

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 6, 1996

Mr. Joseph D. Griffin President Tropical Cleaners 2770 South Orange Blossom Trail Orlando, Florida 32805

Dear Mr. Griffin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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

elly diet

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Dennis Nester, Orange County

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



# Department of Environmental Protection

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

David B. Struhs Secretary

June 25, 2001

Mr. Joseph Griffin Tropical Cleaners 2770 South Orange Blossom Trail Orlando, Florida 32805

Dear Mr. Griffin:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 22.

In reviewing your submittal, it was noted that Tropical Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0950285). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 840/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

8/22/96 TROPICAL CLEANERS Am

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
5.6.6. LNC.
2. Site Name (For example, plant name or number):
TRODICAL CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 060231420
4. Facility Location: 2770 SOUTH DRAINGE BLOSSOMTRU Street Address:
City: ORLANDO County: ORANGE Zip Code: 32805
5. Facility Identification Number (DEP Use): $0950285$
Responsible Official
6. Name and Title of Responsible Official:
JOSEPH D. GRIFFIN PRESIDENT
7. Responsible Official Mailing Address: TRODICAL CLEANERS Organization/Firm: 2170 SOUTH ORANGE BLOSSOM FRAIL Street Address: City: ORANGE Zip Code: 32805
Street Address: 2770 SOUTH ON THE BUSSON TRAIL
City: OKLANOO County: OKANGE Zip Code: 32805
8. Responsible Official Telephone Number:
Telephone: (401)425-0055 Fax: (401)423-5263
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

AUG 1 9 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

Type of Machine		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
Example	# <i>J</i>		12-NO1'-93	#2	08-DEC-91	Instance	#3	02-MAR-92	
Dry-to-Dry Unit	H	TIEMAR	05 -					·	
(1) w/ ref. condenser	71-1	15 mm	72	T	1				
(2) w/ carbon adsorber	#7	15MARS	3		-		<del></del>		
(3) w/ no controls		-	-	├─	<del> </del>		<del> </del>		
Washer Unit	-					<u></u>		<u> </u>	<u> </u>
(4) w/ ref. condenser		T		Т	T	T		T	<u> </u>
(5) w/ carbon adsorber	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	-	<del> </del>	
(6) w/ no controls			<del> </del>	<del>                                     </del>	+	<del> </del>			<del> </del>
Dryer Unit		1	I	I	L	I		L	
(7) w/ ref. condenser	<u> </u>	<u> </u>	1	T	τ	T		T	T
(8) w/ carbon adsorber	<del> </del>			<del> </del>	+	ļ	<del> </del>	<del> </del>	
(9) w/ no controls	-		<del></del>	-	<del></del>	<del></del>	<del> </del> -	<del></del>	<del> </del>
Reclaimer Unit			·	<u></u>		ļ	L	L	
(10) w/ ref. condenser	<del></del>			Т	T	T	Γ		Γ
(11) w/carbon adsorber			<del> </del>	├	<del> </del>				
(12) w/ no controls	-	<del> </del>	<del> </del>	├	1	-	-	<del> </del>	<del> </del>
(b) Control devices are (c) No control devices  2.(a) What was the total (  (b) If less than 12 montocheck why it is less	are requant	equired to be ity of perchlons ow many? [	installed [	(perc)	) purchased i				
3. What is the facility's so (Indicate with an "X".  Existing small an Existing large ar	Selec rea so	et one classif	ication only.	) ew sr	initions foun nall area sou rge area sour	rce		Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

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

Please indica	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)
ιχ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
	soul Defruition Aug 15th 96

Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950285

S.G.G. INC
JOSEPH D GRIFFIN
2770 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

Do NOT Remove Label

Annual Reporting Period: 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  $\square$ 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 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.

<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

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TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 0950285 DATE: 7/20/9	8 TIME IN: 1030 TIME OUT: 1100
FACILITY NAME: TROPICAL	CLEANERS.
FACILITY LOCATION: <u>2770</u> Sou	th DRANGE BLOSSOM TRAIL
OR IMASO	EL 32805
RESPONSIBLE OFFICIAL: TOSEPH	GRIFFIN PHONE: 407 - 425-5055
CONTACT NAME:	PHONE:
	~
PART I: NOTIFICATION	<u>« С</u>
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	tup
2. Facility failed to notify DARM to use general per	8 2
PART II: CLASSIFICATION	S Alma
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	dry-to-dry only, x < 140 gal/yr
transfer only, $x \le 200$ gal/yr	transfer only, $x \le 200$ gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
(constructed before 12/9/71)	(constructed on or when 1217171)
5. This is a correct facility classification	Y UN UCan not determine
·	
If no, please check the appropriate classific	
facility qualified for a ge	neral permit as number above
facility qualified for a ge	

#### PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly scaled 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?

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#### 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  $\Lambda$  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?

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В.	Has the responsible official of an existing large or new large area source also:			
١.	Measured and recorded the exhaust temperature on the outlet side of the condensor located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ZZ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	ÜΥ	ШN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	Пи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: MY UN UN/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 ZY ON ON/A and parts installed w/in 5 days of receipt? DY DN ZIN/A 4. Maintained calibration data? (for applicable direct reading instruments) CIY, CIN ZIN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD YEN 6. Maintained startup/shutdown/malfunction plan? DY ON ZN/A 7. Maintained deviation reports? DY DN PAN/ Problem corrected? UY UN EIN/A 8. Maintained compliance plan, if applicable?

PA	RT VI: LEAK DETECTION AND I	REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	Inspection?			LIN LIN			
2.	Has the facility maintained a leak log?			ENY CIN			
3.	Does the responsible official check the	following areas for lea	ks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אומם מם צפי			
	Door gaskets and seating	AY CIN CIN/A	Stills	DY ON ON/A			
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	ZY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	אוט אט אבע			
	Solvent tanks and containers	אום אם צבא	Cartridge filter housings	DY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by t	the responsible official	?				
	Visual examination (condensed s	solvent on exterior surf	aces)	杠			
	Physical detection (airflow felt the	rough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrument	ation (FID/PID/calorin	netric tubes)				
	Halogen leak detector						
	If using direct-reading inst	rumentation, is the eq	pripment:	N/A			
	a. Capable of detecting	ions in a range of 0-500 ppm?	UY UN				
	b. Calibrated against a (PH)/FH) only)?	nd after each use	OY ON				
	c. Inspected for leaks a	nd obvious signs of wo	ar on a weekly basis?	OY ON			
	d. Kept in a clean and	scenre area when not i	n usc?	CIY ON			
	e. Verified for accuracy	y by use of duplicate sa	mples (calorimetric only)?	DY ON			
<u> </u>							

ASSEFA HAILEMANIAM
Inspector's Name (Please Print)

Date of Inspection

7/20/99

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:		,	
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION:	ANNUAL COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1030	TIME OUT: 1100	AIRS ID#: 09	50285
YPE OF FACILITY: $\mathcal{D} \ell$	VCLEANER		
ACILITY NAME: TRO	PICAL CLEA,	NORS	DATE: 7/20/90
ACILITY LOCATION: $2$	770 SOUTH ORA	NGE BLOSSAM TRA	916
<i>OL U</i>	ANDO FL 328	01	
ESPONSIBLE OFFICIAL:	TOSEPH GRIFEI	PHONE NUMBER:	407-425-0055
<del>l</del>	the compliance requirements evaluat Rule 62-213.300, Florida Administrat	-	lity is found to be in
Based on the results of discrepancies were note	the compliance requirements evaluated:	ed during this inspection, the following	owing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
•			$\boldsymbol{\rho}_{\boldsymbol{\lambda}}$
			<u>C</u>
		& c	W. C.
			70, L
		186/19	Lay Co
		્ર્યું	Light Comments
			Co OIII
•			
DMMENTS:	Flish in Co	mpliarce	
e Annual Compliance Certific	cation form has been properly certific	ed and submitted to the inspector.	YES NO
ATE OF NEXT INSPECTIO		120/99	
SPECTION CONDUCTED	BY: ASSEFA HI	oroximate) AFLE MARIAM (ase Print)	1
SPECTOR'S SIGNATURE	11 6 1	<u>ag a àg</u> phone number:	407 - 425-00
•		of 1.	Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERM ANNUAL COMPLIANCE CERTIFICATION FORM AIRS 1D#0950285 S.G.G. INC JOSEPH D GRIFFIN 2770 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805 Do NOT Remove Label Annual Reporting Perio TO Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule □N0 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES 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.

RESPONSIBLE OFFICIAL:

T.D. GRIFFIN Name (Please Print) SO. Hrution

2 9 98 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

S.G.G. INC
JOSEPH D GRIFFIN
2770 SOUTH ORANGE BLOSSOM THAIL

2770 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805 Do NOT Remove Label Annual Reporting Perio Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: 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.

RESPONSIBLE OFFICIAL:

Name (Please Print)

D. Hruff

2/9/98 Date

s. It is at the

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

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>a</b>	COMPLAINT/DISCOVERY	Not the second
FACILITY NAME: Tro	pical Clear	ners	IN: 1000 TIME OUT:	ing ing
FACILITY LOCATION:  RESPONSIBLE OFFICIAL  CONTACT NAME:	2770 South Orlando , FL : Joseph G	riffen	e Blossom Tra 05 _phone: 407-425 _phone:	- 60 <i>55</i>
PART I: NOTIFICATION				
(check appropriate box)	<del></del>			
1. New facility notified DARM	M 30 days prior to startup	p		ם
2. Facility failed to notify DA	RM to use general permi	it		a
PART II: CLASSIFICATIO	)N		<u> </u>	
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notification form ☐ Drop store/out of business.	/petroleum
			/	petroleum
A.  1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/9)	ıl/yr d vr tı b	ransfer only, $x$ oth types, $x <$	, x < 140 gal/yr x < 200 gal/yr	petroleum
A.  1. Existing small area souding-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	d/yr d yr tr b 1) (0  urce	ry-to-dry only ransfer only, x oth types, x < constructed or . New large lry-to-dry only ransfer only, 2 oth types, 140	, x < 140 gal/yr : < 200 gal/yr 140 gal/yr n or after 12/9/91)	· ·
<ul> <li>A.</li> <li>1. Existing small area soudry-to-dry only, x &lt; 140 gatransfer only, x &lt; 200 gal/y both types, x &lt; 140 gal/yr (constructed before 12/9/9)</li> <li>3. Existing large area soudry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80</li> </ul>	al/yr d yr tr b l) (0  arce	ry-to-dry only ransfer only, x oth types, x < constructed or . New large lry-to-dry only ransfer only, 2 oth types, 140	x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr x < 200  gal/yr x < 12/9/91 x = 100  gal/yr $x < 100 \le x \le 1,800 \text{ gal/yr}$ x < 1,800  gal/yr	· ·
<ul> <li>A.</li> <li>1. Existing small area soudry-to-dry only, x &lt; 140 gatransfer only, x &lt; 200 gal/y both types, x &lt; 140 gal/yr (constructed before 12/9/9)</li> <li>3. Existing large area soudry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9)</li> <li>5. This is a correct facility</li> <li>If no, please check the face</li> </ul>	al/yr d yr tr b l) (c)  arce	ry-to-dry only ransfer only, x oth types, x < constructed or . New large dry-to-dry only ransfer only, 2 to th types, 140 constructed or	x < 140  gal/yr x < 200  gal/yr x < 200  gal/yr x < 200  gal/yr x = 12/9/91 x = 12/9/91 x = 12/9/91 x = 12/9/91 x = 12/9/91	· ·

## 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? ON ON/A 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at UN UN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN CN/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? MY 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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 verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПN	□N/A
3.	Measured and recorded the pere 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	ПΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	Пλ	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ОΥ	ΠN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ШΥ	ПΝ	□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?	MA ON
2. Maintained rolling monthly total of perc consumption?	DA DN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN BAN/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY DN PN/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN CEN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PANA
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	DY DN BAN/A
Problem corrected?	OY ON PONIA
8. Maintained compliance plan, if applicable?	אואים אם צם

PART V	I: LEAK DETECTION AND R	EPAIRS				
1. Does	the responsible official conduct a v	eekly (for	small sources, b	oi-weekly) leak detection ar	nd repai	г
inspec	ction?				DY,	ВΝ
2. Has th	ne facility maintained a leak log?				<b>□</b> Y	ПN
3. Does t	the responsible official check the fo	ollowing ar	reas for leaks?			
]	Hose connections, fittings,					
	couplings, and valves	N DIN	□N/A	Muck cookers	DAN (	A/NO NC
]	Door gaskets and seating	DY DN	□N/A	Stills	PY (	אום מב
1	Filter gaskets and seating	MA ON	□N/A	Exhaust dampers	ZY C	A/ND NC
]	Pumps	DYDN	□N/A	Diverter valves	QY (	איאם אב
	Solvent tanks and containers	DA DN	□N/A	Cartridge filter housings	EYY (	A/ND NC
,	Water separators	DA ON	□N/A			
4. Which	n method of detection is used by th	e responsib	ole official?			
,	Visual examination (condensed so	vent on ex	terior surfaces)			
]	Physical detection (airflow felt thro	ough gaske	ets)			,
(	Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
1	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?				ΠY	□и	
b. Calibrated against a standard gas prior to and after each use						
	(PID/FID only)?				ΠY	
	c. Inspected for leaks and			•		ΠИ
	d. Kept in a clean and se	cure area v	when not in use?		ΠY	ПΝ
	e. Verified for accuracy b	y use of di	iplicate samples	(calorimetric only)?	ΠY	ПN
l		•				
	Inspector's Name (Please Prin			7-2-99		
****	Inspector's Name (Please Prin	ι)		Date of Inspo	ection	
	Alka Bund			7-2-20	000	
	Inspector's Signature		·	Approximate Date of	Next In	spection

ADDITIONAL SITE INFORMATION:		
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## BEST AVAILABLE COPY

# Orange County Environmental Protection Department

AIRS ID#: 0950285



Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tropical	Cleaners	DATE: 7-2-99
FACILITY LOCATION: 2770	South Orange Blossom	Trail
FACILITY NAME: Tropical  FACILITY LOCATION: 2770  Orlando	, FL 32805	
07.900	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Annual Reporting Period: 7-20-6	98 19 <u>98</u> TO	July 2 1999
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.)		<u></u>
If NO, complete the following:		
#1. Term or condition of the general permit t	hat has not been in continuous compliance of	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 t	hat has not been in continuous compliance of	during the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
rection used to demonstrate computance.	-	
As the responsible official, I hereby certify, be made in this notification are true, accurate an upon rolling averages of purchase receipts, d year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	nd complete. Further, my annual consumptions not exceed 2,100 gallons per year for distance of the D. BRIFIN	on 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 \_\_\_\_.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1030	O AIRS ID#: 0950285
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Tropical Cleaners	DATE: 7-2-99
FACILITY LOCATION: 2770 South Orange	Blossom Trail .
Orlando, FL 32805	5
RESPONSIBLE OFFICIAL: Joseph Griffin	PHONE NUMBER: 407-425-0055
Based on the results of the compliance requirements evaluate	d during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administrati	ve Code (F.A.C.).
Based on the results of the compliance requirements evaluate	ed during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<b>√</b>
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	zakov.
COMMENTS:	· · ·
Facility in compliance	·
(1)	no.
	NEET NOT
The Annual Compliance Certification form has been properly certified.	
DATE OF NEXT INSPECTION: 7 2 2	roximate)
TL	,
	nse Print)
INSPECTOR'S SIGNATURE: Jlka Blinds	PHONE NUMBER: 836-9524

## PERCHLOROETHYLENE DRY CLEANERS

,	ROETHYL TITLE V GENI LIANCE INSPI	ERAL PE		ARMS 7-1700
TYPE OF INSPECTION: ANN	UAL	12	COMPLAINT/DISCOVE	ERY Deg
RE-II	NSPECTION			Bureau of & Mob
			· · · · · · · · · · · · · · · · · · ·	lie Ai
AIRS ID#: 0950285 DATE:	7-17-00	_ TIME	IN: <u>740</u> TIME O	nt: 0810 80 Mon
FACILITY NAME:	- rewrie	13		
FACILITY LOCATION: 2770				<u> </u>
	do FL			
responsible official: $\overline{\cancel{1056}}$	ph Griff	rin	PHONE: 407-42	<u>5-0055</u>
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 days p	prior to startup			ه ت
2. Facility failed to notify DARM to use	general permit			<b>D</b>
2. The may harried to morny Bridge to use t				
PART II: CLASSIFICATION		<u> </u>		
	hat it ian		☐ No notification form	
Facility indicated on notification form t (check appropriate box)	nat it is:		☐ Drop store/out of busin	ness/petroleum
A.			- Drop storo out or bush	/
1. Existing small area source	□ 2. N	ew small	area source	
dry-to-dry only, x < 140 gal/yr	_		y, x < 140 gal/yr	
transfer only, x < 200 gal/yr		• ,	< 200 gal/yr	
both types, $x < 140 \text{ gal/yr}$			140 gal/yr	
(constructed before 12/9/91)	(cons	structed on	or after 12/9/91)	
3. Existing large area source	□ 4. N	ow large	area source	
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/y}$			$x$ , $140 \le x \le 2,100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$ gal/yr			$00 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr			$0 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)			or after 12/9/91)	
(	7		}	1
5. This is a correct facility classification	n <b>İ</b> Y	□N	☐Can not determine	*
If no, please check the appropriat	e classification:			Ž.
	d for a general p	ermit as ni	ımber above	
			gible for a general permit	
_				
B. The total quantity of perchloroethylene facility was 5% gallons.	: (perc) purchase	d within th	ne preceding 12 months by the	nis 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? Examining the containers for leakage? ON ON/A 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □N □N/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	QY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser			1
	inlet and outlet weekly?	QY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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,			ſ
	or expansion; and downstream from no other inlet?	ΠY	□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?	ΠY	□N (	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	/
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly total of perc consumption?	ØY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	OY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	L 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
and parts installed w/in 5 days of receipt?	MY UN UN/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואפט אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	מם צים
7. Maintained deviation reports?	DY DN BN/A
Problem corrected?	OY ON CON/A
8. Maintained compliance plan, if applicable?	DY ON ON /A

P	ART VI: LEAK DETECTION AND R	EPAIRS		- <u>-</u>	•	
1.	Does the responsible official conduct a	weekly (for	small sources, b	oi-weekly) leak detection a	nd repa	ir
	inspection?				ØY,	□N
2.	Has the facility maintained a leak log?			•	ØY	□N
3.	Does the responsible official check the f	following ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves		□N/A	Muck cookers	ZY (	ON/A
	Door gaskets and seating	MY ON	□N/A	Stills	□Y (	⊃N □N/A
	Filter gaskets and seating	MY ON	□N/A	Exhaust dampers		⊃N □N/A
	Pumps	EYY ON	□N/A	Diverter valves	ØY (	⊃N □N/A
	Solvent tanks and containers	MY ON	□N/A	Cartridge filter housings	Dry (	⊃N □N/A
	Water separators	M DN	□N/A			
4.	Which method of detection is used by the	e responsib	le official?		,	
	Visual examination (condensed so	lvent on ext	erior surfaces)		<b>□</b>	
	Physical detection (airflow felt thr	ough gasket	ts)		0 /	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentat	ion (FID/PI	D/calorimetric t	rubes)		
	Halogen leak detector				0/	,
	If using direct-reading instru	mentation,	is the equipme	ent:	ON/A	
	a. Capable of detecting p	erc vapor co	oncentrations in	a range of 0-500 ppm?	□Y (	⊒N
	b. Calibrated against a sta (PID/FID only)?	andard gas p	prior to and afte	r each use	□y i	7N
	c. Inspected for leaks and	Labriana si	ans of wear on	a weekly bosic?		
	•			a weekly basis?		
	d. Kept in a clean and sec			( ) ( ) ( ) ( )		
	e. Verified for accuracy b	by use of du	plicate samples	(calorimetric only)?	□Y (	. ИL
	·					

Ilka Bundy	7-17-00
Inspector's Name (Please Print)	Date of Inspection
Dlea Bunch	7-17-01
Inspector's Signature	Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

39.9 19.5 58.5

#### **BEST AVAILABLE COPY**

IRS ID#: 0950285

Revised 01/18/00

# ANDRY CLEANER AIR QUALITY GENERAL PERMIT

ARMS 7-17-00,

ANNUAL COMPLIANCE CERTIFICATION FORM	ď
ACILITY NAME: Tropical Cleaners DATE: 7/17/20	$\infty$
ACILITY LOCATION: 2770 S. Orange Blossom Trail	
Orlando, FL 32805	
nnual Reporting Period: July 2, 1999 20th TO July 17 200	<u></u>
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule -213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
NO, complete the following:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
cact period of non-compliance: fromtoto	
ction(s) taken to achieve compliance:	
ethod used to demonstrate compliance:	
. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	
act period of non-compliance: fromto	<del></del>
ction(s) taken to achieve compliance:	<del></del>
ethod used to demonstrate compliance;	
the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements n this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or mbination facilities.	nade
ESPONSIBLE OFFICIAL: TOSEDU DE CRIFFIN DOLPHO THE PLANT DATE PRINT	

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

<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.

## **BEST AVAILABLE COPY**

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COMPL	AINT/DISCOVERY RE-INSPECTION
TIME IN: 0740 TIME OUT: 0810	AIRS ID#: 0950285
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Tropical Cleaners	DATE: 7-17-00
FACILITY LOCATION: 2770 S. Orange Bloss	
Orlando, FL 32805	
RESPONSIBLE OFFICIAL: Joseph Griffin	PHONE NUMBER: 407-425-0055
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrativ	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	3 5
COMMENTS:	
Essilia in readicace	
tacility in compliance	•
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
	· — —
DATE OF NEXT INSPECTION: 1-11-C	oximate)
INSPECTION CONDUCTED BY: Ika B	undy
	PHONE NUMBER: 407 - 836 - 1400
INSPECTOR'S SIGNATURE: MICA DIVICA	PHONE NUMBER: 101 000 1100
Page	Revised 10/96

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

DEC 10 99

Do NOT Remove Label

AIRS ID # 0950285

TROPICAL CLEANERS JOSEPH D GRIFFIN 2770 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805 FOR GOVERNMENT USE ONLY
OF 37550101000 FOF B1
FUND \$0-2-035001
Of: 992273



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

RECEIVED MAIL ROOM

JAN 30 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0950285

S.G.G. INC JOSEPH D GRIFFIN 2770 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

TOTAL AMOUNT DUE: \$50,00 | 1

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AIRS ID#0950285

S.G.G. INC JOSEPII D GRIFFIN 2770 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805

FOR GOVERNMEN DUSE ONLY Org.: 37550101000 EO: 81 975 Fund: 20-2-035001

Obj.: 002273

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			RLANDO FL 32805				
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## **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 0950285

TROPICAL CLEANERS
JOSEPH D GRIFFIN
2770 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32805

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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

## TOTAL AMOUNT DUE: \$50.00

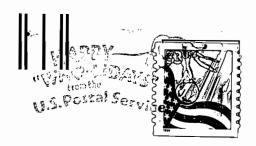
Do NOT Remove Label

AIRS ID # 0950285

TROPICAL CLEANERS JOSEPH D GRIFFIN 2770 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32805 FOR GOVERNMENT USE ONLY:
Org.: 37550101000
Fund: 20-2-035001
Obj.: 002273

CLEANERS
2770 S. Orange Blossom Trail
Orlando, Florida 32809





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

32315X3070

10 JOS TR 277	Z Z L D L L B D S Z  US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)  Sent to  AIRS ID # 0950285001AG  DSEPH D GRIFFIN  ROPICAL CLEANERS  70 SOUTH ORANGE BLOSSOM TRAIL  RLANDO FL 32805		00 0021 6527 0154	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	MAIL REC	Coverage Provided)  Postmark Here
	Special Delivery Fee Restricted Delivery Fee	-	2000 00	Street, Apt. No.: or PO B	iv) (to be completed by miles on No.	liler)
ril 1995	Return Receipt Showing to Whom & Date Delivered					See Reverse for Instructions
, April	Return Receipt Showing to Whom, Date, & Addressee's Address					
3800	TOTAL Postage & Fees	\$				
PS Form 3	Postmark or Date					