NUMBER: 550-651-3181

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Record KEEPING: NO RECORDS OF PERC purchases, repair, - call records maintenance ON SITE.	Establish bi weekly log check & record. Establish 12-month rolling average of perc purchase maintain log of repairs, parts or denials and regular completion.
USED PERC & WASTES NOT STORED in sealed containers	obtain & use sealed canisters
Cartridges NOT properly drained & disposed of.	Drain all units in sealed canisters or in machine - dispose of in hazmat drum with label
Completion of ANNUAL compliance not done.	Left copy of facility - complete and return to Department

COMMENTS: Complete/initial charges on the Notification - left the facility - return to the Department.

RECEIVED  
 MAR 25 1998  
 Bureau of Air Monitoring & Mobile Sources

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: MAR 99 (Approximate)

INSPECTION CONDUCTED BY: Charles Norman (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 550-595-8364



# Department of Environmental Protection

Lawton Chiles  
Governor

Northwest District  
160 Governmental Center  
Pensacola, Florida 32501-5794  
March 24, 1998

Virginia B. Wetherell  
Secretary

Gerald Orth  
Blue Bayou Cleaners  
24A 8th Street  
Shalimar, Florida 32579

Dear Mr. Orth:

We received your Annual Compliance Certification Form on March 13, 1998. However, you did not sign it. Please enter the information required in the block at the bottom of the page and sign it. Return the completed form to the Department. If you have any questions please contact me at (850) 595- 8364.

Sincerely,

Charles M. Norman  
Environmental Specialist

CMN:cnc

Bureau of Air Monitoring  
& Mobile Sources

MAR 25 1998

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



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4  
ATLANTA FEDERAL CENTER  
100 ALABAMA STREET, S.W.  
ATLANTA, GEORGIA 30303-3104

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AUG 08 1997

DIVISION OF AIR  
RESOURCES MANAGEMENT

AUG 04 1997

Mr. John Glunn  
Mail Station 5500  
Air Resources Management Division  
Florida Department of Environmental  
Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Dear Mr. Glunn:

Enclosed please find the initial notification forms submitted to the Regional EPA office as required by the specified NESHAP. We are forwarding these reporting forms to your agency to complement your agencies coordination of the NESHAP requirements for major and area sources in your jurisdiction.

If you have any questions please contact Mr. Leonardo Ceron at (404) 562-9129.

Sincerely,

A handwritten signature in black ink, appearing to read "Leonardo Ceron".

Leonardo Ceron  
Preconstruction/Hazardous  
Air Pollution Section



FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

COMPLIANCE REPORT FOR POLLUTION PREVENTION

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator Gerald E. Orth  
Company Name Blue Bayou Dry Cleaners & Coin Laundry  
Mailing Address 24 A 8th Street  
City Shalimar State Florida zip 32579  
Plant Address (If Different Than Mailing Address)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months (based on actual purchase receipts):

45 gallons

3. The following pollution prevention practices must be performed at your plant starting on 12/20/93.

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. **NOTE:** This program is required only every other week (biweekly) if you reported NO CONTROLS REQUIRED in the INITIAL NOTIFICATION REPORT.
- Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts. Install the repair parts by 5 working days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

4. The following records must be kept at your plant:

- A log of the results of the leak detection and repair program.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

C. To find out if additional control is required:

Check all boxes that apply:

- I reported 1,800 gallons or less in Question 3 (page 1).
- I reported 2,100 gallons or less in Question 3 (page 1) AND I reported only dry-to-dry machines in Question 4 (page 1).

If you checked either box above, you can STOP HERE. No additional controls are required.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 (page 2) and write in the dates the controls were or will be installed.

If you did not check a box above, go to Part D below.

---

D. If additional control is required, fill out Part D for EACH machine at your plant:

Check a box below, if it applies:

- Machine is a dry-to-dry machine that was installed ON or AFTER 12/9/91.

If you checked this box, you are also required to install a supplemental carbon adsorber.

Write SUPPLEMENTAL CARBON ADSORBER in the shaded box below the machine on page 2.

- Machine is a transfer machine.

If you checked this box, you are also required to install a room enclosure. Write ROOM ENCLOSURE in the shaded box below the machine on page 2.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 and write in the dates all controls were or will be installed (page 2).

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

WORKSHEET

A. To find out if control is required:

Check all boxes that apply:

- I reported less than 140 gallons in Question 3 (page 1);
- I reported less than 200 gallons in Question 3 (page 1) AND reported only transfer machines in Question 4 (page 1).

If you checked either box above and all your machines were installed before 12/9/91, you can STOP HERE. Write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.

YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 6 (page 2).

If you did not check a box above, go to Part B below.

B. Control is required. Fill out Part B for EACH MACHINE at your plant.

Check the appropriate box:

- Machine was installed BEFORE 12/9/91.

If you checked this box, your required control is a refrigerated condenser or a carbon adsorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER or CARBON ADSORBER in the shaded box below the machine on page 2.

Control must be installed by 9/22/96.

- Machine was installed ON OR AFTER 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser.

Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2. NOTE: NO NEW OR USED TRANSFER MACHINES CAN BE INSTALLED AFTER 9/22/93.

Control must be installed when machine is installed.

- Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.

If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must use either a refrigerated condenser or carbon adsorber from 9/22/93 until 9/22/96. On or after 9/22/96, any carbon adsorbers on dry-to-dry machines must be replaced with a refrigerated condenser. If the machine is a transfer machine with a carbon adsorber or a refrigerated condenser, you may keep this installation until 9/22/96. If you plan to keep a dry-to-dry machine with a carbon adsorber or a transfer machine with either a refrigerated condenser or carbon adsorber until 9/22/96, also write this information in the shaded box.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

7. The following records must be kept at your plant:
- A log of the results of the leak detection and repair program.
  - A log of the amount of perc purchased for the past 12 months, calculated each month.
  - The operation and maintenance manuals for all dry cleaning equipment at the plant.
8. If a room enclosure is installed on a transfer machine as stated in Question 4, the following information about the room enclosure must be attached to this report.
- Description of the materials that the room enclosure is constructed of to show that it is impermeable to perchloroethylene, and
  - Explanation of how the room enclosure is operated to maintain a negative pressure at all times while the transfer machine is operating.
  - Explanation of how the room enclosure exhausts into a carbon adsorber
9. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Gerald E. Orth	Owner
Name	Title

- A Responsible Official can be:
- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
  - An owner of the dry cleaning plant,
  - The manager of the dry cleaning plant, or
  - A government official if the dry cleaning plant is owned by the Federal, State, City, or County government.
  - A ranking military officer if the dry cleaning plant is located at a military base.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)

5. Provide the following information for EACH MACHINE at your plant. If you have more than 4 machines at your plant, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	1989			
Control Device (Use WORKSHEET on Pages 5 & 6 to Determine Required Control)				
Date Control Device was Installed or Is Planned to Be Installed				

6. The following pollution prevention practices must be performed at your plant starting on 12/20/93. These practices are listed on an attached sheet that can be posted next to your machine:

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required every other week if you wrote NO CONTROL REQUIRED in the shaded box in Question 5.
- Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts. Install the repair parts by 5 working days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

INITIAL NOTIFICATION REPORT

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator Gerald E. Orth  
Company Name Blue Bayou Dry Cleaners & Coin Laundry  
Mailing Address 24A 8th Street  
City Shalimar State Florida zip 32579  
Plant Address (If Different Than Mailing Address)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Check the box below if:

your dry cleaner is a pick-up store.

your dry cleaning plant has only coin-operated dry cleaning machines that are operated by the customers.

If you checked either box above, you can STOP HERE and return the form to the address given in the accompanying letter.

3. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months:

45 gallons

NOTE: If perchloroethylene purchase records have not been kept at the plant, the volume may be estimated for this initial report.

Method of determining gallons (circle one):

actual

estimated

4. Next to each machine type listed below, write the number of machines of that type located at your plant:

Dry-to-Dry

Transfer

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)  
FOR MACHINES INSTALLED BEFORE 11/9/91, FORM MUST BE SUBMITTED BY 10/23/96  
FOR MACHINES INSTALLED ON OR AFTER 11/9/91, FORM MUST BE SUBMITTED BY 6/18/94.

all times while the transfer machine is operating, and must exhaust to a carbon adsorber.

5. Print or type the name and title of the Responsible Official for the dry cleaning facility:

Gerald E. Orth                      Owner  
Name    Title

Examples of Responsible Officials:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning facility,
- An owner of the dry cleaning facility,
- The manager of the dry cleaning facility, or
- A government official if the dry cleaning facility is owned by the Federal, State, City, or County government,
- A ranking military officer if located at a military base.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)  
FOR MACHINES INSTALLED BEFORE 12/9/91, FORM MUST BE SUBMITTED BY 10/23/96  
FOR MACHINES INSTALLED ON OR AFTER 12/9/91, FORM MUST BE SUBMITTED BY 6/18/94.

4. If you listed a required control in Question 3 (page 1) for any machine at your plant, you must monitor your control.

To find out what type of monitoring is required,

Check  all boxes that apply:

- I use a refrigerated condenser on a dry-to-dry machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 degrees Fahrenheit.

- I use a refrigerated condenser on a transfer machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45 degrees Fahrenheit AND that the difference between the inlet and the outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20 degrees Fahrenheit.

- I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR

- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.

If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc in the exhaust from the carbon adsorber is not over 100 parts per million.

- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.

If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the dry cleaning machine drum at the end of the drying cycle is not over 300 parts per million.

- I use a room enclosure on a transfer machine.

If you checked this box, you are required to vent all air from inside the room enclosure through a carbon adsorber. The room enclosure must be constructed of materials impermeable to perc, must be designed and operated to maintain a negative pressure at



FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)

- A log of the amount of perc purchased for the past 12 months, calculated each month.
- The operation and maintenance manuals for all dry cleaning equipment at the plant.

5. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Gerald E. Orth                      Owner  
Name    Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- An owner of the dry cleaning plant,
- The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government, or
- A ranking military officer if the dry cleaning plant is located at a military base.

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JUN 16 1997

AIR AND RADIATION TECHNOLOGY BRANCH  
EPA - REGION 4  
ATLANTA, GA

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)  
FOR MACHINES INSTALLED BEFORE 12/9/91, FORM MUST BE SUBMITTED BY 10/23/96  
FOR MACHINES INSTALLED ON OR AFTER 12/9/91, FORM MUST BE SUBMITTED BY 6/18/94.

COMPLIANCE REPORT FOR CONTROL REQUIREMENTS

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator Gerald E. Orith  
Company Name Blue Bayou Dry Cleaners & Coin Laundry  
Mailing Address 24A 8th Street  
City Shalimar State Florida Zip 32579  
Plant Address (if Different than Mailing Address)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Write in the total volume of perchloroethylene (perc) purchased for the dry cleaning plant over the last 12 months (based on actual purchase receipts):

45 gallons

3. Fill out the table below for each machine at your plant. Use the WORKSHEET on pages 5 and 6 of the INITIAL NOTIFICATION REPORT to determine required controls. A copy of the INITIAL NOTIFICATION REPORT is attached.

Machine Type (Dry-to-Dry or Transfer)	Date Machine Purchased	Required Control	Date Control Installed
1. <u>Dry-to-Dry</u>	<u>1989</u>	<u>No control required</u>	
2.			
3.			
4.			
5.			
6.			
7.			

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JUN 16 1997

AIR AND RADIATION TECHNOLOGY BRANCH  
EPA - REGION 4  
ATLANTA, GA

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)  
FOR MACHINES INSTALLED BEFORE 12/9/91, FORM MUST BE SUBMITTED BY 10/23/96  
FOR MACHINES INSTALLED ON OR AFTER 12/9/91, FORM MUST BE SUBMITTED BY 6/18/94.

COMPLIANCE REPORT FOR CONTROL REQUIREMENTS

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator Gerald E. Oith  
Company Name Blue Bayou Dry Cleaners & Coin Laundry  
Mailing Address 24A 8th Street  
City Shalimar State Florida zip 32579  
Plant Address (if Different Than Mailing Address)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Write in the total volume of perchloroethylene (perc) purchased for the dry cleaning plant over the last 12 months (based on actual purchase receipts):

45 gallons

3. Fill out the table below for each machine at your plant. Use the WORKSHEET on pages 5 and 6 of the INITIAL NOTIFICATION REPORT to determine required controls. A copy of the INITIAL NOTIFICATION REPORT is attached.

Machins Type (Dry-to-Dry or Transfer)	Date Machine Purchased	Required Control	Date Control Installed
1. <u>Dry-to-Dry</u>	<u>1989</u>	<u>No control required</u>	
2.			
3.			
4.			
5.			
6.			
7.			

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)

- A log of the amount of perc purchased for the past 12 months, calculated each month.
  - The operation and maintenance manuals for all dry cleaning equipment at the plant.
5. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Gerald E. Orth                      Owner  
Name    Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- An owner of the dry cleaning plant,
- The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government, or
- A ranking military officer if the dry cleaning plant is located at a military base.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)  
FOR MACHINES INSTALLED BEFORE 12/9/91, FORM MUST BE SUBMITTED BY 10/23/96  
FOR MACHINES INSTALLED ON OR AFTER 12/9/91, FORM MUST BE SUBMITTED BY 6/18/94.

4. If you listed a required control in Question 3 (page 1) for any machine at your plant, you must monitor your control.

To find out what type of monitoring is required,

Check  all boxes that apply:

- I use a refrigerated condenser on a dry-to-dry machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 degrees Fahrenheit.

- I use a refrigerated condenser on a transfer machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45 degrees Fahrenheit AND that the difference between the inlet and the outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20 degrees Fahrenheit.

- I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR

- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.

If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc in the exhaust from the carbon adsorber is not over 100 parts per million.

- I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.

If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the dry cleaning machine drum at the end of the drying cycle is not over 300 parts per million.

- I use a room enclosure on a transfer machine.

If you checked this box, you are required to vent all air from inside the room enclosure through a carbon adsorber. The room enclosure must be constructed of materials impermeable to perc, must be designed and operated to maintain a negative pressure at

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)  
FOR MACHINES INSTALLED BEFORE 12/9/91, FORM MUST BE SUBMITTED BY 10/23/96  
FOR MACHINES INSTALLED ON OR AFTER 12/9/91, FORM MUST BE SUBMITTED BY 6/18/94.

all times while the transfer machine is operating, and must exhaust to a carbon adsorber.

5. Print or type the name and title of the Responsible Official for the dry cleaning facility:

<u>Gerald E. Orth</u>	<u>Owner</u>
Name	Title

Examples of Responsible Officials:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning facility,
- An owner of the dry cleaning facility,
- The manager of the dry cleaning facility, or
- A government official if the dry cleaning facility is owned by the Federal, State, City, or County government,
- A ranking military officer if located at a military base.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

INITIAL NOTIFICATION REPORT

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator Gerald E. Orth  
Company Name Blue Bayou Dry Cleaners & Coin Laundry  
Mailing Address 24A 8th Street  
City Shalimar State Florida zip 32579  
Plant Address (If Different Than Mailing Address)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Check the box below if:

- your dry cleaner is a pick-up store.  
 your dry cleaning plant has only coin-operated dry cleaning machines that are operated by the customers.

If you checked either box above, you can STOP HERE and return the form to the address given in the accompanying letter.

3. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months:

45 gallons

NOTE: If perchloroethylene purchase records have not been kept at the plant, the volume may be estimated for this initial report.

Method of determining gallons (circle one):

actual

estimated

4. Next to each machine type listed below, write the number of machines of that type located at your plant:

Dry-to-Dry \_\_\_\_\_ transfer

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office.)

5. Provide the following information for EACH MACHINE at your plant. If you have more than 4 machines at your plant, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	1989			
Control Device (Use Worksheet on Pages 5 & 6 to Determine Required Control)	No control			
Date Control Device was Installed or Is Planned to Be Installed				

6. The following pollution prevention practices must be performed at your plant starting on 12/20/93. These practices are listed on an attached sheet that can be posted next to your machine:

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required every other week if you wrote NO CONTROL REQUIRED in the shaded box in Question 5.
- Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts. Install the repair parts by 5 working days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.



FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

7. The following records must be kept at your plant:

- A log of the results of the leak detection and repair program.
- A log of the amount of perc purchased for the past 12 months, calculated each month.
- The operation and maintenance manuals for all dry cleaning equipment at the plant.

8. If a room enclosure is installed on a transfer machine as stated in Question 4, the following information about the room enclosure must be attached to this report.

- Description of the materials that the room enclosure is constructed of to show that it is impermeable to perchloroethylene, and
- Explanation of how the room enclosure is operated to maintain a negative pressure at all times while the transfer machine is operating.
- Explanation of how the room enclosure exhausts into a carbon adsorber

9. Print or type the name and title of the Responsible Official for the dry cleaning plant:

Gerald E. Orth	Owner
Name	Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of the company that owns the dry cleaning plant,
- An owner of the dry cleaning plant,
- The manager of the dry cleaning plant, or
- A government official if the dry cleaning plant is owned by the Federal, State, City, or County government.
- A ranking military officer if the dry cleaning plant is located at a military base.

FACILITY ID NO. \_\_\_\_\_

(To be provided by EPA Regional Office)

WORKSHEET

A. To find out if control is required:

Check all boxes that apply:

I reported less than 140 gallons in Question 3 (page 1):

I reported less than 200 gallons in Question 3 (page 1) AND reported only transfer machines in Question 4 (page 1).

If you checked either box above and all your machines were installed before 12/9/91, you can STOP HERE. Write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.

YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 6 (page 2).

If you did not check a box above, go to Part B below.

B. Control is required. Fill out Part B for EACH MACHINE at your plant.

Check the appropriate box:

Machine was installed BEFORE 12/9/91.

If you checked this box, your required control is a refrigerated condenser or a carbon adsorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER or CARBON ADSORBER in the shaded box below the machine on page 2.

Control must be installed by 9/22/96.

Machine was installed ON OR AFTER 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser.

Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2. NOTE: NO NEW OR USED TRANSFER MACHINES CAN BE INSTALLED AFTER 9/22/93.

Control must be installed when machine is installed.

Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93.

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.

If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must use either a refrigerated condenser or carbon adsorber from 9/22/93 until 9/22/96. On or after 9/22/96, any carbon adsorbers on dry-to-dry machines must be replaced with a refrigerated condenser. If the machine is a transfer machine with a carbon adsorber or a refrigerated condenser, you may keep this installation until 9/22/96. If you plan to keep a dry-to-dry machine with a carbon adsorber or a transfer machine with either a refrigerated condenser or carbon adsorber until 9/22/96, also write this information in the shaded box.

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

C. To find out if additional control is required:

Check all boxes that apply:

- I reported 1,800 gallons or less in Question 3 (page 1).
- I reported 2,100 gallons or less in Question 3 (page 1) AND I reported only dry-to-dry machines in Question 4 (page 1).

If you checked either box above, you can STOP HERE. No additional controls are required.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 (page 2) and write in the dates the controls were or will be installed.

If you did not check a box above, go to Part D below.

---

D. If additional control is required, fill out Part D for EACH machine at your plant:

Check a box below, if it applies:

- Machine is a dry-to-dry machine that was installed ON or AFTER 12/9/91.

If you checked this box, you are also required to install a supplemental carbon adsorber.

Write SUPPLEMENTAL CARBON ADSORBER in the shaded box below the machine on page 2.

- Machine is a transfer machine.

If you checked this box, you are also required to install a room enclosure. Write ROOM ENCLOSURE in the shaded box below the machine on page 2.

YOU ARE FINISHED WITH THE WORKSHEET. RETURN TO QUESTION 5 and write in the dates all controls were or will be installed (page 2).

FACILITY ID NO. \_\_\_\_\_ (To be provided by EPA Regional Office)

COMPLIANCE REPORT FOR POLLUTION PREVENTION

1. Print or type the following for each separately located dry cleaning plant (facility). The owner of more than one plant must fill out a separate form for each plant.

Owner/operator Gerald E. Orth  
Company Name Blue Bayou Dry Cleaners & Coin Laundry  
Mailing Address 24A 8th Street  
City Shalimar State Florida zip 32579  
Plant Address (If Different Than Mailing Address)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_

2. Write in the total volume of perchloroethylene (perc) purchased for ALL of the machines at the dry cleaning plant over the past 12 months (based on actual purchase receipts):

45 gallons

3. The following pollution prevention practices must be performed at your plant starting on 12/20/93.

- Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch. NOTE: This program is required only every other week (biweekly) if you reported NO CONTROLS REQUIRED in the INITIAL NOTIFICATION REPORT.
- Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts. Install the repair parts by 5 working days after they are received.
- Keep a log of the weekly (or biweekly) results of the leak detection and repair program.
- Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred.
- Operate and maintain all dry cleaning equipment according to manufacturers' instructions.

4. The following records must be kept at your plant:

- A log of the results of the leak detection and repair program.

Gerald E. Orth  
8090 Third St.  
Navarre, FL 32566



Leo Ceron  
EPA Region IV (AR-4)  
345 Courtland Street, N. E.  
Atlanta, GA 30365

30365+2400 43



# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0910074 DATE: 3/10/98 TIME IN: 1045 TIME OUT: \_\_\_\_\_  
 FACILITY NAME: Blue Bayou Cleaners  
 FACILITY LOCATION: 24A 8<sup>th</sup> St, Shalimar FL 32579  
 RESPONSIBLE OFFICIAL: Gerald E. Orth PHONE: 850-651-3181  
 CONTACT NAME: M. / DREDA A. ORTH PHONE: SAME

### PART I: NOTIFICATION

(check appropriate box) PURCHASED APPROX. 5/1/97.

1. New facility notified DARM 30 days prior to startup AIR PERMIT APPLIED

2. Facility failed to notify DARM to use general permit FOR 5/27/97

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  No notification form  
 (check appropriate box)  Drop store/out of business/petroleum

A.

<p>1. Existing small area source <input checked="" type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed before 12/9/91)</p>	<p>2. New small area source <input type="checkbox"/>                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed on or after 12/9/91)</p>
<p>3. Existing large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed before 12/9/91)</p>	<p>4. New large area source <input type="checkbox"/>                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed on or after 12/9/91)</p>

5. This is a correct facility classification  Y  N  Can not determine  
DOES NOT HAVE RECORDS ON SITE.

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 45 gallons.  
reported on ORIGINAL APPLICATION

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

**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?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/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?  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?  Y  N  N/A
5. Equipped transfer 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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased? *NOT ON SITE. SALES AT HOME*  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following: *NO INVOICES: AS OBTAINED FROM PERFORMING EMISSIONS OR EMISSION CONTROLS*  Y  N  N/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 and parts installed w/in 5 days of receipt? *JUST SOME OTHER OFFER TEMP CONTROL INVOICE NOT RECEIVED*  Y  N  N/A
4. Maintained calibration data? *(for applicable direct reading instruments)*  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports? *LOAN! KEEPING*  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/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?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |  |
|---|---|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A            |
| Water separators                                  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A |                           |  |
4. Which method of detection is used by the responsible official? *HAS NOT DONE ANY.*
- 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:**  N/A
- 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?  Y  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)?  Y  N

Charles M Norman  
Inspector's Name (Please Print)

3/10/98  
Date of Inspection

Charles M Norman  
Inspector's Signature

MAR 99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- ① I left copy of 5/29/97 application ~~to~~ with corrections noted to be initialed by R.O. AND RETURNED TO ME.
- ② Left copy of Annual Camp. Centi. Form to be completed.
- ③ Ms Orth (mother/owner) said they planned to get out of the business to talk - Dry cleaning & Laundry. Trying to sell. They will not do any more dry cleaning. I ASKED THAT MR Orth send me a letter so stating.

Date: 3/24/98 12:09:52 PM  
From: Charles Norman PEN  
Subject: Blue Bayou Cleaners  
To: Jane Gregory PEN  
To: Edward Pike PEN  
CC: Carolyn Salmon PEN

Observations during an inspectin at this business. The inspection was 10 Mar 98.

1. Perc stored in open containers.
2. Filter cartridges disposed of improperly. Said to be put into trash.
3. No perc containment or sealing of floor. Has an estimate for doing this.

On 13 Mar I received a signed note from Mr. Orth stating that Blue Bayou Cleaners would no longer do dry cleaning.

acc  
①

**DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>Blue Bayou Cleaners</u>	<b>RECEIVED</b>
FACILITY LOCATION: <u>24 8<sup>th</sup> St. A</u>	<b>APR 1 1998</b>
<u>Shalimar, Florida 32579</u>	Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: 5-1-97 1997 TO 3-1-98 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Record Keeping NOT DONE: Perc purchases; leak repair, leak detection (maintain onsite)

Exact period of non-compliance: from 5-1-98 to 2-15-98

Action(s) taken to achieve compliance: Shut down Dry Cleaning Machine

Method used to demonstrate compliance: as of 2-15-98, Trying to Sell Business

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Used perc + cartridge improperly stored/disposed. Perc stored in open container. Cartridge disposed of in trash.

Exact period of non-compliance: from 5-1-97 to 3-10-98

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Gerald E. Orth Gerald E. Orth  
 Name (Please Print) Signature **RECEIVED**  
 Date MAR 13 1998

**RECEIVED** NORTHWEST FLORIDA  
DEP

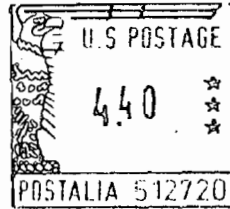
\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

MAR 30 1998

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



7001 0320 0001 7975 9142



ATTEMPTED  
DELIVERY  
NOT KNOWN

10 AIRS ID # 0910074  
GERALD E ORTH  
BLUE BAYOU DRYCLEANERS  
24 A 8TH STREET  
SHALIMAR FL 32579

ANK

Bureau of Air Monitoring  
& Mobile Sources

APR 17 2002

RECEIVED

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

7001 0320 0001 7975 9142

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
 Here  
*Receipt*

Total Post 10 AIRS ID # 0910074

Sent To GERALD E ORTH  
 BLUE BAYOU DRYCLEANERS  
 Street, Apt. or PO Box 24 A 8TH STREET  
 City, State, SHALIMAR FL 32579

PS Form 3800, January 2001

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0910074  
 GERALD E ORTH  
 BLUE BAYOU DRYCLEANERS  
 24 A 8TH STREET  
 SHALIMAR FL 32579

2. Article Number (Copy from service label)

7001 0320 0001 7975 9142

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

**X**  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Z 333 613 710

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID# 0910074

GERALD E ORTH  
GERALD E ORTH  
24 A 8TH STREET  
SHALIMAR FL 32579

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GERALD E ORTH  
GERALD E ORTH  
24 A 8TH STREET  
SHALIMAR FL 32579

AIRS ID# 0910074

4a. Article Number

Z 333 613 710

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

4-8-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Mildred Orth

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

7 333 613 631

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to  
AIRS ID 0910074

GERALD E ORTH  
GERALD E ORTH  
24 A 8TH STREET  
SHALIMAR FL 32579

PS Form 3800, April 1995

Returned Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
  - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0910074

GERALD E ORTH  
GERALD E ORTH  
24 A 8TH STREET  
SHALIMAR FL 32579

4a. Article Number  
**7333-613-631**

4b. Service Type  
 Registered       Certified  
 Express Mail       Insured  
 Return Receipt for Merchandise       COD

7. Date of Delivery  
**2-14-98**

5. Received By: (Print Name)  
**Mildred Orth**

6. Signature: (Addressee or Agent)  
**X Mildred Orth**

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

3755

0311999

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

GERALD E ORTH GERALD E ORTH 24 A 8TH STREET SHALIMAR FL 32579	AIRS ID# 0910074
--	------------------

Bureau of Air Monitoring  
& Mobile Sources  
APR 13 1998

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-7035001  
Obj.: 00273

RECEIVED

RECEIVED  
MAIL ROOM  
APR 13 98