

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 19, 1996

Mr. Randy Fielden Vice President Deluxe One Hour Cleaners 3092 Alomo Avenue Winter Park, Florida 32792

Dear Mr. Fielden:

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

/DD

cc: Mr. Louis Nichols, Central District

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

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	date control device
	installed should be
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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):
C. Fand 7
2. Site Name (For example, plant name or number):
Dalina O. II. Clair
Delive One Honr Clenner!  3. Hazardous Waste Generator Identification Number:
FID GCI DOLLET
FLD 981 026 685
Street Address: 3092 ACOMA AVE TOUS.
4. Facility Location: 3092 ALOMA AVE #225. Street Address: City Vin ter Park PC, County: Orange Zip Code: 32792
5. Facility Identification Number (DEP Use):
0950299
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: Delice One Hr. Cleaners
7. Responsible Official Mailing Address:
Organization/Firm: Delicae One 7%. Clean of
City: / / / / Coma Ave 1225 Zip Code:
Winder Pla Organe 32752
8. Responsible Official Telephone Number:
Telephone: (407) 675-1494 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 cout.
11. Facility Contact Telephone Number:
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.

Type of Machine	ID	Date 1 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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	1 1	OI-TAN	1-95			n in the second			
(1) w/ ref. condenser	1	STEP S	r /						
(2) w/ carbon adsorber	-		ĺ						
(3) w/ no controls								i	
Washer Unit	4	W							
(4) w/ ref. condenser									
(5) w/ carbon adsorber								Ī	
(6) w/ no controls									•
Dryer Unit		ر العجازية عادرة	ayethan i	*		Lateria de la como de l La como de la como dela como de la como de	try.		
(7) w/ ref. condenser		i i							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		i di salah s	Naja Ya					residence in the contraction	the desire
(10) w/ ref. condenser									
(11) w/carbon adsorber								1	
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control devices</li> <li>(b) If less than 12 montrol Check why it is less</li> </ul>	are ro	equired to be ity of perchlons ons	installed [	perc)	_] purchased in				<u></u> 1
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sm	nall area sour	ce X	3) of 	Part II?	
Existing large are	-a 501	11 CC [	ine	w idi	rge area sour	LE	ı		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requi (Indicate with an "X".)	red on machines pu	ursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber	I	Refrigerated condenser	
New small area source Refrigerated condenser	ιX		
New large area source Refrigerated condenser	<u></u> :		
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and h		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by nati	ural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt [ しへ だメ	clusivaly	rived By NAThral GAS.
₹	·		
Equipme	ent Monitoring and	d Recordkeeping Inform	nation
Check all logs which are required to	o be kept on-site in	accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		
(b) Leak detection inspection and re	epair		X
(c) Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc co	oncentration monito	oring	
(e) Instrument calibration		•	
(f) Start-up, shutdown, malfunction	ı plan		[ <b>X</b> ]

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

#### 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)
ι <u>Χ</u> ι	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	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 terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	and Tuelde Department of any changes to the information contained in this notification.  Date

# Orange County Environmental Protection Department

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

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCO	VERY 📋	RE-INSPECTIO	Й
TIME IN: 1:00	TIME OUT: /:	45	AIRS ID#:	950299	
TYPE OF FACILITY: 1.	seluxe one H	GOV Clea	unevs '		
FACILITY NAME:	Dry Cleuning	<u> </u>	<u> </u>	ATE:	
FACILITY LOCATION:	3097 Aloma	Aug		<b>\</b>	
	Winter Park Randy Fielden	<u> </u>	32792		
RESPONSIBLE OFFICIAL:	Kandy Melden		ONE NUMBER: 4	07	
compliance with DEI  Based on the results of	of the compliance requirements evenue 62-213.300, Florida Admin of the compliance requirements evenue.	istrative Code (F.A.C	2.).		7.
discrepancies were no	oted: Q <b>uiremen</b> t/ProbleM	l FOLLO	OFTO A GIT-V/C	V REOHIŘED	
COMMINANCIA	QUICENTENTA TOODINA		711-01 ACTIOI	THIS CALLED	
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CONDUCTOR					
COMMENTS:	· .		. 7		
$\mathcal{L}^{j}$	o problems	5 hep	OK		<u> </u>
The Annual Compliance Co	rtification form has been properly	certified and submitt	ed to the inspector.	YES	ио[]
DATE OF NEXT INSPEC	TION: 6/3/97	(Approximate)	· · · · · · · · · · · · · · · · · · ·		
INICHECTUAL COMPUC	TED BY:	Fletcher			
INSPECTION CONDUCTIONSPECTORS SIGNATION	Law TO	(Plense Print)	HONE NUMBER	407 836-4	524
		nge of .	y'	ı	Revised 10/96

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
Delive One Honr Clanner)  3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLD 981 026 685
FLD 981 026 685  4. Facility Location: 3092 ALOMA AVE FIDDS.  Street Address:
City Vinter Park 126, County: Orange Zip Code: 32792
5. Facility Identification Number (DEP-Use):
0950299
Responsible Official
6. Name and Title of Responsible Official:
Randy Fielden V.P.
7. Responsible Official Mailing Address: Organization/Firm: Deluxe One Hr. Cleaners
Street Address: 309 2 Along Ave #225
Organization/Firm: Delive One Hr. Clean CVJ Street Address: 3092 Aleman Ave #225 City: Winder Plan County: County: Zip Code: 32752
8. Responsible Official Telephone Number:
Telephone: (407) 675-1494 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:
City: County: Zip Code:
11. Facility Contact Telephone Number:
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 1	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	A.	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		OI-TAY	1-95	Ť	1693	<u> </u>			
(1) w/ ref. condenser	1	STATE OF	<del>r / 3</del>		1 4 1	T:		<del></del>	<del></del>
(2) w/ carbon adsorber	<b>—</b>		<u> </u>						
(3) w/ no controls								<del></del>	
Washer Unit		•	•		•				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									, , , , , , , , , , , , , , , , , , , ,
Dryer Unit		·	P						
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	11.0	g langer of	· ·	•	<u> </u>				
(10) w/ ref. condenser									
(11) w/carbon adsorber	Ĺ		_						
(12) w/ no controls								<u> </u>	
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control of the control devices  (b) If less than 12 montrol of the control	are requant galic	equired to be ity of perchlo ons ow many? [_	installed [	perc)					
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.)	w sn	initions found nall area sour	rce X	,	Part II?	
Existing large are	,u 301		140	· ** 101	Se area sour		J		

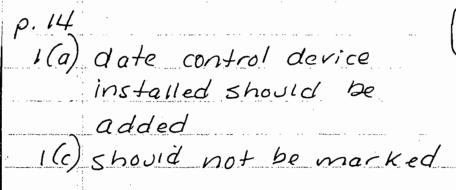
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(Indicate with an "X".)	ired on machines p	disdant to section (5) or i	art if of this notification form.
Existing large area source			
Carbon adsorber		Refrigerated condenser	
New small area source	\ /		
Refrigerated condenser	ι <b>Χ</b> υ		
New large area source			
Refrigerated condenser			
	,		
•			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such a All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil contains and hot water generating No such units on-site	that all steam and units exist on-site:  g units on-site (1) he dexclusively by national and more in the containing no more in the containing of the contain	hot water generating unit ave a total heat input of tural gas except for periothan one percent sulfur is	ts on-site meet the following  10 million BTU/hr or less (298  ds of natural gas curtailment
Equipme	ent Monitoring an	nd Recordkeeping Infor	mation
Check all logs which are required t	o be kept on-site in	accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent p	urchases		$\searrow$
(b) Leak detection inspection and r	epair	·	
(c) Refrigerated condenser tempera	ture monitoring	•	X
(d) Carbon adsorber exhaust perc c	oncentration monit	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		[ <b>X</b> ]

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

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

ease 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)
ГХ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	lersigned, 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 ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
comply w	nth att terms and conditions of this general permit as sel forth in Fart 11 of this hotification form,
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	, /
K	and Fuelder 8/15/96.
Signature	Date
Ryan	1 Frul 12/3/C/





# Orange County Environmental Protection Department

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN	JAL SPECTION	U U	COMPLAINT/DISCOV	VERY 🗖	
AIRS ID#: 0950 299 FACILITY NAME: Deluxe		1		145	<i>i</i> .
FACILITY LOCATION: 309	z Alo	ma A		Ζ	
PART I: NOTIFICATION				·	
(check appropriate box)					
1. Existing facility notified DARM by 9/	1/96				
2. New facility notified DARM 30 days p	orior to startuj	)			
3. Facility failed to notify DARM to use	general permi	it			
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
PART II: CLASSIFICATION  Facility indicated on notification form	that it is:				
(check appropriate box)					
A.					
1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	() ( ()	ransfer only, x ooth types, x<1	, x<140 gal/yr <200 gal/yr		:
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>( 1</td><td>ransfer only, 2 both types, 140</td><td>area source -, 1404x42, 100 gal/yr -2004x41,800 gal/yr 04x41,800 gal/yr a or after 12/9/91)</td><td></td><td></td></x<2,>	( 1	ransfer only, 2 both types, 140	area source -, 1404x42, 100 gal/yr -2004x41,800 gal/yr 04x41,800 gal/yr a or after 12/9/91)		
This is a correct facility classification		UY UN			
If no, please check the appropriate clas	sification:				
facility qualified for a facility exceeds above  B. The total quantity of perchloroethyle	limits and is	not eligible for	a general permit	s by this dry clean	ing

#### 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? DY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DY DN. 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 ON ON! 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? ENY 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 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 DX □Ν 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 DY DN on dry-to-dry, reclaimer, and dryer machines on a weekly basis?

:	
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CIY ON
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	חם עם
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
1	
THE PROPERTY OF THE PROPERTY O	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	J
Has the responsible official:	DA CIN
Has the responsible official: (check appropriate boxes)	OPY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	UT CIN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	UP UN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  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	UY UN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  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?	

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	OY ON
2. Which method of detection is used by the responsible official?	
Visual examination (condensed solvent on exterior surfaces)	Œ,
Physical detection (airflow felt through gaskets)	<b>d</b> /
Odor (noticeable perc odor)	<b>a</b>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	

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DY ON DAYA

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

	POLITON COLUMN					
If using direct-reading instrume	ntation	, is the equi	pment:			
<ul> <li>a. Capable of detecting p</li> </ul>	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard	gas prior to	and after each use	ΠY	□и	
c. Inspected for leaks and	d obviou	us signs of w	vear on a weekly basis?	$\Box$ Y	□и	
d. Kept in a clean and so	cure are	ca when not	in use?	ΠY	□N .	
e. Verified for accuracy	by use o	f duplicate s	samples (calorimetric only)?	ΠY	Dи	
3. Has the facility maintained a leak log?				DY	□N	
4. The following areas should be checked	for leak	s by the ins	octor: Respon officed			
		Detected?	- · · ·	Leak	Detected?	
Hose connections, fittings, couplings, and valves	ΠY	CHN	Muck cookers	ΠX	D₩	
Door gaskets and scating	ΠY	C2N	Stills	ΠY	⊠N	
Filter gaskets and seating	ΠY	ΩN	Exhaust dampers	ПY	ŒΝ	
Pumps	ΠY	ΩN	Diverter valves	ПY	□N	
Solvent tanks and containers	ΠY	ΔN	Cartridge filter housings	ΠY	DIN	
Water separators	ΠY	ØΝ				
Randy Freder Nante of Responsible Official						
Inspector's Name (Please Print)  Date of Insp						
inspector of think (1 tensor 1 to	^		•			

Revised 10/14/96

4/3/97
Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:	
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#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION   COMPLAINT/DISCOVERY	
AIRS ID#: 050299 DATE: 12/16/97 TIME IN: 10:40 TIME OUT  FACILITY NAME: Deluxe One Hour Cleaner  FACILITY LOCATION: 3097 Along Ave  Whater Park Fl. 32797  RESPONSIBLE OFFICIAL: Randy Fielden PHONE: 407-  CONTACT NAME: PHONE:	
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit	<u> </u>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  Prop store/out of business dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	s/petroleum
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  5. This is a correct facility classification	
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by thi facility was 115 gallons.	s dry 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? DY DN DN/A CIY CIN CIN/A 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 DY ON ON/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 DN/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? 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 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 Y ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		] A/NE
	Is the temperature differential equal to or greater than 20° F?	OY ON C	JN/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?	ם אם מ	JN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON C	JN/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 C	A/NE
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON C	A/AE
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON C	A/NE
<u>.</u>	Routed arthow to the carbon adsorber (ii used) at an times?	<u> </u>	114///

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	į
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly total of perc consumption?	CDY CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	CAÝ CIN CIN/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 ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DYNA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DAVA
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	אלאם אם אם אם
Problem corrected?	איאס אם אם
8. Maintained compliance plan, if applicable?	OY ON QN/A

PAR	T VI: LEAK DETECTION AND R	EPAIRS	PART VI: LEAK DETECTION AND REPAIRS					
1. Do	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
in	spection?			DY ON				
2. Ha	as the facility maintained a leak log?			OY ON				
3. Do	oes the responsible official check the fe	ollowing areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A				
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A				
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY ON ON/A				
	Pumps	DY ON ON/A	Diverter valves	אואם אם אם				
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	MY ON ON/A				
	. Water separators	OY ON ON/A						
4. W	hich method of detection is used by th	e responsible official?						
	Visual examination (condensed solvent on exterior surfaces)							
	Use of direct-reading instrumentation (F1D/P1D/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instru	mentation, is the equip	ment:	□N/A				
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	CAY CIN				
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and a	after each use	OY ON				
	c. Inspected for leaks and	I obvious signs of wear o	on a weekly basis?	OY ON				
	d. Kept in a clean and se	_	•	OY ON				
	e. Verified for accuracy b			מי מי מי				
Extra section 1								
			1	/				
	1000 1- 1eta	chev	12/1	6/97				
	Inspector's Name (Please Print)  Date of Inspection							

Inspector's Signature

Approximate Date of Next Inspection

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

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 10:40 TIME OUT: 11  TYPE OF FACILITY: Dry Cleaner	10 AIRS ID#: 0950299					
	Ave DATE: 12/16/97					
RESPONSIBLE OFFICIAL: Randy Fielden	F1. 37797 PHONE NUMBER: 407-					
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluation of the compliance of the compliance requirements evaluation of the compliance of the compliance of the compliance requirements and the compliance of the compliance requirements are compliance of the compliance of	•					
Based on the results of the compliance requirements evaluation discrepancies were noted:						
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
	· .					
COMMENTS:	· .					
Facility 14	Compliance					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  VES NO DATE OF NEXT INSPECTION: 12/16/98						
INSPECTION CONDUCTED BY: TODD T-letcher						
INSPECTOR'S SIGNATURE: Dold Thic	Please Print) PHONE NUMBER: 836-9524					

Page 1 of 1.

Revised 10/96

# DRY CLEANER AIR QUALITY GENERAL PERMET ANNUAL COMPLIANCE CERTIFICATION FORM Sources Sources

Do NOT Remove Label

Annual Reporting Period:	SAN 1	19 97	) TO _		JAN.		_19 <u>98</u> _
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F						n DEP Rule	
If NO, complete the following:						•	
#1. Term or condition of the general permit	t that has not been	n in continuous	complianc	ce during	the reporting p	eriod stated:	above:
Exact period of non-compliance: from			1	to			
Action(s) taken to achieve compliance:							
Method used to demonstrate compliance:							
#2. Term or condition of the general permit	t that has not beer	n in continuous	complianc	ce during t	the reporting p	eriod stated a	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, bas	sed on information	and belief form	ed after rea	sonable in	quiry, that the :	statements ma	ade in this

notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts,

Signature

Date

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

TYPE OF INSPECTION:	ANNUAL	図	COMPLAINT/DISCOVERY	
	RE-INSPECTION			
li				
· ·			N: 1115 TIME OUT:	IL.
				· II
	,		792	
RESPONSIBLE OFFICIAL :	Randy Fielden	١	PHONE:	
CONTACT NAME:			PIIONE:	
PART I: NOTIFICATION		RE	CEIVED	
(check appropriate box)			222 A A 1008	
1. New facility notified DARM	l 30 days prior to startur		DEC 2 8 1998	ט
2. Facility failed to notify DAR	tM to use general permi	il Bu	reau of Air Monitoring & Mobile Sources	
PART II: CLASSIFICATION	<u>N</u>		· · · · · · · · · · · · · · · · · · ·	7
Facility indicated on notificat (check appropriate box)  A.	ion form that it is:		☐ No notification form  ☐ Drop store out of business/p	ctrolcum
<ol> <li>Existing small area soundry-to-dry only, x &lt; 140 gall transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8</li> </ol>	/yr d r tr b() (c rce	ransfer only, x toth types, x < constructed on l. New large a lry-to-dry only, ransfer only, 20	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ (constructed before 12/9/91)	) (0	constructed on	≤ x ≤ 1,800 gal/yr or after 12/9/91)	
5. This is a correct facility of	classification L	ЭΥ □И	□Can not determine	
☐ facil	e appropriate classificati lity qualified for a gener lity exceeds above limits	ral permit as m	umber above gible for a general permit	
II .	•			

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?	OY ON ON/A			
2. Examining the containers for leakage?	OY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	DY ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	. בארם אם אם .			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאט אט אט			
	-			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification I has been checked, no controls are required. Proceed to Part V	<i>'</i> .			
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 refr (complete ${\bf A}$ and ${\bf B}$ 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?	CIY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	CIY ÜN ÜN/A			
3. Equipped the condenser with a diverger valve so airflow will be directed away from the condenser upon opening the door?	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?	טי טא י			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	CIY CIN CIN/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	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	בואיא
	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?	ωy	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ĽΙΥ	ШN	אואנו
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	ПΝ	□N/Λ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	Ωи	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	Πи	□N/A
P	ART V: RECORDKEEPING REQUIREMENTS			
11	as the responsible official:			

#### (check appropriate boxes) DY DN 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? DY DN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; DY ON DN/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? DY DN DN/A CY CN CN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on pere concentrations? CIY CIN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? LY LN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	חא מא					
2. Has the facility maintained a leak log?	OY ON					
3. Does the responsible official check the following areas for leaks?						
Hose connections, fittings,	514 514 514 F					
couplings, and valves	CIY CIN CIN/A					
Door gaskets and scating \( \superscript{Y} \superscript{DN} \subscript{DN/A} \) Stills	OY ON ON/A					
Filter gaskets and scating	CIY CIN CIN/A					
Pumps	OY ON ON/A					
Solvent tanks and containers	ngs 🗆Y 🗆N 🗆N/A					
Water separators						
4. Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading instrumentation, is the equipment:	□N/A					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	i? OY ON					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON .					
c. Inspected for leaks and obvious signs of wear on a weekly basis?	ם אם אם					
d. Kept in a clean and secure area when not in use?	OY ON					
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON					
	: **					
Ilka Bundy / Asseta Hailemariam 12/3/9	8					
Inspector's Name (Please Print)  Date of Inspection						
Ula Bund	. ,					
Inspector's Signature Approximate Date	e of Next Inspection					

#### ITIONAL SITE INFORMATION:

New Owner. White Swan Professional Dry Cleaners

Owner: Marius Ivanov

3092 Alona Ave
Winter Park, FL 32792

(407) 671-2139

He bought the business approx. 6 mos ago.

on the reverse side?	SENDER:  Ol edoleAue to dot Jean eutil 1  Complete items 1 and/or 2 for adultional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number. d the date		eceipt Service.
ADDRESS completed	AIRS ID#: 0950299 SUZY/FRENCH INC RANDY/FIELDEN 3092 ALOMA AVE #225 WINSTER PARK FL 32792	4b. Service Ty  4b. Service Ty  Registered  Express Ma  Return Rece  7. Date of Deli	7 302 141  Ippe    Certified   Insured   Insured   COD   Cod	you for using Return R
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  RS Form 2911 December 1004	and fee is p	s Address (Only if requested in its i	Thank
	PS Form <b>3811</b> , December 1994		Joinestic Hetain Neceipt	

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PS Form <b>3800</b> , April 1995	Postmark	or Date -//4/	97		

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261944

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

RECEIVED MAIL ROOM FEB 28 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID#: 0950299

SUZY FRENCH INC RANDY FIELDEN 3092 ALOMA AVE #225 WINTER PARK FL 32792 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Received by (Please Print Clearly) B. Date of 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. ☐ Agent ■ Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. 1. Article Addressed to: JUN 1 3 200 AIRS ID # 0950299001AG RANDY FIELDEN DELUXE ONE HOUR CLEANERS Bureau of Air Monitoring Service ProMobile Sources Certified Mail Express Mail 3092 ALOMA AVE #225 WINTER PARK FL 32792 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) 2. Article Number (Copy from service label) 7,000 0600 110021 Domestic Return Receipt 102595-99-M-1789 PS Form 3811, July 1999 . Z 530 FP3 058

#### **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0950296001AG HOWARD NICKELSEN NICKELSEN CLEANERS 5157 W COLONIAL DRIVE ORLANDO FL 32808 Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address

Z 210 663 029

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3800

Form 8 TOTAL Postage & Fees Postmark or Date

	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Sent to	Provided.	1
DI 30	) AIRS ID ANDY FIELDEN ELUXE ONE HOUR ( 92 ALOMA AVE #22: INTER PARK FL 3279	5	
	Celanea i so	l	
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3800,		TOTAL Postage & Fees	\$	
	PS Form 3	Postmark or Date		
	U.S. Postal Service CERTIFIED MAIL RECEIPT			

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	Restricted Delivery Fee (Endorsement Required)		
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	ler)		
7000	Street, Apt. No.; or PO 50		AG
<u>ر</u> _	PS Form 3800. July 1999		See Reverse for Instructions

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361955

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

WHITE SWAN CLEANERS AIRS ID # 0950299

BANGE MARCHE IN ANON

3092 ALOMA AVE #225

WINTER PARK FL 32792

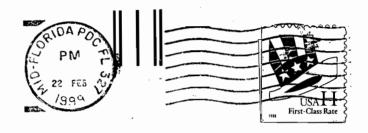
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

WHITE SWAN DRY CLEANERS
3092 Aloma Ave Ste 225
Winter Park, FL 32792



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



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**

303425

Do NOT Remove Label

AIRS ID 0950299

SUZY FRENCH INC RANDY FIELDEN 3092 ALOMA AVE #225 WINTER PARK FL 32792 FEB 24 9

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Fund: 20-2-035 Obj.: 002273

on the reverse sid	O) adojanua jo do) Jano auli 18 plod  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.		eceipt Service.
N ADDRESS completed	3. Article Addressed to:  AIRS ID 0950299  SUZY FRENCH INC RANDY FIELDEN 3092 ALOMA AVE #225 WINTER PARK FL 32792  5. Received By: (Print Name)	4b. Service   Registere   Express   Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery	you for using Return R
ls your <u>RETUR</u>	6. Signature: (Addressee or Agent) PS Form <b>3811</b> , December 1994	and fee is	paid)  Domestic Return Receipt	Thank

## Z 333 613 643 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID 0950299 SUZY FRENCH INC RANDY FIELDEN 3092 ALOMA AVE #225 WINTER PARK FL 32792 Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$

Postmark or Date

se side?	SENDER:  Other of adolance to complete items 1 and/off to complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.	o əuil 1s blo	Taiso wish to receive the following services (for an extra fee):
on the reverse	■ Attach this form to the front of the mailpiece, or on the back if spac permit.  ■ Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered an delivered.	e number.	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
IN ADDRESS completed	AIRS ID # 0950299  DELUXE ONE HOUR CLEANERS RANDY FIELDEN 3092 ALOMA AVE #225 WINTER PARK FL 32792	4b. Service Registere Express I	Type ed Certified Mail Insured ceipt for Merchandise COD ceipt for Mer
s your <u>RETUR</u>	5. Received By: (Print Name)  6. Signature: [Addressee or Agent)  X	8. Addressee and fee is	e's/Address' (Only if requested = 논
	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Return Receipt

,	ž 333	PPO 35 <b>7</b>	6 6	
US Posta Recei		tified Mail	10/	
RANDY F 3092 ALO	ONE HOUR TELDEN MA AVE #22 PARK FL 32	CLEANERS 25	# 0950299	
Postage		<b>\$</b>		
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Special Del	ivery Fee			
	Delivery Fee			
Return Receip Date, & Addre TOTAL Postmark o	eipt Showing to ate Delivered			
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SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write Return Receipt Requested* on the mailpiece below the article and delivered.	the number.  2.  Restricted Delivery
3. Article Addressed to:  AIRS ID # 0950299  DELUXE ONE HOUR CLEANERS  RANDY FIELDEN  3092 ALOMA AVE #225  WINTER PARK FL 32792	4a_Adticle Number  4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)
	2595-97-B-0179 Domestic Return Receipt

	P 174 0	1999
F	JS Postal Service  Receipt for Cert  to Insurance Cor	tified Mail AIRS ID # 0950299
R	ELUXE ONE HOUR ANDY FIELDEN 092 ALOMA AVE #2 VINTER PARK FL 32	CLEANERS
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	Restricted Delivery Fee	
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8	TOTAL Postage & Fees	\$
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