

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 3, 1996

Mr. Sam Miglani President Shivam Enterprises, Inc. 4528 Hoffner Avenue Orlando, Florida 32812

Dear Mr. Miglani:

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 Diltz, Chief

Soct leets

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):				
	SHIVAM ENTERPRISES, INC				
2.	Site Name (For example, plant name or number):				
	AIRPORT CLEANERS				
3.	Hazardous Waste Generator Identification Number:				
	FLD 097 837 983				
4.	Street Address: 4528 HOFFNER AVE.				
	FLD 097 837 983  Facility Location: 4528 HOFFNER AVE. Street Address: City: ORLANDO County: ORANGE Zip Code: 32812				
5.	Facility Identification Number (DEP Use):				
	0950303				
	Responsible Official				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	SAM (S.C.) MIGLANI (Mg.)				
7.	SAM (S.C.) MIGLANI (Pres.)  Responsible Official Mailing Address: 4528 HOFFNER AVE  Organization/Firm:				
	Street Address: City: Off ANGE Zip Code: 32872				
8.	Responsible Official Telephone Number:				
	Telephone: (407) 855- 5960 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: Zip Code:				
11.	Facility Contact Telephone Number:				
	Telephone: ( ) - Fax: ( ) -				
	RECEILL				

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Bureau of Air Monitoring
& Mobile Sources

# #0950303

P. 14 1. (c) should be marked

P.15

(c) is not required to 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		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	416. dr			1. G				ST ATTE	
(1) w/ ref. condenser	1	838 90	1-10-95	· ·				1	
(2) w/ carbon adsorber			1.10				_		
(3) w/ no controls									
Washer Unit	: 1. Y	si Halakan	3						
(4) w/ ref. condenser		Ī	1					I i	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	115		erasiakin)	ing.			<u> </u>	Hirot	Myntatel.,
(7) w/ ref. condenser							_		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	4400			u, P	i gravnaje ilė Kraji		2.5		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total quantity [</li></ul>	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (	perc)	_l purchased in				
3. What is the facility's so (Indicate with an "X".	Selec	t one classifi				·	3) of	Part II?	

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Effective: 6-25-96

(Indicate with an "X".)	ired on machines	pursuant to section (5) of I	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			
5. A facility which contains non-e to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and	d hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	d exclusively by ne	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipm	ent Monitoring a	and Recordkeeping Inform	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		
(b) Leak detection inspection and r	epair		(X)
(c) Refrigerated condenser tempera	ature monitoring		LX.
(d) Carbon adsorber exhaust perc of	oncentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunctio	n plan		(X)

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

Please indicat	e with an "X" the appropriate selection:						
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
Œ	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will prod	mptly notify the Department of any changes to the information contained in this notification.    State   Page   Pa						

### BEST AVAILABLE COPY

# Orange County Environmental Protection Department

TITLE VAIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAIN INDISCOVERY	RE-INSPECTION [_]
TIME IN: 10:60  TYPE OF FACILITY:  FACILITY NAME: A  FACILITY LOCATION: 9	vport Cleaners 528 Hoffner A	Cleaning	DATE: 12/30/96
RESPONSIBLE OFFICIAL: <del>Shav</del>			× 855- 5960
compliance with DEP Rule Based on the results of the discrepancies were noted:	2 62-213.300, Florida Adminis compliance requirements eval	lusted during this inspection, the fe	ollosving complinace
Hazardous was to Dru		FOLLON-UP ACT	
Flacaragus was to Div	· · · · · · · · · · · · · · · · · · ·	None	required
Not all Perc rec	cipts on site	(1	21
			•
COMMENTS:			
The Annual Compliance Certific		certified and submitted to the inspect.	ector. YES NO
INSPECTION CONDUCTED . INSPECTOR'S SIGNATURE	Auld I	Odd Fletcher	DER: (407)-836-9524
			Raylead 10/

### **Orange County Environmental Protection Department**

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU RE-IN	AL SPECTION	<b>S</b> \$2	COMPLAINT/DISCO	VERY 🗆	
AIRS ID#: <u>095030 3</u> DATE:					
FACILITY LOCATION: 4528	HOFFN	ER AU	€		
			812		
	, , ,				
PART I: NOTIFICATION					
(check appropriate box)	7 <u>22</u> 7		The state of the s		
1. Existing facility notified DARM by 9/.	1/96	^		凶	
2. New facility notified DARM 30 days p	orior to startu	þ			
3. Facility failed to notify DARM to use	general perm	it			
					<del></del> 1
PART II: CLASSIFICATION					<u> </u>
Facility indicated on notification form (check appropriate box)	that it is:				
Λ.					
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)	1 1	transfer only, both types, x<	y, x<140 gal/yr x<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></td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>		transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification		ØY □N			
If no, please check the appropriate class	sification:				
☐ facility qualified for a ☐ facility exceeds above	general pern	iit as number not eligible fo	above or a general permit		
B. The total quantity of perchloroethyle facility was 73 gallons.	ene (perc) pu	rchased within	n the preceding 12 mont	hs by this dry cleani	ing

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 <b>X</b> N				
2. Examining the containers for leakage?	Ø\$y □N				
3. Closing and securing machine doors except during loading/unloading?	DAJA CIN				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	ÒXY □N				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	CY CH MANA				
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 ${f A}$ 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 refri (complete $\bf A$ and $\bf B$ below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	איאם אם אם				
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 basis?	OY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

( married		
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?	סא סא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מץ מא
	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 ppin?	OY ON
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
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?	DY DN DN/A
<u></u>	·	
P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	MOY ON
2.	Maintained rolling monthly averages of perc consumption?	ØYY □N
3.	Maintained leak detection inspection and repair reports for the following:	mof
	a. documentation of leaks repaired w/in 24 hrs? or;	DX BOUNDING
	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
4.	Maintained calibration data? (for direct reading instruments only)	OY ON XIN/A
5	Maintained exhaust duct monitoring data on perc concentrations?	OY ON NA
6	. Maintained startup/shutdown/malfunction plan?	MO YK
7	Maintained deviation reports?	ŻYY □N
	Problem corrected?	AN ON
8	. Maintained compliance plan, if applicable?	AND NO YA
· <del></del>		
u	ART VI: LEAK DETECTION AND REPAIRS	
1	. Does the responsible official conduct a weekly leak detection and repair inspection?	AL DN

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (condensed so	olvent on	exterior s	arfaces)	(XI		
	Physical detection (airflow felt the	rough gas	kcts)	·	Ü		
	Odor (noticeable perc odor)		M				
	Use of direct-reading instrumenta	rimetric tubes)	Ü				
	If using direct-reading instrume	entation,	is the equ	ipment:			
	a. Capable of detecting p	pere vapo	r concenti	ations in a range of 0-500 ppm?	CIY C	М	
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard g	gas prior to		OY C	М	
c. Inspected for leaks and obvious signs of wear on a weekly basis?						JИ	
d. Kept in a clean and secure area when not in use?						JN	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						ИС	
3.	3. Has the facility maintained a leak log?						
4.	Does the responsible official check the	following	g areas for	leaks?			
	Hose connections, fittings, couplings, and valves	МY	IJИ	Muck cookers	ЙY	ПΝ	
	Door gaskets and scating	XX	ПN	Stills	λχΥ	ΠN	
	Filter gaskets and scating	XXX	ŪΝ	Exhaust dampers	MA	ΠN	
	Pumps	×Ν	ОИ	Diverter valves	风A	ПИ	
	Solvent tanks and containers	ЖY	ПИ	Cartridge filter housings	AA	ПN	
	Water separators	<b>X</b> 1Y	ПИ				

SAM MIGLANE	
Name of Responsible Official	
Todd Fletcher /MARIE DRISCOLL	1/30/97
Inspector's Name (Please Print)	Date of Inspection
Marie & Drunce	1/30/98
Inspector's Signature	Approximate Date of Next Inspection

ace 1

# DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM
AIRS ID#0950303  SHIVAM ENTERPRISES INC SAM MIGLANI 4528 HOFFNER AVENUE ORLANDO FL 32812  Do NOT Remove Label
Annual Reporting Period: 1   1   197   19 TO   12   31   97   19   19   19   19   19   19   1
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: 58m MIGLANI Signature Date

<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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 12:30 TIME OUT: 100	AIRS ID#: 0950303				
TYPE OF FACILITY: DW Cleaner					
FACILITY NAME: ALVOOVT CLEANEL	DATE: ZIDISK				
FACILITY LOCATION: 4528 HOFFIARY	Ave				
Ovlando E)					
RESPONSIBLE OFFICIAL: Sam Miglani	PHONE NUMBER: (407)855 - 5960				
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	•				
Based on the results of the compliance requirements evaluated discrepancies were noted:					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
- 					
<u></u>					
	•				
COMMENTS:					
Facility in	compliance				
· .					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO					
DATE OF NEXT INSPECTION:(Ar	$\frac{\sqrt{10}}{9}$				
INSPECTION CONDUCTED BY: 100	Fletcher				
INSPECTOR'S SIGNATURE: (PI	ease Print)  PHONE NUMBER: 836-9524				

Page\_\_\_of\_\_\_.

Revised 10/96

## #0950303

P. 14 1. (c) should be marked

l.	Facility Own		
	SHI	P.15	
2.	Site Name (F		
		(c) is not required to be marked	
3.	Hazardous W	Lo be marked	
	ĺ	40 200	
4.	Facility Loca		
''	Street Addre		3-0.0
	City:		32812
			ngaraning said and an analysis from the said and a supplementaries.
<b>5</b> .	Facility Iden		
			) <b>3</b>
PHUNE.		$\wedge$ $\langle$	De transfer un selecte de Paris de Corre de Company de Corre
-			
6.	Name and T		Y
			3.)
7.	Responsible	Difficial Mailing Address. 417 24 11-44-01 Date	21/15
	Organization	Firm: 1520 750 7710 2710	NVE
	Street Addres		a
	City:	OF THE County: OPANGE ZIN	o Code: 32812
8.	Responsible (	Official Telephone Number:	<u> </u>
	Telephone:	(407) 855- 5960 Fax: ( ) -	
	-	(-) ()-) 3 (0)	

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

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

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AUG 28 1996

Bureau of Air Monitoring & Mobile Sources

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	SHIVAM ENTERPRISES, INC					
2.	Site Name (For example, plant name or number):					
	AIRPORT CLEANERS					
3.	Hazardous Waste Generator Identification Number:					
	FLD 097 837 983					
4.						
	City: Of And No County: Of ANDE Zip Code: 328/2					
	2000					
5.	Facility Identification Number (DEP Use):					
	0950303					
Towns A. P. Charles	THE STATE OF THE PROPERTY OF T					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	Responsible Official Mailing Address: 4528 HOFFNER AVE					
7.	Responsible Official Mailing Address: 4528 HOFFN EN AVE Organization/Firm:					
	Street Address:					
	City: OPLANDO County: OPLANGE Zip Code: 32812					
8.	Responsible Official Telephone Number:					
	Telephone: (407) 855. 5960 Fax: ( )					
	E THE COLUMN THE TEN TO THE CONTROL OF THE COLUMN THE C					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10.	Facility Contact Address:					
	Street Address:					
	City: County: Zip Code:					
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -					
	Telephone. ( ) - 1 ax. ( ) -					
	Dron.					

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Bureau of Air Monitoring & Mobile Sources

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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.

Type of Machine		Date		<b>Date</b>		Date	Date		Date	Date
		Machin	e	Control		Machine	Control		Machine	Control
Type of Machine		Initially		Device		Initially	Device		Initially	Device
	ID	Purchas	ed	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OC	T-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit				*			*			*.* *.
(1) w/ ref. condenser	1	830	90	1-10-95						
(2) w/ carbon adsorber										
(3) w/ no controls	T									
Washer Unit	T						•	•	•	
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls										
Dryer Unit		e jarran jarra	ejnet i i			- 11 e L	et de participation de	:		
(7) w/ ref. condenser										
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit		s en little	11: 17:1.1			er garage etc	garyy i elliy		and the second	Control Device (Installed  02-MAR-92
(10) w/ ref. condenser										
(11) w/carbon adsorbe				_						
(12) w/ no controls										
(b) Control devices and (c) No control devices  2.(a) What was the total  73	s are r quant ] gallo	equired ity of pe	to be	installed [_	y( perc)	7 }~	n the latest 12	2 mor	iths?	
(b) If less than 12 mor Check why it is les	ss than					_] New store	: [] Did	not k	eep records:	

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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
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

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

Please indicate with an "X" the appropriate selection:								
	[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notific statement maintain i	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will proi	mptly notify the Department of any changes to the information contained in this notification.							
Signature	1 8 26 9 b  Date							
	1/20/97							

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	. 0	COMPLAINT/DIS	COVERY & COVERY	والم
	RE-INSPECTION	1 🖸	COMPLAINT/DIS	COVERY & MOSIC S	No. 19
AIRS 10#: <u>09 5036 3</u>	DATE: 2 10	98 TIME		ME OUT: JOC	the Tropic
FACILITY NAME:	Airport	t Clea	LIEVS		
FACILITY LOCATION:	4528	110H	nev		
			32812		[
RESPONSIBLE OFFICIAL :	Sam M	uzlain	PHONE: 407	<u> 855 - 596</u>	<u>5</u>
CONTACT NAME:		V			
BUILD-CORPUS ON THE PORTUGUES OF THE CORPUS	in the desired of the second o				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to start	up			
2. Facility failed to notify DAR	M to use general peri	mit			
PART II: CLASSIFICATION	.,				
Facility indicated on notification			☐ No notification	form	
(check appropriate box)	ion form that it is.			of business/petroleu	111
A.  1. Existing small area sour 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)	'yr	transfer only, both types, x	y, x < 140 gal/yr x < 200 gal/yr	ü	
3. Existing large area sound 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, 1-	e area source ly, $140 \le x \le 2,100$ ga $200 \le x \le 1,800$ gal/y $10 \le x \le 1,800$ gal/yr on or after $12/9/91$ )		
5. This is a correct facility of	classification	MD UN	□Can not determ	ine	
	e appropriate classific lity qualified for a gen lity exceeds above lin	neral permit as		oove cruit	
B. The total quantity of perch	•		-		

#### 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? UN UN/A 2. Examining the containers for leakage? V/NF NF 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? LIN LIN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? LIY LIN LIKI/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? UY UN OY 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 CY CN CN/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? UY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the CIY CIN CIN/A condenser exceeded 45° F7 6. Conducted all temperature monitoring after an appropriate cooldown period and after UY UN 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?	ÜY	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŰΥ	ШN	UN/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ШN	□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?			□N/A
	Is the pere concentration equal to or less than 100 ppm?	ÜΥ	ÜИ	ÜN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ÜΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ŪΥ	ŪΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

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

X.	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			מט עצט				
2.	Has the facility maintained a leak log?			מט עט				
3.	Does the responsible official check the	following areas for leaks	7					
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	בא בוא בואיא				
	Door gaskets and seating	EY ON ON/A	Stills	מאַ טא פאיע				
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	CAY CIN CIN/A				
	Pumps	TEYY ON ON/A	Diverter valves	אואט אט אַען				
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A				
	Water separators	DY ON ON/A						
4.	Which method of detection is used by t	he responsible official?						
	Visual examination (condensed s	olvent on exterior surfac	cs)	a				
	Physical detection (airflow felt th	rough gaskets)		ü				
	Odor (noticeable perc odor)			ū				
	Use of direct-reading instruments	ation (FID/PID/calorime	tric tubes)	C				
	Halogen leak detector							
	If using direct-reading instr	rumentation, is the equi	pment:	CZNIA				
	a. Capable of detecting	pere vapor concentration	is in a range of 0-500 ppm?	CIY CIN				
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON				
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	LIY LIN				
	d. Kept in a clean and :	secure area when not in i	use?	UY UN				
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	מט עט				
_	осия в типе (VA) по почений О от развитите в Магента и почения в							
	TODD Fle	tal au	7110	G &				
-	Inspector's Name (Please Pr		Date of Insp	ection				
	Inspector's Signature	letet	Z 10 Approximate Date of	199				

4 of 5

Λ	ADDITIONAL SITE INFORMATION:	
		l
	.*	
	•	

### BEST AVAILABLE COPY

# Orange County Environmental Protection Department

TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

PE OF INSPECTION: ANNUAL COM	PLATITION TO RE-INSPECTION TO
	AIRS ID#: 6950363
THE OF FACILITY: Dry Cle	eaning
CILITY HAME: Alvoort Cleaners CILITY LOCATION: 4528 Hoffner Au	DATE: 12/30/96 00.
Ovlando Fl	
ESPONSIBLE OFFICIAL: Shows Sam Miglani	
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evalua discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Hezerdous was to Drom not sealed	None required
Not all Perc receipts on site	it it .
	<i>A</i>
	T.C.
	Surgar Solson Solson Sundania
	Still Manian
COMMENTS:	
51	
The Annual Compliance Certification form has been properly eq.	
· · · · · · · · · · · · · · · · · · ·	30 /98 Approximate)
	d Fletcher
INSPECTOR'S SIGNATURE:	(407) 836-9524
Page	Revised 10/

### **Orange County Environmental Protection Department**



#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNU	IAL 11/2	SPECTION CHECKLIST 3/98 COMPLAINT/DISCO	VERY	0
AIRS ID#: <u>095030 3</u> DATE:_ i	1 30 19	7 TIME IN: 1000 TIME	OUT:	
FACILITY NAME: <u>AIRPORT</u>	CLEAN	GRS		
FACILITY LOCATION: 4528	HOFF	JER ,AUÊ.		
ORLAN	obo, F	L 32812		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM by 9/1	1/96			凶
2. New facility notified DARM 30 days p	orior to start	up		
3. Facility failed to notify DARM to use p	general peri	mit		
PART II: CLASSIFICATION			<b></b>	
Facility indicated on notification form (check appropriate box)	that it is:	<b>3.</b> (1.3)		
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)	প্র	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td></td><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><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><td></td></x<2,>		
This is a correct facility classification		MY DN		
If no, please check the appropriate class	sification:			
☐ facility qualified for a facility exceeds above		mit as number above		

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \_\_73 gallons.

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?	□Y <b>⊠</b> N
2. Examining the containers for leakage?	ØY ON
3. Closing and securing machine doors except during loading/unloading?	DAY LIN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OXY □N
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MIN/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 refe (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 22, 1993	• •
If classification 4 has been checked, the machine should be equipped with a ref (complete ${\bf A}$ and ${\bf B}$ below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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 basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	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 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?	CIY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY □N
	MD AM
1. Maintained receipts for perc purchased?	ØÝY □N
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> </ol>	•
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:</li> </ol>	MY ON
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	DY DEED VIVA
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>	ON ON AND AND AND AND AND AND AND AND AND AN
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? <i>(for direct reading instruments only)</i></li> </ol>	OA ON MUNVY OA OM
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	DY ON MA
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	DY DN WAY
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?</li> </ol>	MY ON MAY  OY ON MANA  OY ON  OY OY  OY ON  OY  OY ON  OY  OY  OY  OY  OY  OY  OY  OY  OY
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> <li>Maintained compliance plan, if applicable?</li> </ol>	AY ON BY ON BY ON BY ON BY ON BY ON
<ol> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	AY ON BY ON BY ON BY ON BY ON BY ON

B. Has the responsible official of an existing large or new large area source also:

2.	Which method of detection is used by th	e respon	sible offic	ial?		
	Visual examination (condensed so		(X)			
	Physical detection (airflow felt three	ت				
	Odor (noticeable perc odor)		<b>5</b> 20			
	Use of direct-reading instrumentat	Ü				
	If using direct-reading instrume	ntation,	is the equ	ipment:		
			-			М
	b. Calibrated against a st	•				
	(PID/FID only)?		•		DY C	М
	<ul> <li>Inspected for leaks and</li> </ul>	l obvious	s signs of	wear on a weekly basis?	UY C	3/1
	d. Kept in a clean and so	t in use?	DY DN			
	e. Verified for accuracy l	by use of	· duplicate	samples (calorimetric only)?	OY ON	
3.	Has the facility maintained a leak log?		Ò <b>X</b> Y □N			
4.	Does the responsible official check the	ollowing	g areas for	leaks?		
	Hose connections, fittings, couplings, and valves	МY	ΩΝ	Muck cookers	άΥ	ΩΝ
	Door gaskets and scating	×ΊΥ	ПΝ	Stills	ΆΥ	□и
	Filter gaskets and seating	χίγ	ΠN	Exhaust dampers	XY	□и
	Pumps	Diverter valves	ДХ	ПΝ		
	Solvent tanks and containers	ØУ	ПИ	Cartridge filter housings	AA	ΠN
	Water separators	<b>Z</b> iA	ПΝ			

SAM MIGLANE	
Name of Responsible Official	
Todd Fletcher / MARIE DICISCOLL	1/30/97
Inspector's Name (Please Print)	Date of Inspection
Marie & Drucell	1/30/98
Inspector's Signature	Approximate Date of Next Inspection

	***	TIE A	ORKEWAD LEWISTI
COMP	LIA	NCE	INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
FACILITY NAME: Airport Clear FACILITY LOCATION: 4528 Ho  Orlando, RESPONSIBLE OFFICIAL: Sam Mi	9 TIME IN: 1200 TIME OUT: 1215  aners  offner Ave.  FL 32812  glani PHONE: 407-855-5960  PHONE:
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	
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)	☐ No notification form ☐ Drop store/out of business/petroleum  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)
<ul> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> <li>If no, please check the appropriate classificity</li> </ul>	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 $12/9/91$ )  The source of th
facility qualified for a go	eneral permit as number above mits and is not eligible for a general permit purchased within the preceding 12 months by this dry cleaning

THE THE 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 ON ON/A
2. Examining the containers for leakage?	. אואם אם איא
3. Closing and securing machine doors except during loading/unloading?	DAY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ONA
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	CIY CIN DANIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v.
If classification 2 has been checked, the machine should be equipped with a refu (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 me installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated 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?	OY 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?	ОУ ОИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	MELY CIN
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;	DAY CIN CIN/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	DY ON ON/A
4. Maintained calibration data? for applicable direct reading instruments)	אואס אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואש אם עם
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	חאותם אם אם
Problem corrected?	חא מא פאוע אם אם
8. Maintained compliance plan, if applicable?	OY ON MYA

PA	PART VI: LEAK DETECTION AND REPAIRS								
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?	N. Berger	** • • • • • • • • • • • • • • • • • • •	MY ON					
2.	Has the facility maintained a leak log?		va e e e e e e e e e e e e e e e e e e e	מם אם					
3.	Does the responsible official check the	following areas for leak	s?						
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	MY ON ON/A					
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A					
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A					
	Pumps	DY ON ONA	Diverter valves	MY ON ON/A					
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	MY ON ON/A					
	Water separators	DY ON ON/A							
4.	Which method of detection is used by the	he responsible official?		,					
	Visual examination (condensed so	olvent on exterior surfa	ccs)	₽⁄					
	Physical detection (airflow felt the	rough gaskets)							
	Odor (noticeable perc odor)	· .		<b>a</b>					
	Use of direct-reading instrumenta	tion (FID/PID/calorim	etric tubes)						
	Halogen leak detector								
	If using direct-reading instr	ŒN/∧							
	a. Capable of detecting	pere vapor concentratio	ns in a range of 0-500 ppm?	OY ON					
	b. Calibrated against a s (PID/FID only)?	standard gas prior to an	d after each use	OY ON					
	c. Inspected for leaks ar	nd obvious signs of wea	r on a weekly basis?	OY ON					
	d. Kept in a clean and s	ecure area when not in	usc?	OY ON					
	e. Verified for accuracy	by use of duplicate san	iples (calorimetric only)?	OY ON					
		· 							
_									
		, <b></b>	•						
	Inspector's Name (Please Pri		1/14/99	1					
_	Inspector's Name (Please Pri	nt)	/Date of Insp	ection					
	Illra Bunda		1/14/200	00					
_	Inspector's Signature		Approximate Date of	Next Inspection					

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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPLA	NT/DISCOVER	Y 🔲	RE-INSPECTION
TIME IN: 1200	TIME OUT:	1215	AIRS	ID#: 09	50303
TYPE OF FACILITY: Dry	Cleaner			,	
FACILITY NAME: AICDO		,A		D	ATE: 1/14/99
FACILITY LOCATION: 4	<u>528 Hoffner</u>				. ,
- 0	clando, FL	328		`	O A
RESPONSIBLE OFFICIAL:	oam Miglani		PHONE	NUMBER: <u>4</u>	07-855-5960
compliance with DEP Rul	e compliance requirements e 62-213.300, Florida Adr	ninistrative (	Code (F.A.C.).	•	
discrepancies were noted:	e compliance requirements	evaluated of	aring this inspect	ion, the following	ng compilance
COMPLIANCE REQUI	REMENT/PROBLE	M	FOLLOW-I	UP ACTION	REQUIRED
,			(		
<del>-</del>			,		
				· · ·	
				<u> </u>	
COMMENTS:					
Facility in	compliance	C.			
The Annual Compliance Certificat	ion form has been properly	y certified ar	d submitted to th	e inspector.	YES NO
DATE OF NEXT INSPECTION	:1/1	4/20	ω		
INSPECTION CONDUCTED B	v: <u>Ilka</u> T	(Approx) Dunds	imate)		
INSPECTION CONDUCTED B	- IN O	(Please	Print)		001 0001
INSPECTOR'S SIGNATURE:_	Alla Buno	2	PHONE	NUMBER:	836-9524
	4	ageof_	1.		Revised 10/9

ERMIT AUG 2 7  ERMIT DATE: 8 9999
DATE: 8 9 99
DATE: 8 9 99
mpliance with DEP Rule
\-\
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The Thomas
the reporting period stated above:
RECEIVED
SEP 2 8 1999
Bureau of Air Monitoring
& Mobile Sources
he reporting period stated above:
able inquiry, that the statements erchloroethylene solvent, based by facilities or 1,800 gallons per
7

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

., r.es

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY COMPLAINT/DISCOVERY
RE-INSPECTI	COMPLAINT/DISCOVERY FEB 2 4 25 MODILE SOURCE  OO TIME IN: 1420 TIME OUT: 1440 of AM SOURCE  ANOTHER SOURCE  THE OUT: 1440 of AM SOURCE  THE OU
AIRS ID#: 0950303 DATE: 2-8-	00 TIME IN: 1420 TIME OUT: JULY OF AN GOUTE
FACILITY NAME: Airport Cleo	iners
FACILITY LOCATION: 7760 17077	ner Ave.
· · · · · · · · · · · · · · · · · · ·	FL 32812
RESPONSIBLE OFFICIAL: Sam Mi	glani PHONE: 407-855-5960
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup 🚨
2. Facility failed to notify DARM to use general po	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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 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
facility exceeds above lin	eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 120 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 sealed and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DAY DN
4. Draining cartridge filters in their housing or in sealed 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?	OY ON ON/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
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	
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?	מם עם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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?	מם עם
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

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?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ΩY	_UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	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?	<b>D</b> Y	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	 <b>Q</b> Y	-ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	ЙΝ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?	•		DYY ON
2. Has the facility maintained a leak log?			DY ON
3. Does the responsible official check the f	ollowing areas for leaks?		
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	MY DN DN/A	Cartridge filter housings	EY ON ON/A
Water separators	CAY ON ON/A		
4. Which method of detection is used by the	e responsible official?		. ,
Visual examination (condensed so	vent on exterior surfaces)		ର୍ଷ
Physical detection (airflow felt thr	ough gaskets)		
Odor (noticeable perc odor)		.*	
Use of direct-reading instrumentat	on (FID/PID/calorimetric tu	bes)	<b>0</b>
Halogen leak detector	•	•	
If using direct-reading instru	mentation, is the equipmen	<b>t:</b>	¹ØN/A
a. Capable of detecting p	erc vapor concentrations in a	range of 0-500 ppm?	OY ON
b. Calibrated against a sta (PID/FID only)?	ndard gas prior to and after	each use	□Y □N
c. Inspected for leaks and	obvious signs of wear on a	weekly basis?	OY ON
d. Kept in a clean and sec	ure area when not in use?		DY DN
e. Verified for accuracy t	y use of duplicate samples (	calorimetric only)?	DY DN
·			
Ilka Bundy		2-8-00	
Inspector's Name (Please Print	).	Date of Inspection	
Ille Bunde		2-8-01	
Inspector's Signature		Approximate Date of N	Next Inspection

#### ADDITIONAL SITE INFORMATION:

AIRS ID#:	0950303.	

Alle

Revised 01/18/00

2-10-10 Alms

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Air port Cleaners	DATE: 28 00
FACILITY LOCATION: 4528 Hoffner Ave.	
Orlando, FL 32812	
Urlando, FL 12012	
Annual Reporting Period: JAN. 14, 1999	то <u>Feb 8 20 0</u> 0
Based on each term or condition of the Title V general air permit, my facility h	as remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered b	by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous con	mpliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous co	mpliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	:
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief for in this notification are true, accurate and complete. Further, my annual consupurchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilit combination facilities.  SAM MIGUAN	mption of perchloroethylene solvent, based upon
Name (Please Print)	Signature Date

<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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	L <b>V</b> COMPI	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1420 TIME	ME OUT: 1440	AIRS ID#:	095 0303
TYPE OF FACILITY: Dry Cleane	<u>r</u>		
FACILITY NAME: Airport Clec	iners		DATE: Z-8-00
FACILITY LOCATION: 4528 Hoff	iner Ave.		•
Orlando	FL 32812		
RESPONSIBLE OFFICIAL: Sam Y	niglani	PHONE NUMBER	2: 407-855-5960
Based on the results of the compliance with DEP Rule 62-213.	300, Florida Administrati	ve Code (F.A.C.).	•
Based on the results of the compliant discrepancies were noted:	nce requirements evaluate	d during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREMENT	NT/PROBLEM	FOLLOW-UP ACT	TION REQUIRED
	-	· · ·	
1.			
COMMENTS:			
Facility in	compliance		
The Annual Compliance Certification form	• • •		or. YESY NO
DATE OF NEXT INSPECTION:	2-8-		
INSPECTION CONDUCTED BY:	Ilka B	ovimate)	. · · · · · · · · · · · · · · · · · · ·
INSPECTOR'S SIGNATURE:	Alka Bun	se Print)  PHONE NUMBE	R: 836-1400
	Page /	of .	Revised 10/96

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

261132

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 21 97

Do NOT Remove Label

AIRS ID# 0950303

AIRPORT CLEANERS
3AM MIGLANI
4528 HOFFNER AVENUE
DRIANDO FL 32812

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

This portion must be attached to remittance for proper handling  $\sqrt{302947}$ 

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

MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 18 98

Do <u>NOT</u> Remove Label

AIRS ID#0950303

SHIVAM ENTERPRISES INC SAM MIGLANI 4528 HOFFNER AVENUE ORLANDO FL 32812 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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

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

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0950303

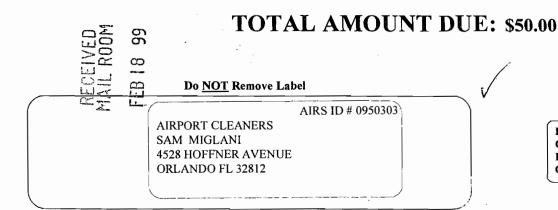
AIRPORT CLEANERS SAM MIGLANI 4528 HOFFNER AVENUE ORLANDO FL 32812 FOR GOVERNMENT USE NLV Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



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

0360917

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



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

### Ž 333 613 000 US Postal Service Receipt for Certified Mail AIRS ID 0950303 SHIVAM ENTERPRISES INC SAM MIGLANI 4528 HOFFNER AVENUE ORLANDO FL 32812 Postage \$ Certified Fee 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

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 "The Return Receipt will show to whom the article was delivered and delivered.	e does not  1.  Addressee's Address e number.  2.  Restricted Delivery
3. Article Addressed to:  AIRS ID 0950303 SHIVAM ENTERPRISES INC SAM MIGLANI 4528 HOFFNER AVENUE ORLANDO FL 32812	4a. Article Number  2 333 6 3 000  4b. Service Type  Registered Express Mall Return Receipt for Merchandise COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  2595-97-8-0179

• .	P	5 F 2	305	74	0	-
	Recei	al Service pt for ance Cov se for Inte	<b>Certif</b> erage Pro	ovided		,
SAM 4528	MIGLA	ERPRIS NI ER AVEI		95030		
	Certified F	-ee				
	Special D	elivery Fee				
40	Restricted	Delivery F	ee			
1996		ceipt Show Date Delive				
April		eipt Showing t ressee's Addr				
800,	TOTAL P	ostage & Fe	es \$			
PS Form 3	Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees Postmark or Date  2/14/97			}		

{	esaubha rettyrn address		· · ·
on the reverse side?	■ 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 can return this e does not e number.	o wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery  Consult postmaster for fee.
ADDRESS completed	AIRS ID#: 0950303 SHIVAM ENTERPRISES INC SAM MIGLANI 4528 HOFFNER AVENUE ORLANDO FL 32812	4b. Service 1 Registere Express I	Type ed Certified Mail Insured Coppletivery 2 2 0 0 0
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is	e's Address (Only if requested paid)
\ <u>~</u>	PS Form <b>3811</b> , December 1994		Domestic Return Receipt

;	Z 333 US Postal Service Receipt for Cer	LLO 322 1999
3	AIRPORT CLEANERS SAM MIGLANI 1528 HOFFNER AVEN ORLANDO FL 32812	AIRS ID # 0950303
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

. . .

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on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this card to you.  Attach this form to the front of the mailpiece, or on permit.  Write 'Return Receipt Requested' on the mailpiece The Return Receipt will show to whom the article widelivered.	e back if space does not  1.  Addressee's Address elow the article number. 2. Restricted Delivery
ADDRESS completed	3. Article Addressed to:  AIRS ID  AIRPORT CLEANERS  SAM MIGLANI  4528 HOFFNER AVENUE  ORLANDO FL 32812	4b. Service Type  Registered Express Mail Return Receipt for Merchandise  Contified Insured To Date of Delivery
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid)  102595-97-B-0179 Domestic Return Receipt

	US Postal Service Receipt for Cert No Insurance Coverage I	Provided.
SA 452	RPORT CLEANERS M MIGLANI 18 HOFFNER AVENU LANDO FL 32812	AIRS ID # 0950303
	Certified Fee	
	Special Delivery Fee	-
	Restricted Delivery Fee	-
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
, og	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0950303  AIRPORT CLEANERS  SAM MIGLANI  4528 HOFFNER AVENUE  ORLANDO FL 32812	A. Received by (Please Print Clearly)  B. Date of Pelivery  C. Signature  X
2. Article Nymber (Copy from service label) 2333 67 259	
PS Form 3811, July 1999 Domestic Re	oturn Receipt 102595-99-M-1789

	Р	174	0.5 2	2 5 <b>5</b> 6
		al Service pt for		tified Mail
				AIRS ID # 0950303
SA 45	M MIC 28 HOF	CLEAN GLANI FNER A O FL 32	VENU	JE
	Postage			\$
	Certified f	Fee		
	Special D	elivery Fee		
		Delivery F	ee	
Return Receipt Showing to Whom & Date Delivered				
April	Return Rec Date, & Add	eipt Showing dressee's Add	to Whom, ress	
800	TOTAL P	ostage & F	ees	\$
PS Form 3800, April 1995	Postmark	or Date		

, to 30 10 at 10 at 10	Mar - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0950303	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:		
SAM MIGLANI 4528 HOFFNER AVENUE ORLANDO FL 32812  P174 052 556	3. Service Type  Certified Mail		
4. Restricted Delivery? (Extra Fee) ☐ Yes  2. Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

	Z 21C	663 O46	
	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internatio Sent to	Provided.	1 '
A) 45	AIRS ID AM MIGLANI IRPORT CLEANERS 128 HOFFNER AVENI RLANDO FL 32812	# 0950303001AG UE	
	Special Delivery Fee		
10			
199	•		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
9806	Article Sent To:			
98	221066	3046 (	ocd)	
12	Postage	\$		
5 2	Certified Fee		Postmark	
17	Return Receipt Fee (Endorsement Required)		Here	
1200	Restricted Delivery Fee (Endorsement Required)			
00.	Total Postage & Fees	\$		
7000 0600	Narper(Please Print Clearly) (to be completed by mailer)  Street, Apt. No.; or PQ Box No.  City, State, ZIP+4			
1	PS Form 3800, July 1999 See Reverse for Instructions			

PLACE STICKER AT TOP OF ENVELOR			
SEIVELLE COMPLETED BY IN	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?		
1. Article Addressed to:  10 AIRS ID # 0950303001AG  SAM MIGLANI AIRPORT CLEANERS	If YES, enter delivery address below:		
4528 HOFFNER AVENUE ORLANDO FL 32812	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.		
<u> </u>	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 7000 0600 0021 6526 9806			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		