

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 23, 1996

Mr. Majid Paroo President Valet Cleaners 1455 South Orlando Avenue Maitland, Florida 32751

Dear Mr. Paroo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 28, 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 Dilt√z, 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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	FATEEM /NC. Site Name (For example, plant name or number):							
2.	. Site Name (For example, plant name or number):							
	Hazardous Waste Generator Identification Number:							
3.	Hazardous Waste Generator Identification Number:							
	FLR000014704							
4.	Facility Location:							
	Street Address: 1455 Sauth Oriando AV City: MAITLAND County: ORANGE Zip Code: 32751							
	City. NIA 7242 E Zip Code. 32							
5.	Facility Identification Number (DEP Use):							
	0950302							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	Ω_{α} Ω_{α} Ω_{α}							
	MAJID PAROO PRESIDENT.							
7.	Responsible Official Mailing Address:							
	Organization/Firm: VALE? CLEANERS. Street Address: 1455 S. GRLANDO AV.							
	City: MAIZLAND County: ORANCE Zip Code: 32751							
8.	Responsible Official Telephone Number:							
0.	Telephone: (467) 539 - 1/55 Fax: () -							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10.	Facility Contact Address:							
	Street Address:							
	City: County: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							

RECEIVED

AUG 28 1996

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Bureau of Air Monitoring & Mobile Sources

#0950302

- P. 14 1 (a) add date control device installed
 - 1. (c) should not be marked
- 3. new large should be marked
- P.15
 - 4 new large r.c. Should be marked
 - (0), (b), (c), + (f) Should be marked

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
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		٠.		٠.	1: :: - :	7. 7. 1
(1) w/ ref. condenser		10- FEB-96			10- FEB-96				
(2) w/ carbon adsorber		-							
(3) w/ no controls									
Washer Unit		.				·. ·.			100
(4) w/ ref. condenser						•			
(5) w/ carbon adsorber								-	
(6) w/ no controls									
Dryer Unit	7.1		And the second second	17.5		y describe			ri uudagiitaa i
(7) w/ ref. condenser									
(8) w/ carbon adsorber									·
(9) w/ no controls									
Reclaimer Unit	20.2		e de la composition della comp	٠.	1 1 1 1 1 1 1		. 54 .	A Charles Johnson	The street
(10) w/ ref. condenser				_				Ī	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of [/8 0] (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlors /NSTAG	installed [perc)	purchased in Deycless				· .
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classific	cation only.) Ne	w sm	nitions found all area sourc ge area sourc	ce [X		Part II?	

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

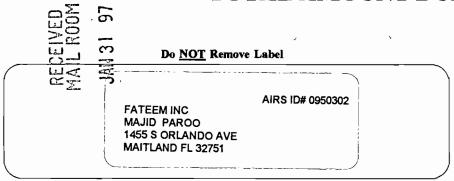
DEP Form No. 62-213.900(2) Effective: 6-25-96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259472

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



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
0:	Mare 26, 96.
Signature	Date

BEST AVAILABLE COPY



Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LABITODISCOVERY [RE-INSPECTION [
TIME IN: 130 TIME OUT: TYPE OF FACILITY: Dry. Cles	AIRS ID#: 0950 302
TYPE OF FACILITY: FACILITY HAME: Valet Cleaner FACILITY LOCATION: 1455 S. O.V.	ando Aue
	PHONE NUMBER: 539 - 1155
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.	ive Code (F.A.C.).
discrepancies were noted:	
NO receipts of Perc on site	S/X month required
No Rolling log of Peve O Purchased	11 11
No leak detection log on site (2)	. 11 11
No corrective action form on sit (3)	11 H II
Haz confainers not sealed	u n n
COMMENTS:	
The Annual Compliance Certification form has been properly cert DATE OF NEXT INSPECTION: 7/27/9	ified and submitted to the inspector. YES NOLL Approximate)
	Fletcher Trace (407) 836-9524

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Revised 10/90

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOV	VERY 🗀
AIRS ID#: <u>698030</u> DATE: 1/27 proceed to the facility name: Valet Clear facility Location: 1455 S. Mattland	ners Orlando Ave	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		0
2. New facility notified DARM 30 days prior to star	tup	
3. Facility failed to notify DARM to use general per	nit	
PART II: CLASSIFICATION		
A. 1. Existing small area source dry-to-dry only, x<200 gal/yr transfer only, x<200 gal/yr	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)	both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	ØY □N	
If no, please check the appropriate classification:		
facility qualified for a general per facility exceeds above limits and	rmit as number above is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) profacility was 180 gallons.	ourchased within the preceding 12 months	by this dry cleaning



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301200

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

RECEIVED MAIL ROOM

JAN 28 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0950302

FATEEM INC MAJID PAROO 1455 S ORLANDO AVE MATTLAND FL 32751 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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? 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? UN 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 ON ON/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 MY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after UN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	ŀ
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?	DY CIN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON WA
Is the temperature differential equal to or greater than 20° F?	DY DN N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON BYNA
Is the perc concentration equal to or less than 100 ppm?	DY DN
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?	ם אם אם 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?	רוא מאיז אים איז
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DY EN
Has the responsible official: (check appropriate boxes)	OY EN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	OY ON
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:	OY ON
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	OY ON
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?	OY ON
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? 4. Maintained calibration data? (for direct reading instruments only)	
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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	
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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	
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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	
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? 4. Maintained calibration data? *Gor direct reading instruments only*) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	
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? 4. Maintained calibration data? *for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	

2. Which method of	detection is used by the	responsi	ble official?				
Visual exar	nination (condensed sol	vent on c	xterior surface	s)	0		
Physical de	tection (airflow felt thro	ngh gask	cts)		4		
Odor (notic	ceable perc odor)				E		
Use of direc	ct-reading instrumentati	on (FID/I	PID/calorimetr	ric tubes)		,	
If using dir	,						
a.	Capable of detecting pe	ere vapor	concentrations	s in a range of 0-500 ppm?	ם אם	4	
b.	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
C.	Inspected for leaks and	obvious	signs of wear	on a weekly basis?		И	
d.	Kept in a clean and see	cure area	when not in us	sc?	12Y 131		
c.	Verified for accuracy b	y use of a	Iuplicate samp	les (calorimetric only)?	OY G	MULL	
3. Has the facility r	uaintained a leak log?				OY Q	N	
4. Does the respons	sible official check the f	ollowing	arcas for leaks	?			
	cctions, fittings, s, and valves	OY	□N	Muck cookers	CY	ПΝ	
Door gask	ets and seating	CIY	ПИ	Stills	A Y	ПΝ	
Filter gask	cets and seating	UY	ΠN	Exhaust dampers	ØY	ΠN	
Pumps		ΔY	ÜN	Diverter valves	OY /	ПИ	
Solvent ta	nks and containers		_ □N	Cartridge filter housings	ØΥ	ΠN	
Water sep	arators	ďΥ	N				
	d Ryw e of Responsible Officia odd Fletcher	al		1/27/9	7		
Inspe	ctor's Name (Please Pri	nt)		Date of lusp	_		
II	nspector's Signature			Approximate Date of	Next In	spection	

PERCHLOROETHYLENE DRY CLEANERS RECEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

SEP 2 5 1997

COMPLIA	ANCE INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUA RE-INSP	COMPLAINT/DISCREPAGE Air Monitoring & Mobile Sources
AIRS ID#: 0950307 DATE: 0	1 19 57 TIME IN: 100 TIME OUT: 130
FACILITY NAME: Valet	Cleaners
FACILITY LOCATION: 1455	S. Orlando Ave
Mai	Hand Fl 32151
RESPONSIBLE OFFICIAL: Mc	1d Ruon PHONE: 407 539-1155
ζ.	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days price	or to startup
2. Facility failed to notify DARM to use ger	neral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that (check appropriate box)	at it is: ☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gál/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
	classification: for a general permit as number above 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 180 gallons.

	1
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DY DN DN/A
3. Closing and securing machine doors except during loading/unloading?	מם צבם
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ON/A
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	<i>7</i> .
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi 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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter 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?	מבי טא
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

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ūγ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□Ń/Λ
	Is the temperature differential equal to or greater than 20° J ⁷ ?	ŪΥ	Пи	DNIV
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?		ΠN	
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	CHN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ŪΥ	ΠN	CINIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ors	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	מאי מא מאי מא
2. Maintained rolling monthly averages of perc consumption?	OK ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY CH 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 BY ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON BAIM
5. Maintained exhaust duct monitoring data on perc concentrations?	סא מא פאוע
6. Maintained startup/shutdown/malfunction plan?	שט יש
7. Maintained deviation reports?	OY ON OK/A
Problem corrected?	סאיע מא מאיע
8. Maintained compliance plan, if applicable?	מא מא פאיע

PAF	RT VI: LEAK DETECTION AND R	EPAIRS				
1. I	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection an	d repair		
i	nspection?			DY DN		
2. F	las the facility maintained a leak log?			DY ON		
3. I	Does the responsible official check the	following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	□¥ □N □N/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 DN DN/A				
	Pumps	CY 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	AVO NO YE				
4.	Which method of detection is used by t	he responsible official?		/		
	Visual examination (condensed s	olvent on exterior surfac	ccs)	ca'		
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	ation (FID/PID/calorime	etric tubes)			
	Halogen leak detector					
	If using direct-reading instr	umentation, is the equ	ipment:	□N/A		
	a. Capable of detecting	pere vapor concentratio	ns in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	□У □И		
	c. Inspected for leaks at	nd obvious signs of wear	on a weekly basis?	DY DN		
	d. Kept in a clean and s	_	·	OY ON		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
, me hade	CREA MINISTER A N. マットン・ヴォルスト 日 4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	THE PARTY OF THE P	E (ARCONAPIENCARO E E A ROSCU EN TRACETARA EN	не на поставления на применя на п На применя на применя н		
	Top Floto		alia	197		
_	Justiciar's Name (Places Pri	21)				

4 of 5

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 100 TIME OUT:	30 AIRS ID#: 0950307
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Valet Cleaner	5 DATE: 9 19 97
	ando Ave
RESPONSIBLE OFFICIAL: Madid Parou	PHONE NUMBER: 40 7 539-1155
Based on the results of the compliance requirements of compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements ediscrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Leak Detection and cornective action and condenser temp. not complete for Az + Sept	
0 1 2	
	
	·
COMMENTS:	-
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 9/19	198
	(Approximate)
INSPECTION CONDUCTED BY: DDU	(Please Print)
INCORPORAÇÃO DE CICAL TUDE.	10 1 PHONE NUMBER, 836 -9574

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950302, 8 In B
FATEEM INC
MAJID PAROO
1455 S ORLANDO AVE
MAITLAND FL 32751

Do NOT Remove Label

Annual Reporting Period: Annual Reporting Period: 1991 TO Dec 1997.

Based on each term or condition of the 62-213.300, Florida Administrative	_	- ,		ith DEP Rule
02-213.300, Plottua Authinistrative (20uc (F.A.C.),	during the period co	refed by this statement. 4123	— 110
If NO, complete the following:				
#1. Term or condition of the general	permit that ha	as not been in contin	uous compliance during the reporting	g period stated above:
· · · · · · · · · · · · · · · · · · ·			-	
Exact period of non-compliance: fro	m		to	
Action(s) taken to achieve compliance	e:	•		
Method used to demonstrate complia	nce:			· <u>-</u>
#2. Term or condition of the general	permit that ha	as not been in contin	uous compliance during the reporting	g period stated above:
Exact period of non-compliance: from	m		to	_
Action(s) taken to achieve compliance	e:		· <u></u>	
Method used to demonstrate complia	nce: <u>-</u>			
As the responsible official, I hereby cerinotification are true, accurate and comploes not exceed 2,100 gallons per year f	olete. Further,	my annual consumpti scilities or 1,800 gallos PALO ()	on of perchloroethylene solvent, based i	upon purchase receipts,

^{*}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.

	22 0 7 3 0 3 0 2	
	BEST AVAILABLE COPY	
	1.(0) add date control	1
	device installed no	
		/
1.	Facility Ow 1. (c) Should not be	
2.	Site Name (· · · · · · · · · · · · · · · · · · ·
2.	3. New large should	
3.	Hazardous be macked	
	P.15	•
4.	Facility Lol .	
	Street Add 4 New large r.C. City: M Should be marked	32751
5.	Facility Ide	
	(a), (b), (c), + (f)	0302 E
-	Should be marked	
6.	Name and	•
7.		
	Organization/Firm: VALE? CLEANERS.	•
	Street Address: 1455 S. GRLANDO AV. City: MAIZLAND County: ORANCE Zip	Code: 32751
8.	Responsible Official Telephone Number:	
	Telephone: (467)539 - 1155 Fax: () -	
	Facility Contact (If different from Responsible Official)	·
9.	Name and Title of Facility Contact (For example, plant manager):	
		_
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	

RECEIVED

AUG 28 1996

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

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	_							
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	FATER A LIC							
2.	FATEEM /NC. Site Name (For example, plant name or number):							
۷٠ ا								
	VALET CLEANERS.							
3.	Hazardous Waste Generator Identification Number:							
	FLR000014704							
4.	Facility Location:							
	Street Address: 1455 South Ochanoc AV							
	City: MAITCAND County: ORAGE Zip Code: 32751							
5.	Facility Identification Number (DEP Use):							
	0950302							
Mass								
	Responsible Official							
	Kesponsible Official							
6.	Name and Title of Responsible Official:							
	MAJID PAROO PRESIDENT.							
7	Responsible Official Mailing Address:							
•	Organization/Firm: 1/4							
	Street Address: 11, CT C Garages Adv.							
	Street Address: 1455 S. GRLANDO AV. City: MAIZLAND County: ORANCE Zip Code: 32751							
8.	Responsible Official Telephone Number:							
	Telephone: (467) 539 - 1155 Fax: () -							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10	Facility Contact Address:							
-0.	y							
	Street Address:							
	City: County: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							

RECEIVED

AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

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

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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.

Ту	oe of Machine	lD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example		#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry	-to-Dry Unit	-		W	7.		1/1			
	(I) w/ ref. condenser		10- FEB-96	10-Fea 96		10- FEB-96	10-Fea 96			
	(2) w/ carbon adsorber									,
	(3) w/ no controls									
Wa	sher Unit		•	•			•			
	(4) w/ ref. condenser						·			
	(5) w/ carbon adsorber				_		-			
	(6) w/ no controls									·
Dry	er Unit		in Adams	un de la companya de		1 1 1 1 1 1 1 1	Taranta a	<i>:</i> .		er i eller i eller
<u> </u>	(7) w/ ref. condenser				_		· -			
	(8) w/ carbon adsorber		-							
	(9) w/ no controls				_					
Rec	laimer Unit	20.2						1.1		
L	(10) w/ ref. condenser								i i	
	(11) w/carbon adsorber				_					
	(12) w/ no controls				<u></u>					
(c 2.(a	O) Control devices are E) No control devices E) What was the total of [18 0] F) If less than 12 mont Check why it is less	are re quanti gallo	equired to be	installed [perc)	purchased in				
	What is the facility's soo Indicate with an "X". S Existing small are Existing large are	Selec ea soi	t one classific	cation only.) Ne	W S II	nitions found rall area sour	œ <u>(X</u>)		1	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	s pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
	· · ·
	•
	units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	[X] NATURAL GAS
	•
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	\times
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	$\boldsymbol{\mathcal{L}}$

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

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)
	· · · · · · · · · · · · · · · · · · ·
ĽŽ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	Responsible Official Certification
l. the und	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed i
this notif statemen maintain	• • • • • • • • • • • • • • • • • • • •
this notif statemen maintain comply w	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.
this notifi statement maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that th 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
this notifi statement maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the state of 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.

(bu)

PERCHLOROETHYLENE DRY CLEARESCE IVED

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC Bureal	COVERY Of Air Monitoring Mobile Sources				
AIRS ID#: 09503021	DATE: 9/22	198 TIME I	N: <u>0900</u> TIM	ие оит: <u>D93D</u>				
FACILITY NAME:	ET CLE	ANERS	-					
FACILITY LOCATION:	,							
<u>M</u>	AITLAN.	DFL	32751	<u> </u>				
RESPONSIBLE OFFICIAL: MAJID PAROD PHONE: 407-539-1155								
CONTACT NAME:			PHONE:					
PART I: NOTIFICATION								
(check appropriate box)								
New facility notified DARM	30 days prior to start	tup						
2. Facility failed to notify DAR	M to use general per	mit		۵				
PART II: CLASSIFICATION								
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification f☐ Drop store/out o	form f business/petroleum				
A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	'yr	transfer only, both types, x <	y, x < 140 gal/yr x < 200 gal/yr					
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	transfer only, both types, 14	area source 7, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ n or after $12/9/91$)					
5. This is a correct facility of	lassification	ely ON	□Can not determi	nc				
	ity qualified for a ger	neral permit as	number abo	ove ermit				

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) N DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/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 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? 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
١.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DAY CIN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ZN/A
	Is the temperature differential equal to or greater than 20° F?	אואס אם אם
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?	OY ON ZNIA
	Is the perc concentration equal to or less than 100 ppm?	DY DN DNIA
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 PANA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WIA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official:							
(check appropriate boxes)							
1. Maintained receipts for pere purchased?	PAY ON						
2. Maintained rolling monthly total of perc consumption?	ZY ON						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 ltrs? or;	ZY CIN 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?	DAY DN DN/A						
4. Maintained calibration data? (for applicable direct reading instruments)	אומל מם צם						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZONA						
6. Maintained startup/shutdown/malfunction plan?	DY ON						
7. Maintained deviation reports?	באוש אם אם						
Problem corrected?	אואם אם צם						
8. Maintained compliance plan, if applicable?	DY ON PANA						
· · · · · · · · · · · · · · · · · · ·							

PA	ART VI: LEAK DETECTION AND REPAIRS							
1.	Does th	he respons	sible official conduct a	weekly (for small sources, bi	i-weekly) leak detection an	d repair	
	inspec	tion?					ØY /	DИ
2.	Has the	e facility r	maintained a leak log?				pr	ПN
3.	Does th	he respons	sible official check the	followin	g areas for leaks?			
	ŀ		ections, fittings, s, and valves	ZY C	, DN DN/Ÿ	Muck cookers		N □N/A
	Ĭ.	Door gask	cts and scating	Jarr ji	א/אם אב	Stills		N/A □N/A
	F	Filter gask	cets and scating	Jarr ju	⊃N □N/A	Exhaust dampers		IN □N/A
	I.	Pumps		ZZY J	A/ND NC	Diverter valves	av o	IN □N/A
	Š	Solvent ta	nks and containers	pdy j	□N □N/A	Cartridge filter housings		IN □N/A
		Water sepa			DN DN/A			
4.	Whicl	nethod o	of detection is used by	the respo	msible official?		/	•
	,	Visual exa	amination (condensed s	solvent o	n exterior surfaces)		Z	
	1	Physical d	letection (airflow felt tl	irough g	askets)			
	(Odor (noti	iceable perc odor)					
	!	Use of dire	ect-reading instrument	ation (Fl	D/PID/calorimetric	tubes)	u .	
·		Halogen l	cak detector					
] If usin	ng direct-reading inst	rumenta	ution, is the equipm	ent:	□n/∧	
	,	· a	a. Capable of detecting	perc val	por concentrations in	n a range of 0-500 ppm?		ЛИ
		; b	o. Calibrated against a (PID/FID only)?	standarc	l gas prior to and af	ter each use	OY (ИС
		c	c. Inspected for leaks a	nd obvio	ous signs of wear on	a weekly basis?	CIY	אכ
1		C	d. Kept in a clean and	secure a	rea when not in use's	?	CIY	ΝС
		c	e. Verified for accurac	y by usc	of duplicate samples	s (calorimetric only)?	OY (ИС
				,				

ASSEFA HAILEMARIAM Inspector's Name (Please Print)	9/22/98 Date of Inspection
Inspector's Signature	9/22/99 Approximate Date of Next Inspection

DDITIONAL SITE INFO	RMATION:			
				3000
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COI	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 09000 TIME OUT: 43	0 AIRS ID#: 0950302
TYPE OF FACILITY: DRY CLEANERS	5
FACILITY NAME: VALET CLEAKE	DATE: 9/22/98
FACILITY LOCATION: 1455 S. DRLA	
MAITLAND F	6 3275/
RESPONSIBLE OFFICIAL: MAJID PAR	DO PHONE NUMBER: 407-539-1155
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	rative Code (F.A.C.).
Based on the results of the compliance requirements evaludiscrepancies were noted:	lated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· ·	
· .	
•	*
COMMUNITO	
FACILITY IN O.	RDER
The Annual Compliance Certification form has been properly certification.	
DATE OF NEXT INSPECTION: $9/22$	pproximate)
INSPECTION CONDUCTED BY: ASSEFA H	• •
	<u>шамей</u> PHONE NUMBER: 407 - 836-9326
Page_	of Revised 10/96

TITLE V	YLENE DRY CLEANERS GENERAL PERMIT NSPECTION CHECKLIST COMPLAINT/DISCOVERING 2
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	
AIRS 1D#: 09 50302 DATE: 8-16-	11 Mile IN: 07 10 TIME OUT: 1005
FACILITY NAME: Valet Clean	ers
FACILITY LOCATION: 1455 S. Maitland	Orlando Ave.
Maitland	FL 32131
responsible official: Majid 1	adoo PHONE: 407-539-1155
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above lin	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was _90_ gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? OY ON 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DXV/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 ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	tery on
2. Maintained rolling monthly total of perc consumption?	DAY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ENY 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?	UY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DAN/A
6. Maintained startup/shutdown/malfunction plan?	ZY ON
7. Maintained deviation reports?	DY ON PANIA
Problem corrected?	OX ON BUILT
8. Maintained compliance plan, if applicable?	DY ON BYNA

	ART VI: LEAK DETECTION AND R						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				er	ПИ	
2.	Has the facility maintained a leak log?				QY/	ПN	
3.	Does the responsible official check the f	ollowing ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	ON CIN	□N/A	Muck cookers	UTY C	IN □N/A	
	Door gaskets and seating	MA ON	□N/A	Stills	er c	A/ND NG	
	Filter gaskets and seating	DAY ON	□N/A	Exhaust dampers	ØY C	N □N/A	
	Pumps	GY ON	□N/A	Diverter valves	ØY C	N DN/A	
	Solvent tanks and containers	MA ON	□N/A	Cartridge filter housings	CIY C	IN □N/A	
	Water separators	DY ON	□N/A				
4.	Which method of detection is used by the	ie responsit	ole official?				
	Visual examination (condensed so	lvent on ex	terior surfaces)				
	Physical detection (airflow felt thr	ough gaske	ts)		0 /	/	
	Odor (noticeable perc odor)						
	Use of direct-reading instrumental						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting p		ИС				
	b. Calibrated against a st (PID/FID only)?		ЭN				
	c. Inspected for leaks and	d obvious s	ions of wear on	a weekly basis?			
	d. Kept in a clean and so			•			
	e. Verified for accuracy		·				
					···		
	Ilka Bundy			8-16-90	7		
	Inspector's Name (Please Print) Date of Inspec						
	Inspector's Signature			. 8-16-2	000		
	Inspector's Signature			Approximate Date of	Next Ins	spection	

	BEST AVAILABLE COPY
ADDITIONAL SITE INFORMATION:	

8-19-99 JB

Orange County Environmental Protection Department

AIRS ID#: 0950302

Hos

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Valet Clea	aners		D	ATE: AUG 16-99
FACILITY LOCATION: 1455.	S. Orlando	Ave.		
Maitlan	d FL 327	751		
Annual Reporting Period: $\frac{9}{\sqrt{2}}$	<u>)</u>	_19 <u>98</u> то _	AUS 16-	
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		•		ith DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in c	ontinuous complian	ce during the reporting	g period stated above:
Exact period of non-compliance: from		· 1	lo	-
Action(s) taken to achieve compliance:				<u>.</u>
Method used to demonstrate compliance:			·	
#2. Term or condition of the general permit	that has not been in c	continuous complian	ce during the reporting	g 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, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Furthe	r, my annual consun	nption of perchloroeth	ylene solvent, based
RESPONSIBLE OFFICIAL: Name Name	ne (Please Print)		Signature	Date

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

Page _____ of ____

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1940 TIME OUT: 1000	AIRS ID#: 0950302
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Valet Cleaners	DATE: 8-16-99
FACILITY LOCATION: 1455 S. Orlando A	ve.
	2751
RESPONSIBLE OFFICIAL: Majid Padoo	PHONE NUMBER: 407-539-1155
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	ve Code (F.A.C.).
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
,	
	
	y
·	
	·
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8-16-20	000
	roximate)
INSPECTION CONDUCTED BY: 1/ka Bu	ndy
INSPECTOR'S SIGNATURE: lha Bume	PHONE NUMBER: 836-9524
Page C	of 1. Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

I RM5	7-24-00	H
		<i>U</i> •

Т	Y	PE	OF	INSP	ECT	ION:
			OT.	Trans.		w.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 095030	2 DATE: 7-2	4-00 TIME	:0840;	ETIME OUT:	0900
FACILITY NAME:	alet Clear			NOTE OF	M
FACILITY LOCATION:	1455 S.	Orlando	Ave.	Source	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>

FACILITY LOCATION: 1455 S. O Maitland, FL 32751

RESPONSIBLE OFFICIAL: Majid Padoo PHONE: 407-539-1155

CONTACT NAME: _ PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	۵
2. Facility failed to notify DARM to use general permit	٥

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	/
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x \le 200$ gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
If no, please check the appropriate classific	ration:
☐ facility qualified for a ge	neral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pufacility was #5 # gallons.	archased 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?	MY ON ON/A
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	9
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated 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?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מ/אם אם צום
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY ON
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 verifying that the coolant had been completely charged?	MY 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?	ΩY	ПN	
2.				
ļ ·	inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	□N	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ΠY	□и	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	υY	□N·	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	Πи	□N/A

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

PART VI: LEAK DETECTION AND R	EPAIRS .		-	
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			MY ON	
2. Has the facility maintained a leak log?			EY ON	
3. Does the responsible official check the f	following areas for leaks?			
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	Y ON ON/A	
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	DAY CIN CIN/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	MY ON ON/A			
4. Which method of detection is used by the	e responsible official?		,	
Visual examination (condensed so	lvent on exterior surfaces)		
Physical detection (airflow felt thr	ough gaskets)			
Odor (noticeable perc odor)			ପ୍ର	
Use of direct-reading instrumental	ion (FID/PID/calorimetric	c tubes)	0	
Halogen leak detector				
If using direct-reading instru	mentation, is the equipr	nent:	M/A	
a. Capable of detecting p	ere vapor concentrations	in a range of 0-500 ppm?	□Y □N	
b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	OY ON	
c. Inspected for leaks an	d obvious signs of wear o	n a weekly basis?	□Y □N	
d. Kept in a clean and se	cure area when not in use	?	OY ON	
e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	□Y □N	
- 2			_	
Inspector's Name (Please Prin		7-24-06	<u> </u>	
Inspector's Name (Please Prin	t)	Date of Inspection	•	
Illa Bund		7-24-0		
Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

9-11-99-10.0 9-29-99-20.0 12-21-99 19.5 (-7-00 200 19.5. 5-3-00 15.0 4-3-00 19.5 2-1-00 19.5 73.5 49.5 123 0

AIRS ID#:	0950302	

Revised 01/18/00
Reviewed & Entered/ARMS
8-10-00 HB

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Valet Cleaners		DATE	: A154-00
FACILITY LOCATION: 1455 S. Orlan			
Maitland, FL			
			·
Annual Reporting Period: August 16, 199	19 26 % TO -JU	1, 24	20 ()()
Based on each term or condition of the Title V general air per	mit, my facility has remained in	compliance with DI	EP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	period covered by this stateme	nt. 🖾 YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been	in continuous compliance durin		od stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:	,		UG - 9 2000
Method used to demonstrate compliance:		ORANGEPF	COUNTY ENVIRONMENTAL ROTECTION DIVISION MENTAL
#2. Term or condition of the general permit that has not been	in continuous compliance durin	ng the reporting perio	od stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:	· ·	,	
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, based on information in this notification are true, accurate and complete. Further, purchase receipts, does not exceed 2,100 gallons per year for	my annual consumption of perd dry-to dry facilities or 1,800 gd	chloroethylene solver allons per year for tr	nt, based upon
combination facilities. RESPONSIBLE OFFICIAL: ARE	200		AVS 4- 0-1.

^{*}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 V COMI	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 0840 TIME OUT: 0900	AIRS 10#: 0950302			
TYPE OF FACILITY: Dry Cleaner				
FACILITY NAME: Valet Cleaners	DATE: 7-24-00			
FACILITY LOCATION: 1455 S. Orlando Ave	•			
Maitland FL '32	751:			
RESPONSIBLE OFFICIAL: Majid Padoo PHONE NUMBER: 407-539-1155				
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	- · · · · · · · · · · · · · · · · · · ·			
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			
	· · · · · · · · · · · · · · · · · · ·			
	·			
·				
COMMENTS:				
Facility in compliance.				
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: 7-24-01 (Approximate)				
INSPECTION CONDUCTED BY: INSPECTION CONDUCTED BY: (Please Print)				
INSPECTOR'S SIGNATURE: Mra Bundy PHONE NUMBER: 407-836-1400				
Page_\tag{\tag{1}}	_of(Revised 10/96			

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412174 DEC24 2001

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

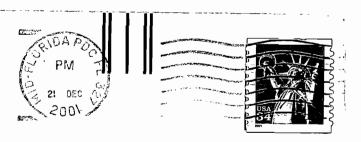
AIRS ID # 0950302

VALET CLEANERS MAJID PAROO 1455 S ORLANDO AVE MAITLAND FL 32751

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357045

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 # 0950302

VALET CLEANERS MAJID PAROO 1455 S ORLANDO AVE MAITLAND FL 32751 FOR GOVERNMENT USE ONEY Org.: 37550101000 BB: B1 3 Fund: 20-2-035001 Obj.: 002273

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390373

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 # 0950302

VALET CLEANERS MAJID PAROO 1455 S ORLANDO AVE MAITLAND FL 32751 FOR GOVERNMENT USE ONLA Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

Majid & Nigar Paroo 701 Lighthouse Ct. Altamonte Springs, FL 32714



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

0708X81858



This portion must be attached to remittance for proper handling 400555

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

VALET CLEANERS MAJID PAROO 1455 S ORLANDO AVE MAITLAND FL 32751

AIRS ID # 0950302

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273





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

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	Z 510 F	E 4 e	027	
US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to				
10 AIRS ID # 0950302001AG MAJID PAROO VALET CLEANERS 1455 S ORLANDO AVE MAITLAND FL 32751				
	Special Delivery Fee			
١,	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

Fold at line over top of envelo	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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X		
MAJID PAROO VALET CLEANERS 1455 S ORLANDO AVE MAITLAND FL 32751	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) Z 2 10 663027			
PS Form 3811, July 1999 Domestic Ref	3811, July 1999 Domestic Return Receipt 102595-99-M-178		