

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 26, 1996

Mr. Howard Nickelsen Nickelsen Cleaners 5157 West Colonial Drive Orlando, Florida 32808

Dear Mr. Nickelsen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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 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

Cloty Liet

/DD

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Howard Nickeleau 2. Site Name (For example, plant name or number): Nickelsen Cleaners Alazardous Waste Generator Identification Number: FLD 0/0 820 9/8 4. Facility Location: Street Address: \$157 W. Colow! AL DRIVE City: ORIANDD County: ORANGE Zip Code: 32808 5. Facility Identification Number (DEP Use): County: ORANGE Zip Code: 32808 7. Responsible Official Mailing Address: Organization/Firm: Nickelsen — Owner — OPERATOR 7. Responsible Official Mailing Address: Organization/Firm: Nickelsen — Owner — OPERATOR 7. Responsible Official Mailing Address: Organization/Firm: Nickelsen — County: ORANGE Zip Code: 32808 8. Responsible Official Telephone Number: Telephone: (407) 298 7855 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: ()	·
2. Site Name (For example, plant name or number): Nickelsen Chamers 3. Hazardous Waste Generator Identification Number: FLD 010 820 918 4. Facility Location: \$157 W. Colo NIAL DRIVE City: ORIANDD County: ORANGE Zip Code: 32808 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: HOWARD Nickelsen — Owner - OPERATOR 7. Responsible Official Mailing Address: Organization Pirm: Nickelsen Cleanes Street Address: 5757 W. Colo NiAL DR. City: OKIANDD County: OKANGE Zip Code: 32808 8. Responsible Official Telephone Number: Telephone: (407) 298 7855 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: Zip Code: Zip Code: Zip Code:	
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3. Hazardous Waste Generator Identification Number: FLD 010 820 918 4. Facility Location: \$157 W. Colowlah Drive City: ORIANDD County: ORANGE Zip Code: 32808 5. Facility Identification Number (DEP Use): 0950296 Responsible Official 6. Name and Title of Responsible Official: Howard Nickelsen — Owner — OPERATOR 7. Responsible Official Mailing Address: Organization/Firm: Nickelsen — Owner — OPERATOR 7. Responsible Official Mailing Address: Organization/Firm: Nickelsen — Owner — DR. City: OKIANDO County: ORANGE Zip Code: 32808 8. Responsible Official Telephone Number: Telephone: (Ho7) 298 7855 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: Zip Code:	2. Site Name (For example, plant name or number):
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6. Name and Title of Responsible Official: HOWARD NICKELSEN — DWNER - OPERATOR 7. Responsible Official Mailing Address: Organization/Firm: NICKELSEN CLEANERS Street Address: 5757 W. Colon Hard DR. City: ORIANDO County: ORANGE Zip Code: 32808 8. Responsible Official Telephone Number: Telephone: (407) 298 7855 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:	0930276
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11. Facility Contact Telephone Number:	Street Address:
	City: County: Zip Code:
	11 Facility Contact Telephone Number:
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Bureau of Air Monitoring & Mobile Sources

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Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			11.	ŧ				***	
(1) w/ ref. condenser		12-SEPT-2	39 X	<u> </u>					
(2) w/ carbon adsorber			,						
(3) w/ no controls									
Washer Unit		* * * *				<u> </u>	7.5		
(4) w/ ref. condenser		<u> </u>						1	
(5) w/ carbon adsorber		_							
(6) w/ no controls									
Dryer Unit					Being Consider	r Talifeboli, e			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	2.1	4.75				1.1	· 1 (a.)		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of [135] (b) If less than 12 mont Check why it is less 	are required	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (] months	X perc)	purchased in	n the latest 12			[]

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 What control technology is required on machines pursuant to section (Indicate with an "X".) 	n (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated cond	denser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eto Rule 62-213.300, F.A.C. Verify that all steam and hot water general exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat in boiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent	or periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	ral .
Equipment Monitoring and Recordkeepin	g 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	\bowtie
(b) Leak detection inspection and repair	ιX
© Refrigerated condenser temperature monitoring	\boxtimes
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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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)						
ίχ	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
Jou Signature	vard Niekelson 16-aug 96 Date					

KECEIVED FEB 2 4 1998 Bureau of Air Monitoring & Mobile Sources

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

HOWARD NICKELSEN HOWARD NICKELSEN 5157 W COLONIAL DRIVE ORLANDO FL 32808 AIRS ID 0950296

Do NOT Remove Label

Annual Reporting Period:		19	то		19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F					EP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in co	ntinuous o	compliance during the	e reporting perio	d stated above:
· -				· _	
Exact period of non-compliance: from	· · · · ·		to		
Action(s) taken to achieve compliance:	·				
Method used to demonstrate compliance:			· .		
#2. Term or condition of the general permit	that has not been in co	ntinuous o	compliance during the	reporting perio	d stated above:
Provided from compliance: from			to	_	
Action(s) taken to achieve compliance:				_	
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-to-	urther, my annual consu	mption of	perchloroethylene solv	ent, based upon p	urchase receipts,
RESPONSIBLE OFFICIAL: Howard	Nickelsen ne (Please Print)	/ ¥	Signature	Kelson_	2/17/98 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.



Department of Environmental Protection

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

David B. Struhs Secretary

June 26, 2001

Mr. Howard Nickelsen Nickelsen Cleaners 5157 West Colonial Drive Orlando, Florida 32808

Dear Mr. Nickelsen:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 25.

In reviewing your submittal, it was noted that Nickelsen Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0950296). 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"

Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINTIDISCOVERY T RE-INSPECTION T
TIME IN: 9 20 TIME OUT:	AIRS ID#: 6950 Z9L
TYPE OF FACILITY: Dry Cle FACILITY NAME: Nickelsen Cle	aning aners DATE: 12 6/96
RESPONSIBLE OFFICIAL: Howard Nickelsen	1 PHONE NUMBER: 407 298-7855
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrate Based on the results of the compliance requirements evaluate discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM	ive Code (F.A.C.).
Need to manulain Leak detection	SIX month reinspection
Need to seal imprevulous containers	six montin veinspection
reed to maintain Running Perc consumption Log	six mouth veinspection
Need to maintain corrective action form	SIX month resuspection
	1
•	
COMMENTS:	
The Annual Compliance Certification form has been properly certinate OF NEXT INSPECTION: 6/6/97	fied and submitted to the inspector. YES NOT
III (1-0-0)	Fletcher Tenne Print)
INSTRUCTORS STONATORS TO LA	HONE NUMBERT (407) 836-9524

Page___of___.

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DIS	COVERY	
AIRS ID#: <u>6956 296</u> d FACILITY NAME: <u>N</u> FACILITY LOCATION:	ckelsen C	leaners Colonial Dr	ME OUT:	
PART I: NOTHICATION				
(check appropriate box)		33.00		
1. Existing facility notified DAR	M by 9/1/96			<u>u</u>
2. New facility notified DARM 3	0 days prior to startup			
3. Facility failed to notify DARN	I to use general permit			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	n form that it is:			
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry - tra bot	New small area source y-to-dry only, x<140 gal/yr nsfer only, x<200 gal/yr th types, x<140 gal/yr onstructed on or after 12/9/91)	: :	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr dry al/yr tra yr bo</td><td>New large area source y-to-dry only, 140<x<2, 100="" gal="" y<br="">insfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" yr<br="">onstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>r T</td><td></td></x<2,>	0 gal/yr dry al/yr tra yr bo	New large area source y-to-dry only, 140 <x<2, 100="" gal="" y<br="">insfer only, 200<x<1,800 gal="" yr<br="">th types, 140<x<1,800 gal="" yr<br="">onstructed on or after 12/9/91)</x<1,800></x<1,800></x<2,>	r T	
This is a correct facility classific	cation	NO		
If no, please check the appropri	ate classification:			
	ed for a general permit s above limits and is no	as number above t eligible for a general permit		
B. The total quantity of perchlo facility was 135 gallons.	roethylene (pere) purch	ased within the preceding 12 mo	nths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON			
2. Examining the containers for leakage?	⊠ Y □N			
3. Closing and securing machine doors except during loading/unloading?	⊠Y □N			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DEY ON			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PAN/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	7.			
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser			
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 refr (complete A and B below).	igerated condenser			
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?	OY ON			
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 basis?	□У □И			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ОУ ОИ			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И			

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 maclines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Ү □И
	Is the temperature differential equal to or greater than 20° F?	DY DN
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?	אם צם
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
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
-		
=	ART V: RECORDKEEPING REQUIREMENTS	
Н	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H (c	as the responsible official:	DY ON
H (c	as the responsible official: heck appropriate boxes)	DY ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	NO NO
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY ON OY ON
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY BAY
H (c 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? **Gor direct reading instruments only*)	OY ON ON/A
H (c 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY OM OY OM OY ON OM/A OY ON N/A
H (c 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? *for direct reading instruments only! Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY CAN OY ON OW/A OY ON N/A
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY CAN OY CAN OY ON CAN/A OY ON N/A OY ON
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON ON/A OY ON N/A OY ON N/A OY ON
H (c 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	OY ON ON/A OY ON N/A OY ON N/A OY ON

2.	Which method of detection is used by the	e respon	sible official	?		
	Visual examination (condensed so	lvent on	exterior surf	aces)	d´	
	Physical detection (airflow felt thr	ough gas	kcts)			
	Odor (noticeable perc odor)			·		
	Use of direct-reading instrumental	ion (FID	/PID/calorin	netric tubes)		ļ
	If using direct-reading instrume	ntation,	is the equip	ment:		
	a. Capable of detecting p	ere vapo	r concentrati	ions in a range of 0-500 ppm?		И
	b. Calibrated against a st (PID/FID only)?	landard g	gas prior to a	nd after each use	OY O	И
	c. Inspected for leaks and	d obvious	s signs of we	ar on a weekly basis?	UY O	И
	d. Kept in a clean and so	cure area	a when not in	n use?	OY O	И
e. Verified for accuracy by use of duplicate samples (calorimetric only)? $\Box Y \Box N$			И			
3.	Has the facility maintained a leak log?				OY Q	rí l
4.	Does the responsible official check the	following	gareas for le	aks?		
	Hose connections, fittings, couplings, and valves	ZZY		Muck cookers	ZY	ПN
	Door gaskets and seating	ŒΥ	ПΝ	Stills	ZY	ПИ
	Filter gaskets and seating	ZY	ПN	Exhaust dampers	ΔY	ΠN
	Pumps	ďΥ	N	Diverter valves	CYY)	ΠN
	Solvent tanks and containers	ďΥ	ПN	Cartridge filter housings	ÞΥ	ПN
	Water separators	ΔY	ПN		·	

Howard Nickelsen Name of Responsible Official	:
Todd Fletcher	12/6/96
Inspector's Name (Please Print)	Date of Inspection
toda That	6/6/97
Inspector's Signature	Approximate Date of Next Inspection

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
HOWARD NICKELEN
2. Site Name (For example, plant name or number):
Nickelsen Cleaners
3. Hazardous Waste Generator Identification Number:
FLD 010 820 918 4. Facility Location: 5157 W. Colo Ni AL DRIVE City: ARIANDO County: ORANGE Zip Code: 32808
4. Facility Location: 5/57 VI Cala NIAL DRIVE
City: 0.014 NDD County: ORA-196F 7in Code: 3.7 208
County. Ofery Por. 21 court. 328 of
5. Facility Identification Number (DEP Use):
0950296
Responsible Official
6. Name and Title of Responsible Official:
HOWARD Nickelsen - OWNER - OPERATOR
7. Responsible Official Mailing Address:
Street Address: 5/57 M CAL N.AL DR
Organization/Firm: N. CK&ISEN CIEANERS Street Address: 5157 W. COLONIAL DR. City: ORIANDO County: ORANGE Zip Code: 32808
_
8. Responsible Official Telephone Number:
Telephone: $(407) 298 7855$ Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10 Facility Contact Address
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: () - Fax: () -
receptione. () -

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
*-		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	-			410	,				
(1) w/ ref. condenser	/	12-SEPT-3	1912000	89	7				
(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				1					
Reclaimer Unit		•	1		•			1	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of [135] (b) If less than 12 monto Check why it is less 	are r quant gallo	required to be tity of perchlons now many? [_	e installed [_ oroethylene (X (perc)	_] purchased i			•	
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	ct one classif	ication only.)	initions foun mall area sou		3) of	Part II?	
Existing large ar	ea so	ource []	N	ew la	rge area sou	rce []		

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4. What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".)	art II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser []	14
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to	ouse the general permit pursuant
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 I boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Information	mation
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purchases	\times
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	\X 1
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(\succeq)

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ķ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
statemen maintain	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sts made in this notification are true, accurate and complete. Further, I agree to operate and
comply v	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.
-	
-	with all terms and conditions of this general permit as set forth in Part II of this notification form.

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0950296 Nickelsen Cleaners

	p.14 1.(a) add date control device	,
1.	installed, if any p.15 5(c) not required, mark out 'X" and initial	
7	P.15 5(c) not required, mark out X"	
2.	and initial	-
3.		
4.		
٦.		
		32808
*5.		
		g en hanning authoriser gan grand was statistically sign of statistics of
6. .L		rapina.
7.		
۲.		-
		nde: 32808
0		
8.	· · · · · · · · · ·-	
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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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):											
HOWARD NICKELEN											
2. Site Name (For example, plant name or number):											
NickelsenCleanERS											
3. Hazardous Waste Generator Identification Number:											
FLD 010 820 918											
4. Facility Location: 5157 VV. Colo Ni AL DRIVE Street Address: 5157 VV. Colo Ni AL DRIVE City: 10 R14 NDD County: ORA-NGE Zip Code: 32808											
City: 10.14 NDD County: ORA-NGF Zip Code: 3.2808											
5. Facility Identification Number (DEP Use):											
0950296											
Responsible Official											
6. Name and Title of Responsible Official: HOWARD Wickelsen - DWNER - OPERATOR											
7. Responsible Official Mailing Address:											
Street Address: 5/57 M CA/A W.AL DR.											
Organization/Firm: N. CK&ISEN CLEANERS Street Address: 5157 W. COLONIAL DR. City: ORIANDO County: ORANGE Zip Code: 32808											
8. Responsible Official Telephone Number:											
Telephone: (407) 298 7855 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: () -											
Telephone: () - Fax: () -											

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

•		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit				4.N	•				
(1) w/ ref. condenser	/	12-SEPT-	1912000	-89	7				
(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	٠								
(10) w/ ref. condenser									
(11) w/carbon adsorber						1			
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total quantity (b) If less than 12 mont Check why it is less 	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [X perc)	_] purchased in				
3. What is the facility's son (Indicate with an "X". Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nitions found nall area sour rge area sour	ce [3) of]	Part II?	

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Effective: 6-25-96

4. What control (Indicate wit	• • •	aired on machines	pursuant t	o section (5) of F	eart II of this notification form?
	g large area source adsorber	<u>e</u> []	Refriger	ated condenser	
	mall area source erated condenser				
	rge area source erated condenser				
		v			
to Rule 62-213.	300, F.A.C. Verif	•	d hot wate	_	ouse the general permit pursuant s on-site meet the following
boiler HP or les	s), and (2) are fire		atural gas	except for period	0 million BTU/hr or less (298 ds of natural gas curtailment fired.
All steam and he	ot water generating n-site	g units exempt		natural	
	Equipm	nent Monitoring a	ınd Recor	dkeeping Inforr	nation
Check all logs w	hich are required	to be kept on-site	in accorda	nce with the requ	uirements of this general permit:
(a) Purchase rec	eipts and solvent p	ourchases			(X)
(b) Leak detection	on inspection and	repair		H.N.	<u> </u>
(c) Refrigerated	condenser temper	ature monitoring		7	\times
(d) Carbon adso	rber exhaust perc	concentration mon	itoring		
(e) Instrument ca	alibration				
(f) Start-up, shu	tdown, malfunctio	on plan			(X)

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιΧί	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 the thin that the same and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Jou Signature	Ard Niekelson 16-Clug 96 Date 12. 6-86

Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9 20TIME OUT:	AIRS ID#: 6950 Z9L
TYPE OF FACILITY: Dry Cle	aning
FACILITY NAME: Nickelsen Cle	
	donial Dr
RESPONSIBLE OFFICIAL: Howard Nickelsen	37808 PHONE NUMBER: 407 298-7855
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	•
Based on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Need to maintain Leak detection	SIX mouth reinspection
Need to seal imprevuous containers	SIX montin vernspection
weed to maintain Running Perc consumption Log	six mouth reinspection
Need to maintain cornective action form	Six month resuspection
:	
COMMENTS:	*
	· ,
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $6/6/97$	oproximate)
	Fletcher
INSPECTOR'S SIGNATURE: JOHN Jule	PHONE NUMBER: (407) 836-9524

Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Li)	COMPLAINTYDISCOV	ERY 🗆
AIRS 10#: <u>6956 296</u> 1 FACILITY NAME: <u>\bigcolumntle</u> FACILITY LOCATION:	ickelsen C	· lean-	2 v S	
PART 1: NOTHICATION			27.11	
(check appropriate box)				
1. Existing facility notified DAI	RM by 9/1/96			
2. New facility notified DARM	30 days prior to startup			
3. Facility failed to notify DAR	M to use general permit			۵
PART II: CLASSIFICATION	T			,
Facility indicated on notificati (check appropriate box)	on form that it is:	The secretary of the second se	The state of the s	
A. 1. Existing small area some dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	r dı - tr bo	ansfer only, x oth types, x<1	, x<140 gal/yr <200 gal/yr	ב
3. Existing large area some dry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr d gal/yr ti l/yr b</td><td>ansfer only, 2 oth types, 140</td><td>area source 1, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">1 or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>3</td></x<2,>	00 gal/yr d gal/yr ti l/yr b	ansfer only, 2 oth types, 140	area source 1, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">1 or after 12/9/91)</x<1,800></x<1,800></x<2,>	3
This is a correct facility classif	ication C	MCI N		
If no, please check the appropr	riate classification:			
Cl facility excee	ied for a general permi ds above limits and is r	ot eligible for	a general permit	
B. The total quantity of perchifacility was 135 gallons		hased within	the preceding 12 months	by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 scaled containers for at least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN PN/A PART IV: PROCESS VENT CONTROLS In Part H-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? UY UN AVAC ACT ACT 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? AVAC AC YC 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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?	ОУ ОИ
 Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	חם אם
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?	DY DN DN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	DAY CON
2. Maintained rolling monthly averages of perc consumption?	DV DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY CM
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON
4. Maintained calibration data? Gor direct reading instruments only)	OY ON OWIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN N/A
M.C. A.A. S. A. S. A.	OY ON
6. Maintained startup/shutdown/malfunction plan?	_
7. Maintained deviation reports?	DY WN
	שא או אים צם או
7. Maintained deviation reports?	DY WN
7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	שא או אם צם או
7. Maintained deviation reports? Problem corrected?	שא או אם צם או

2.	Which method of detection is used by	the respons	ible officia	117					
	Visual examination (condensed	(faces)	1						
	Physical detection (airflow felt the	凶							
	Odor (noticeable perc odor)	(3 [/]							
	Use of direct-reading instrument	Ü							
	If using direct-reading instrun								
	a. Capable of detecting	UY U	И						
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 								
	car on a weekly basis?	UY UN							
	UY UN								
	samples (calorimetric only)?	DY UN							
3.	DY DY								
4.	Does the responsible official check th	c following	areas for	leaks?					
	Hose connections, fittings, couplings, and valves	ŒΥ		Muck cookers	tz/Y	ПΝ			
	Door gaskets and scating	UAY	ΩN	Stills	ZY	ПΝ			
	Filter gaskets and scating	IJΥ	ПИ	Exhaust dampers	TAY	ПN			
	Pumps	ЦУ	UИ	Diverter valves	UY,	ПИ			
	Solvent tanks and containers	ŪΥ	ПИ	Cartridge filter housings	ÞΥ	ПИ			
	Water separators	Ľ √ Y	CJN						

Howard Nickelsen Name of Responsible Official	
Todd Fletcher	12/6/96
Inspector's Name (Please Print)	Date of Inspection
Told The	6 6 97
Inspector's Signature	Approximate Date of Next Inspection
	•

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

BEST AVAILABLE COPY	Sun Vij F/
Perchloroethylene Dry Cleaning Fac	Obje Air De State Of the State
1. Facility Owner/Company Name (Name of corporation, agency, of Howard Nickellew	individual owner):
2. Site Name (For example, plant name or number): Ni CICELSEN CLEANERS	
3. Hazardous Waste Generator Identification Number: FLD 010 820 918	ORANGE CENTER
4. Facility Location: 5157 W. Colowiah I Street Address: 5157 W. Colowiah I City: ORIANDO County: ORANGE	DRIVE Zip Code: 32808
5. Facility Identification Number (DEP Use): 0950296	

Responsible Official

6. /	Name and Title of Responsible Official: LOWARD WICKELS-EN - DWNE	CR-OPERATOR	
7.	Responsible Official Mailing Address:	CANPEC	_
	Organization/Firm: N. CK& ISEN CALE Street Address: 5157 W. COLONIAL	Do Fallaciez	
	City: ORIANDO Cour	ity: ORANGE	Zip Code: 32808
8.	Responsible Official Telephone Number:		
	Telephone: (407) 298 7855	Fax: ()	•

Facility Contact (If different from Responsible Official)

9.	Name and Title of Facility Contact (Fo	r example, plant i	nanager):	
10.	Facility Contact Address:	•		
	Street Address: City:	County:		Zip Code:
11.	Facility Contact Telephone Number: Telephone: () -		Fax: ()	-

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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.

	Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
ĺ		[1	Device		1	Device
ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
/	12-SEPT-	79 X		Some	2 dose	Tho	ch Per	chase
						7		
		•						
	•			+				:

(b) Control devices are required, but not yet installed								
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 [] Existing large area source [] New large area source []								
	#/ e requered are requested this, has than source Selectorea so	Machine Initially ID Purchased #1 03-OCT-93 / /2-SEPT-3 e required, but not are required to be quantity of perchle gallons ths, how many? [Machine Initially Device Installed #1 03-OCT-93 12-NOV-93 / /2-SEPT-\$7 required, but not yet installed are required to be installed [Machine Initially Device Installed ID #1 03-OCT-93 12-NOV-93 #2 / /2-SEPT-97 X e required, but not yet installed	Machine Initially Device Initially Purchased #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #2 SEPT-97 X Some Purchased #3 required, but not yet installed X are required to be installed X quantity of perchloroethylene (perc) purchased in gallons ths, how many? months s than 12 months: New owner: New store purce classification based on the definitions foun Select one classification only.) The source [X] New small area source [X] New small area source [X]	Machine Initially Device Installed ID Purchased Installed #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #2-SEPI-\$1 X Some degree Installed #3 or equired, but not yet installed [X] quantity of perchloroethylene (perc) purchased in the latest 1 gallons ths, how many? [] months than 12 months: New owner: [] New store: [] Did purce classification based on the definitions found in section of Select one classification only.) rea source [X] New small area source []	Machine Initially Device Installed ID Purchased Installed ID #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 12-SEPI-97	Machine Initially Device Installed ID Purchased Installed ID Purchased Installed ID Purchased Installed ID Purchased #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 #3 02-MAR-92 #4 purchased Installed ID

 What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".) 	art II of this notification form?
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 I boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requi	
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	X /J.E.n. 7-21-98
(c) Refrigerated condenser temperature monitoring	[A.C., V
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	\boxtimes

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ķ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	ard Niekelson 16-aug 96 Date

Nickelsen Cleaners

p.14 Ila) add date control device installed, if any p.15 5.(c) not required, mark out "X" and initial

PERCHLOROETHYLENE DRY CLEANERS

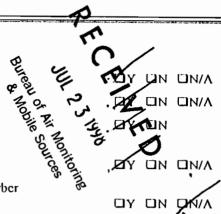
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		COMPLAINT/D	ISCOVER®	1 2 3 W
airs id#: <u>0950296</u>					NA PO
FACILITY NAME:	•				3
FACILITY LOCATION: 5					
	ORLAND	DO A	Ez 328	08_	
RESPONSIBLE OFFICIAL :	HOWARD	NICKEL	SEMMONE: 40	7-298-	7855
CONTACT NAME:			PHONE:		·
PART I: NOTIFICATION		<u> </u>			
(check appropriate box)				<u> </u>	Re
1. New facility notified DARM	30 days prior to star	rtup			
2. Facility failed to notify DAR	M to use general per	rmit			C)
PART II: CLASSIFICATION	J				
Facility indicated on notificati			☐ No notificatio	n form	
(check appropriate box)	on form that it is:		☐ Drop store/ou		etroleum
A				-	
1. Existing small area sour dry-to-dry only, x < 140 gal/			ll area source lly, x < 140 gal/yr	O.	
transfer only, $x \le 200$ gal/yr			x < 200 gal/yr		
both types, x < 140 gal/yr		both types, x			
(constructed before 12/9/91)		(constructed	on or after 12/9/91)		
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr 00 gal/yr gal/yr	dry-to-dry or transfer only both types, 1	c area source aly, $140 \le x \le 2,100$ g , $200 \le x \le 1,800$ gal/ $40 \le x \le 1,800$ gal/yr on or after $12/9/91$)	/yr	
5. This is a correct facility c	lassification	MO N	□Can not determ	mine	
	ity qualified for a ge	neral permit as	s number a	nbove permit	
B. The total quantity of perchl facility was 1/0 gallons		urchased withi	n the preceding 12 m	onths by this d	ry cleaning

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 scaled containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?



PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?	
--	--

CIY CIN

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

DY DN DN/A

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

DY DN DN/A

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

DY DN

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

DY DN DN/A

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

DY DN

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

	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	·
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	NG YEAR
2. Maintained rolling monthly total of perc consumption?	√ ΔY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צאבן.
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צים
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON EN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PAN/A
6. Maintained startup/shutdown/malfunction plan?	MO VIB
7. Maintained deviation reports?	OY ON MINA
Problem corrected?	DY ON ANIA,
8. Maintained compliance plan, if applicable?	איא אלי אם אם

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ÜN 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A couplings, and valves Muck cookers AZIY ON ON/A MY ON ON/A Door gaskets and seating ØY ON ON/A Stills ZY ON ON/A Filter gaskets and seating **Exhaust dampers** ZÍY ON ON/A MY ON ON/A Pumps ZY ON ON/A Diverter valves Solvent tanks and containers DY ON ON/A Cartridge filter housings \(\square\text{Y} \square\text{DN} \square\text{DN/A} Water separators MY ON ON/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/caforimetric tubes) Halogen leak detector

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

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

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

ASSEFA	HATLEMARIAM
Inspector	's Name (Please Print)

(PID/FID only)?

If using direct-reading instrumentation, is the equipment:

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

Date of Inspection

M/A

OY ON

OY ON

DY DN

OY ON

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
•		
	·	·
		,
	•	
	·	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COMP	LAINT/DISCOVERY RE-	INSPECTION
TIME IN: 100	TIME OUT: // N	AIRS ID#: 09502	96
YPE OF FACILITY:	RY CLEANERS		
ACILITY NAME:	ICKELSEN CO	EANERS DATE:	7/21/98
ACILITY LOCATION:	5157 W. COLO		
	OR LANDO FL	32808.	
RESPONSIBLE OFFICIAL:	HOWALD MICKEL	SEN PHONE NUMBER: 407.	-298-7-855
Based on the results of compliance with DEP	the compliance requirements evaluate Rule 62-213.300, Florida Administrati	ed during this inspection, the facility is four two Code (F.A.C.).	nd to be in
Based on the results of discrepancies were not		d during this inspection, the following cor	npliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION RE	QUIRED
		7	, gWeiderstein
		Burgan	*CE
		JUL 23 Nonitoring Nonitoring Sources	Y KC
		ces	
	•		•
COMMENTS:	TACILITY IN	compleance	
he Annual Compliance Certif	ication form has been properly certific	d and submitted to the inspector.	ES NO
ATE OF NEXT INSPECTI		.99	· ·
NSPECTION CONDUCTED	DBY: ASSELA	roximate) Harlemariams sse Print)	
NSPECTOR'S SIGNATURI	: osela la la	PHONE NUMBER: UO	1-936-936
	Page /	of 1.	Revised 10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT &
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM TO THE PROPERTY OF
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM HOWARD NICKELSEN HOWARD NICKELSEN HOWARD NICKELSEN S157 W COLONIAL DRIVE ORLANDO FL 32808
Do NOT Remove Label
Annual Reporting Period: 8 26 96 19 TO 8 26 97 19
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
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:
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: Howard Nickelson / Signature Date (Soward Markelson Howard Nickelson 7-21-98)

^{*}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.

Bureau of Air Monitoring డి Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM TO SERVE AIRS ID 0950296

Do NOT Remove Label

Annual Reporting Period:	1 GE	ń. ₋	Do Ito I Remove Date:		x KEYL'
#1. Term or condition of	Annual Reporting Period:	81.26/96_	19TO	8/26/97	* /JE9(\)19
#1. Term or condition of	Based on each term or cor 62-213.300, Florida Adm If NO, complete the follo:	horm pot correct.		<u> </u>	
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: Action(s) taken to achieve compliance: from to Action(s) taken to achieve compliance:			en in continuous compli	iance during the reporting p	period stated above:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	Exact period of non-complian	ce: from		to	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:	Action(s) taken to achieve cor	npliance:			
Action(s) taken to achieve compliance:	Method used to demonstrate of	compliance:			
Action(s) taken to achieve compliance:	#2. Term or condition of the	general permit that has not	been in continuous compli	iance during the reporting p	period stated above:
		ce:_from		to	·
Method used to demonstrate compliance:	Action(s) taken to achieve cor	npliance:			
	Method used to demonstrate c	compliance:	·		

*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.

does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

Name (Please Print)

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,

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	COMPLIANCE IN	SPECTION (CHECKLIST	` <
TYPE OF INSPECTION:	ANNUAL	e	COMPLAINT/DIS	COVERY
	RE-INSPECTION	1 🗅		Our SIL
				\$\langle \langle
AIRS 10#: 0950296			in: 1055 til	ME OUT: 1/16/25
FACILITY NAME: Nic	Kelsen C	leaners		**************************************
FACILITY LOCATION: 5	157 W.	Colonie		
(Irlando, F	FL 32	808	
RESPONSIBLE OFFICIAL :	Howard Ni	ckelsen	_ PHONE: <u>4</u> 07-	-298 -7855
CONTACT NAME:			_ PHONE:	<u> </u>
PART I: NOTIFICATION				
(check appropriate box)	20. 4			
1. New facility notified DARM	-	•		
2. Facility failed to notify DAR	M to use general peri	nit		
PART II: CLASSIFICATION				
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification t	form of business/petroleum
A.			a prop store out o	r ousiness/penoleum
1. Existing small area sour		2. New small		
dry-to-dry only, $x < 140$ gal/ transfer only, $x < 200$ gal/yr	yr	transfer only,	y, x < 140 gal/yr x < 200 gal/yr	•
both types, x < 140 gal/yr		both types, x <		
(constructed before 12/9/91)		(constructed o	n or after 12/9/91)	
3. Existing large area sour	ce 🛚	4. New large	area source	
dry-to-dry only, $140 \le x \le 2$,			y, $140 \le x \le 2,100 \text{ gal}$	/yr
transfer only, $200 \le x \le 1,80$			$200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	gal/yr		$0 \le x \le 1,800 \text{ gal/yr}$ on or after 12/9/91)	
(constructed octore 12/9/91)			11 01 and 12/7/71)	
5. This is a correct facility of	assification	Cary On	□Can not determi	ne
If no, please check the	appropriate classifica	ation:		
₩ facili	ty qualified for a gen	eral permit as	numberabo	
☐ facili	ty exceeds above lim	its and is not e	ligible for a general pe	rmit
B. The total quantity of perchle				ths by this dry cleaning
facility was 120 gallons		65+59	うこいん	

65+55=120

THE M. GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	BY ON ON/A				
2. Examining the containers for leakage?	œY □N □N/A				
3. Closing and securing machine doors except during loading/unloading?	ory on				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ONA				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ONA				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V	· 7.				
If classification 2 has been checked, the machine should be equipped with a refr (complete ${\bf A}$ below).	igerated condenser				
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber muinstalled prior to September 22, 1993	0				
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	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?	DY DN				
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? Condenser Condenser	OY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

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

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

_	· .					
PA	ART VI: LEAK DETECTION AND R	EPAIRS				
1.	Does the responsible official conduct a v	veekly (for small sources	s, bi-weekly) leak detection ar	nd repair		
	inspection?			DN DN		
2.	Has the facility maintained a leak log?			ON DN		
3.	Does the responsible official check the f	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	ØY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	BY ON ON/A		
	Water separators	BY ON ON/A				
4.	Which method of detection is used by tl	ne responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta					
	Halogen leak detector					
	If using direct-reading instra	ÉMIA				
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON		
	c. Inspected for leaks an	OY ON				
	d. Kept in a clean and so	□У □И				
	OY ON					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
	Ilka Bundy		7-2 -	99		
	Inspector's Name (Please Prin	nt)	Date of Insp	ection		

7-2-2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
·	

Orange County Environmental Protection Department

AIRS 1D#: 0950296

Acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>	
FACILITY NAME: Nickelsen Cleane	rs	DATE:	7-2-99
FACILITY LOCATION: 5157 W. Colon	ial Dr.		
FACILITY LOCATION: 5157 W. Colon	32808		
Annual Reporting Period: July 21	19_98 то	July 2	19 99
Based on each term or condition of the Title V general air perr 62-213.300, Florida Administrative Code (F.A.C.), during the		<u> </u>	rule □NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been	in continuous compliance du	uring the reporting period	stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not been	in continuous compliance du	uring 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 informate made in this notification are true, accurate and complete. Fur upon rolling averages of purchase receipts, does not exceed 2, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Howard Nickel Name (Please Print)	ther, my annual consumption 100 gallons per year for dry	n of perchloroethylene so	olvent, based
ivanic (riease rinit)	31	Briatimo	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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL U	COMPLAIN	T/DISCOVERY	RE-INSPECTION]		
TIME IN: 1055	TIME OUT:	1115	AIRS ID#:	0950296			
TYPE OF FACILITY: Dry	Cleaner						
FACILITY NAME: Nicke				DATE: 7-2-99			
	lando, FL	32808		- 2012			
RESPONSIBLE OFFICIAL:	loward Nicke	1sen	PHONE NUMBE	R: 407-298-7855	<u> </u>		
لسسا	le compliance requiremén le 62-213.300, Florida A		- ,	acility is found to be in			
Based on the results of the discrepancies were noted	e compliance requiremen	ts evaluated duri	ng this inspection, the f	following compliance			
COMPLIANCE REQU	IREMENT/PROBL	EM 1	FOLLOW-UP AC	TION REQUIRED			
·							

·							
	-						
COMMENTS:		L					
Facility i	n complia	ince.	i ·				
The Annual Compliance Certifica	ation form has been prope	rly certified and	submitted to the inspec	tor. YES NOW	,		
DATE OF NEXT INSPECTION		7-2-200)0				
INSPECTION CONDUCTED I	-	(Approxim IIKa Bu	Ybn				
INSPECTOR'S SIGNATURE:	Illa	(Please Pr a Bunon		cr: 836-9524			

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

ARMS 7-13-00 St

/	COMPLIANCE II	NSPECTION	CHECKLIST		
/ TYPE OF INSPECTION:	ANNUAL	M	COMPLAINT/	DISCOVERV	D
THE OF MSIECTION.		•	COMPLAIN 17	DISCOVERI	u
	RE-INSPECTION	4 🗇			В
			·		~ lre
airs id#: <u>0950296</u>				TIME OUT: _	Mobile Sources
FACILITY NAME: Nicl					ir Mo
FACILITY LOCATION: 5	157 W. C	olonia	al Dr.	·	Monitor
	Irlando, F				· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL :	Howard 1	Vickelso	n_phone: 40	7-298-	7855
CONTACT NAME:			PHONE:		·. ·
		,			
DADT I. NOTIFICATION					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to starts	up	•		o o
2. Facility failed to notify DAR	M to use general pern	nit			-
				···	
					
PART II: CLASSIFICATION					
Facility indicated on notification	on form that it is:		☐ No notificati		
(check appropriate box)			☐ Drop store/o	ut of business/p	etroleum
A. 1. Existing small area sour	ce D	2 Now sma	ll area source	D	
dry-to-dry only, x < 140 gal/	-		nly, x < 140 gal/yr	.	
transfer only, x < 200 gal/yr	=	- •	x < 200 gal/yr		
both types, x < 140 gal/yr		both types, x			
(constructed before 12/9/91)			on or after 12/9/91)		
2 P-1-41 - 1		4 N la			·
3. Existing large area source			e area source	gal/sur	
dry-to-dry only, $140 \le x \le 2$,	0 5	•	aly, $140 \le x \le 2,100$		
transfer only, $200 \le x \le 1,800$			$0.200 \le x \le 1,800 \text{ ga}$ $0.40 \le x \le 1,800 \text{ gal/y}$		
both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)			40 ≤ x ≤ 1,800 gal/y on or after 12/9/91)·	I	
(constructed before 12/9/91)		(constructed	on or area 12/3/31 J.		
5. This is a correct facility cla	assification	DY ON	□Can not deter	mine	
70 1 1 1	1	. •			

If no, please check the appropriate classification:

- facility qualified for a general permit as number
- 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 120 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part Π-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? DY DN DY DN DN/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 QY QN QN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

F				
B	. Has the responsible official of an existing large or new large area source also:			
ľ				
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
1	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\Box Y	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ПY		IN/A
1		_		_
l	Is the temperature differential equal to or greater than 20° F?	QY		IN/A
l				
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?	ŪΥ	ON C	3N/A
	To the company of the could be a location 100 and 2			337/4
ļ	Is the perc concentration equal to or less than 100 ppm?	LJ Y		JN/A
1	Assured that the semaling port on the earbon adsorber exhaust for measuring			
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
ŀ	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?	UY		IN/A
_				.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			_
	condenser coils?	ŪΥ		IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	DN C	IN/A

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

PART VI: LEAK DETECTION AND	REPAIRS	-			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			DN DN		
2. Has the facility maintained a leak log	?		M DN		
3. Does the responsible official check the	e following areas for leaks?				
Hose connections, fittings, couplings, and valves	DY, ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	DY ON ONA	Stills	DY ON ON/A		
Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	DY ON ON/A		
Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt	a				
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
• • • • • • • • • • • • • • • • • • • •	and obvious signs of wear on a	weekly basis?	OY ON		
d. Kept in a clean and	secure area when not in use?		DY ON		
e. Verified for accurac	y by use of duplicate samples (calorimetric only)?	OY ON .		
	· · · · · · · · · · · · · · · · · · ·		·		
Ilka Bundy		7-13-00)		
Inapagter's Name (Places II)	int)	Data of Inspection			

Inspector's Signature

7-13-01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

IRS ID#: 0950296

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 7/13/00 Jp

ACILITY NAME: Nickelson	Cleaners	· · · · · · · · · · · · · · · · · · ·	DA	TE: 7/3-200
ACILITY LOCATION: 5157	U. Colonial			
Orland	10, FL 329	808		
nnual Reporting Period: July	2,1999	_26 TO	July 13	3. 20 00
ased on each term or condition of the Title	V ganaral air narmit	my facility has rama	ived in compliance with	DED Pulo
2-213.300, Florida Administrative Code (F	-	•	_	□NO
NO, complete the following:	,, ,			
	·			
. Term or condition of the general permi	that has not been in co	ontinuous complianc	e during the reporting p	eriod stated above:
		· · · · ·	· .	<u> </u>
act period of non-compliance: from	· 		to	·
ction(s) taken to achieve compliance:				
ethod used to demonstrate compliance:	•			
			-	
. Term or condition of the general permit	that has not been in co	ontinuous complianc	e during the reporting p	eriod stated above:
cact period of non-compliance: from		to to)	
ction(s) taken to achieve compliance:				
ethod used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·	<u> </u>
			<u> </u>	
the responsible official, I hereby certify, this notification are true, accurate and corchase receipts, does not exceed 2,100 gambination facilities.	mplete. Further, my a	nnual consumption o	of perchloroethylene sol	lvent, based upon
ESPONSIBLE OFFICIAL: Howar Na	d Nicke/Sen me (Please Print)	Moun.	Signature) <u>7 - 13 - 200</u> Date
·	· · · · · · · · · · · · · · · · · · ·			

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

Page ____ of ____

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1509 TIME OUT: 1535	AIRS ID#: 0950296
TYPE OF FACILITY: Dry Cleaner	,
FACILITY NAME: Nickelson Cleaners	DATE: 7-13-00
FACILITY LOCATION: 5157 W. Colonial De	•
Orlando, FL 32808	
RESPONSIBLE OFFICIAL: HOWARD Nickelson	PHONE NUMBER: 407- 298-7855
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	•
	, .
	•
COMMENTS:	
Facility in complian	C.
The Annual Compliance Certification form has been properly certified	
DATE OF NEXT INSPECTION: $7-13-0$	/ roximate)
INSPECTION CONDUCTED BY: Ika Bu	ind/
	PHONE NUMBER: 407-836-/400
Dada	of / Revised 10/96

	#0950296 Nickelsen Cleaners	! !
İ	a, B	
	Nickelsen Cleaners	
	<u></u>	
p./4	1.(a) add date control device	
,	installed, if any	
p./5	installed, if any 5.(c) not required, mark out "X" and initial	
ì	and Initial	
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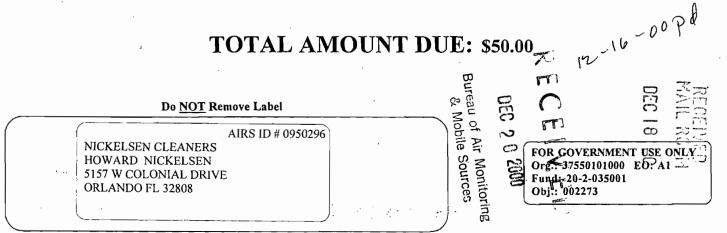
PLACE STICKER AT TOP OF ENWELO TO THE RIGHT OF RETURN ADDRES	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0950296001AG HOWARD NICKELSEN NICKELSEN CLEANERS 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
5157 W COLONIAL DRIVE ORLANDO FL 32808	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 06 PS Form 3811, July 1999 Domestic Ret	00 002 2827 7/83 urn Receipt 102595-99-M-1789

m	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
	Article Sent To:			
718	221066	3029 (OUD)	
127	Postage	\$		
12B	Certified Fee		Postmark	
1200	Return Receipt Fee (Endorsement Required)		Here	
8	Restricted Delivery Fee (Endorsement Required)			
0100	Total Postage & Fees	\$		
	Name (Please Print Clearly) (to be completed by mailer)			
2000	H. NICKELSEN Street, Act. No.: or PO BOX NO. # 045029(600) A-G			
7	City, State, ZIP+4 PS Form 3800, July 1999	•	See Reverse for Instructions	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400084

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





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0950296

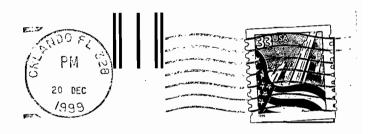
NICKELSEN CLEANERS HOWARD NICKELSEN 5157 W COLONIAL DRIVE ORLANDO FL 32808

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

Mikelsen 5157 W. Colonial Dr. Oxlando, Ha 32808



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

32315N30757315-3070

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 354777

R FPlease Include your TIRS ID# on your check or money order. This number can be found below on your mailing label.

DEC 2 3 1998

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0950296

NICKELSEN CLEANERS HOWARD NICKELSEN 5157 W COLONIAL DRIVE ORLANDO FL 32808 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 CF ONLY ODD:: 002273

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5	6. Signature: (Appressee or	Agent)	1				-
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i								
		I	US Postal Service Receipt for Communication No Insurance Coverage Do not use for Internal Sent to HOWARD NICKELSE HOWARD NICKE	ge Provided. AIRS I N EN RIVE	ail			
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303159

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED MAIL ROOM

FEB 20 98

Do NOT Remove Label

AIRS ID 0950296

HOWARD NICKELSEN HOWARD NICKELSEN 5157 W COLONIAL DRIVE ORLANDO FL 32808

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258540

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 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0950296

NICKELSEN CLEANERS HOWARD NICKELSEN 5157 W COLONIAL DRIVE ORLANDO FL 32808 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 2/14/60 C. Signifure Agent Addressee D. Is delivery address different from item 1? Yes
AIRS ID # 0950296 NICKELSEN CLEANERS HOWARD NICKELSEN 5157 W COLONIAL DRIVE ORLANDO FL 32808	3. Service Type Registered Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.
2. Article Number (Copy from society to be	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789
US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation NICKELSEN CLEANERS HOWARD NICKELSEN 5157 W COLONIAL DRIV ORLANDO FL 32808 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	ified Mail Provided. al Mail (See reverse) AIRS ID # 0950296