

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. H. D. Gohil Towne Cleaners 11149 West Colonial Drive Ocoee, Florida 34761

Re: Facility I.D. No. 0950334

Dear Mr. Gohil:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in January 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, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	СОМГ	LAINT/DISCO	VERY	RE-INSPEC	TION _
TIME IN: . 1130	TIME OUT:			AIRS ID#:	950334	
TYPE OF FACILITY:	Dry Cle	ane	r	<u>.</u>		
FACILITY NAME:	Towne CI	ean	evs		_DATE: 3 19	197
FACILITY LOCATION:	11149 W.		onial	Dr	<u> </u>	
	Ocoee Fl		34761		077 10	· ·
RESPONSIBLE OFFICIAL:	H.D. Goh	-	PHC	NE NUMBER:	877-33	65
<u> </u>	the compliance requirement		_	-	lity is found to be	in
	Rule 62-213.300, Florida Ad		•			
discrepancies were note	the compliance requirement ed:	s evailiali	ed during tins ins	spection, the foir	owing compliance	•
COMPLIANCE REQ	UIREMENT/PROBLE	EM	FOLLO	W-UP ACTI	ON REQUIRE	E D
NO Perc	Receipts on s	ite	SIX	mouth	veins pect	Tion
No volling Pe	rc Consumption	Ú	V	. 11	'n	
-			•			
No Leak Detection	Log on site	(Z)	, ,	11	V	
No corrective	Action Form	3	V	W	Y	
No Refig. Con	denser temp	4)	·	/ W	* 11	
Haz Containers	, not sealed			W	et 11	
COMMENTS:						
		101 per	·2.			٠
The Annual Compliance Certifi	cation form has been proper	ly certifie	ed,and submitted	to the inspector.	YES	NOT
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOW DATE OF NEXT INSPECTION: (Approximate)						
INSPECTION CONDUCTED	BY: TODD		letch.	€V		
INSPECTOR'S SIGNATURE	delite		<u> </u>	NE NUMBER:	(407) 836	-9524

Page of .

Revised 10/96

INTEROFFICE MEMORANDUM

Date:

05-Feb-1999 11:07am

From:

Ilka Bundy ORL BUNDY_I@A1@EPIC66

Dept:

Orange County

Tel No: 407/836-9524

To:

Sandy Bowman

(BOWMAN S@A1@DER)

Subject: TOWNE CLEANERS

I have spoken with the new owner, Amos B. Yu, by telephone today. He bought the business from Mr. Gohil on Jan. 20,1999. I will be going to see him on Monday, February 8,1999 to have him fill out a Perchloroethylene Dry Cleaner Air General Permit Notification Form so he can be issued a new AIRS ID #. Does this sound good? Let me know if there is anything else I can do! Thanks! Have a nice

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	
	GOHIL ENTERPRISE INC.
2.	Site Name (For example, plant name or number):
	TOWNE CLEANERS.
3.	Hazardous Waste Generator Identification Number:
	NOT KNOWN
۵.	Facility Location: Street Address: 11149 WEST COLONIAL DRIVE
	City: OCOEE. County: ORANGE Zip Code: FL 34761
5.	Facility Identification Number (DEP Use):
	31 CHARLES TO THE TOTAL OF THE PARTY OF THE
	Responsible Official
6.	Name and Title of Responsible Official: 14. D. GOHIL Resident.
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 149 WEST COLONIAL DAIVE City: OCOEE County: ORANGE. Zip Code: FL 3 4761
8.	Responsible Official Telephone Number: Telephone: (μv) $\beta > -336 \Gamma$ Fax: $($ $)$ -
	Facility Contact (If different from Responsible Official)
9)	Name and Title of Facility Contact (For example, plant manager): VIRIN GOHIL.
19.	Facility Contact Address:
	Street Address: Same on above
	City: County: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - / me as above Fax: () -
-	

RECEIVED

SEP 5 1999

#0950334

	Towne Cleaners
	10/1/10 Clay 14 S
p./3	9. add title
/ '	
P.14	1.(a) add date control device
	installed
	1.(c) mark out "X" and initial 3. Should be new small area
	3. Should be new small area
	1 (Dinas
D.15	4. Should be new small area
	Source W/retrip.con.
	4. Should be new small area Source W/refrig. con. 5.1b), 5.1c), +5.1+) required
1	
	,
1	

1

Facility Information

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

Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02 Dry-to-Dry Unit #1 OCT 94 (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [X] No control devices are required to be installed [X] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [20] gallons (b) If less than 12 months, how many? [] months	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 Conti Device Instal
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed (c) No control devices are required to be installed (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?	Example		#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-N
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(6) w/ no controls	<u> </u>										
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No control devices are required to be installed [X] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [20] gallons	(12) w/ no co	ntrols									
Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []	No control 2.(a) What was 2.(b) If less that	the total qu	re re anti allo s, ho	equired to be ty of perchlons ow many? [_	installed [_doroethylene (perc)	purchased in				[
Existing small area source [X] New small area source	Existing	g large area	SOU	rce []	Ne	w lar	ge area sourc	re []	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more	
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring an	d 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	[X]
(b) Leak detection inspection and repair	
Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	[]
(f) Start-up, shutdown, malfunction plan	Г 1

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:					
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
<u>(X</u>)	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 promptly notify the Department of any changes to the information contained in this notification.						
Signature	Ablilo Date August 2845 96					

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



Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVER	Y C)
FACILITY NAME: Towne (Т:
FACILITY LOCATION: 1149 (U. Colonial Dr Fl 34761	
PART 1: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to	startup	
3. Facility failed to notify DARM to use genera	l permit	u
PART II: CLASSIFICATION	erring Decreption of the contract of the contr	
Facility indicated on notification form that it (check appropriate box)	is:	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source transfer 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>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	DY ON	
If no, please check the appropriate classification	ion:	
☐ facility qualified for a gener ☐ facility exceeds above limits	al permit as number above and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perchloroethylene)	ere) purchased within the preceding 12 months by	this dry cleaning

Revised 10/28/96

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 sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY UN CN/A PART IV: PROCESS VENT CONTROLS

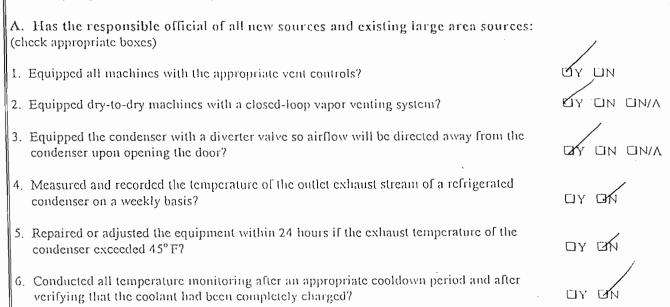
In Part II-A:

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

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

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

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



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?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser	OY ON /JA
inlet and outlet weekly?	OY ON TALA
Is the temperature differential equal to or greater than 20° F7	DY ON MY
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?	מאמש מט עט.
Is the perc concentration equal to or less than 100 ppm?	OY ON
 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	· /1.
or expansion; and downstream from no other inlet?	OY UN /MA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	מאלם אם צם
б. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
A TANKE OF THE PROPERTY OF THE	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	OY ON,
Has the responsible official: (check appropriate boxes)	טץ פאי
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
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: 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 pere purchased? 2. Maintained rolling monthly averages of pere 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)	OY ON ON/A
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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?	אט צט אט צט אט צט אט צט אט צט
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Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere 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 pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	

==					
2.	Which method of detection is used by th	e responsi	ble official?		
	Visual examination (condensed so	vent on e	xterior surfaces)		
	Physical detection (airflow felt three	nigh gask	c(s)	,	ď
	Odor (noticeable perc odor)				ان
	Use of direct-reading instrumentat	ion (FID/I	21D/calorimetrie t	ubes)	Ü
	If using direct-reading instrume	station, is	the equipment:		
	a. Capable of detecting p	ere vapor	concentrations in	a range of 0-500 ppm?	CIY UN
	b. Calibrated against a st (PID/FID only)?	andard ga	s prior to and afte	r each use	מט צט
	c. Inspected for leaks and	l obvious	signs of wear on a	weekly basis?	UY UN
	d. Kept in a clean and so		ÜY ÜN		
	e. Verified for accuracy	(calorimetric only)?	ע אם אם		
3.	Has the facility maintained a leak log?		טע טא		
4.	Does the responsible official check the				
	Hose connections, fittings, couplings, and valves	CY	ΩИ	Muck cookers	DY ON
	Door gaskets and scating	CYY	ПN	S(ills	ON ON
	Filter gaskets and scating	CAY!	ПИ	Exhaust dampers	מט עצו
	Pumps	CYY	ОИ	Diverter valves	MA ON
	Solvent tanks and containers	ĽY/	ПИ	Cartridge filter housings	OX ON
	Water separators	CY.	מט		

Name of Responsible Official	1 /
Todd Fletcher	3/19/97
Inspector's Name (Please Print)	Date of Inspection
	9/19/97
Inspector's Signature	Approximate Date of Next Inspection

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

SEP 2 5 1997

	COMPLIANCE II	NSPECTION CHECKLIST B	ureau of Aif Methitor & Mobile Seufees
TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOV	
	RE-INSPECTION	N Q	
AIDS ID#. (CC 56.334)	DATE 0/22/G	7 TIME IN: 1040 TIME ()
	• •	•	
		eaners	
FACILITY LOCATION:	11149 1	e. colonial DV	·
II .		F1 34761	
RESPONSIBLE OFFICIAL :	H.D. Go	hil phone: 877 -	3365
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
New facility notified DARM	4 30 days prior to star	tup	
2. Facility failed to notify DAI	,	•	
	-		
PART II: CLASSIFICATIO	N .	·	:
Facility indicated on notificat	tion form that it is:	☐ No notification form	
(check appropriate box) A.		☐ Drop store/out of bus	iness/petroleum
1. Existing small area sou		2. New small area source)
dry-to-dry only, x < 140 ga		dry-to-dry only, x < 140 gal/yr	
transfer only, $x < 200$ gal/y both types, $x < 140$ gal/yr	r	transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
(constructed before 12/9/9))	(constructed on or after 12/9/91)	
:	,	,	
3. Existing large area sou		4. New large area source]
dry-to-dry only, $140 \le x \le 3$		dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$		transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
(constructed before $12/9/91$		(constructed on or after $12/9/91$)	
5. This is a correct facility	classification	GY ON OCan not determine	
	ility qualified for a ge	cation: neral permit as number above nits and is not eligible for a general permit	
	3	, , , , , , , , , , , , , , , , , , ,	

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

facility was <u>ZO</u> gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	GY, DN DN/A
2. Examining the containers for leakage?	CY, ON ON/A
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?	אום אם אם
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	7.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mi installed prior to September 22, 1993	0
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	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?	ОУ ОИ
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?	A/N'O NO YO
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

PART III: GENERAL CONTROL REQUIREMENTS

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?	ŪΥ	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	DΝ	
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	ПN	ÜΝ/Λ
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	ΠN	
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)								
1. Maintained receipts for perc purchased?	άχ. αν							
2. Maintained rolling monthly averages of perc consumption?	מא, מא							
3. Maintained leak detection inspection and repair reports for the following:								
a. documentation of leaks repaired w/in 24 hrs? or;	בוא פאני בואיע							
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	איאם אס אם							
4. Maintained calibration data? (for opplicable direct reading instruments)	DA DN DXIV							
5. Maintained exhaust duct monitoring data on perc concentrations?	מאים אם צייא							
6. Maintained startup/shutdown/malfunction plan?	DY DN							
7. Maintained deviation reports?	DY DN BK/A							
Problem corrected?	DY ON PHIA							
8. Maintained compliance plan, if applicable?	DY DN BN/A							

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair. ΠY $\square N$ inspection? ΩY ØN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A DY ON ON/A Muck cookers couplings, and valves DY ON ON/A Y ON ON/A Stills Door gaskets and seating DY ON ON/A DY ON ON/A Exhaust dampers Filter gaskets and seating DY ON ON/A " DN DN/A Diverter valves Pumps MY ON ON/A □N □N/A Solvent tanks and containers Cartridge filter housings WY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN c. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 10:40 TIME OUT: 11:10 AIRS ID#: 0950334 TYPE OF FACILITY: DVV C COLUMN	
FACILITY NAME: Towne Cleaners DATE: 9/22/9. FACILITY LOCATION: 11149 W. Colonial	7 _
RESPONSIBLE OFFICIAL: H.D. Gohil PHONE NUMBER: 877-3365	
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED	
No leak Detection Log	
COMMENTS:	
į.	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO	
DATE OF NEXT INSPECTION: 9/22/98	
INSPECTION CONDUCTED BY: ODD (Approximate) (Rlease Print) INSPECTOR'S SIGNATURE: (Approximate) (Approximate) (Rlease Print) PHONE NUMBER: 836-9524	

Page___of_

Revised 10/96

#U45 U334 BEST AVAILABLE COPY

		Torrne Cleaners	.
4-		p./3 9. add title	
1.	Facil	P.14 1.(a) add date control device	
2.	Site	installed	
3.	Haza	1.10 mark out "X" and initial	
		3. Should be new small area	_
۵.	Facil	D. 15 4 Should be new Small area	
	Stre City:	p. 15 4 Should be new small area Source W/retrip. con.	-34761
\$5.00 m	Paci	5.6,5.0, +5.4) required	
		2.34567857075 (2) 1996 1 12 13 13 13 13 13 13 13 13 13 13 13 13 13	TO BE MANAGEMENT OF THE TOTAL AND THE
6.	Nam	10,5	
0.	-	(E) 1996] 12)	
7.	* 1	3 20011111 \$	
	Orga Stree	3 110111 3	·
	City	3 SCHILL E	FL 34761
8.	Resp		
	Tele		
			notine.
Q A	Name	and Title of Facility Contact (For example, plant manager):	
10.	Facili	ty Contact Address:	
		Address: Same as above County: Zip Code:	
11.	Facili Telep	ty Contact Telephone Number: hone: () - Jame as alone Fax: () -	

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DEP Form No. 62-213.900(2)

Erfective: 6-25-96

Page 13 of 16

SEP 3 1990

Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name	-	ation, agency, or individ	ual owner):
	GOHIL ENTERMISE 1	NC.		
2.	· · · · · · · · · · · · · · · · · · ·			
	TOWNE CLEANERS			·
3.	Hazardous Waste Generator Identificatio	n Numbe	er:	•
	NOT KNOWN	14 f		
۵.	Facility Location: Street Address: 11149 WEST	6040	NIAL DRIVE	
	City: COPE	Country	ORANGE	Zip Code: FL 34761
	City: $0.00EE$.	Jouinty.	C/103 11 F V 10	Zip Code. 7 = 1 - 7
5.	Facility Identification Number (DEP Use): <u>1</u> 1::::::::::::::::::::::::::::::::::		
			1	0950334
		Responsi	ible Official	
6.	Name and Title of Responsible Official:	esideer	t.	
7.	1		2 0	
	Organization/Firm: Street Address: 11149 WEST CO	OLONI	ALDRIVE	
	City: OFOEE	Count	y: ORANGE.	Zip Code: FL 34761
	01000		J. (7.0) ; 27-	
8.	Responsible Official Telephone Number:			
	Telephone: (40) β > - 336 Γ		Fax: ()	-
	· · · · · · · · · · · · · · · · · · ·			
	Facility Contact (I	f differe	nt from Responsible Of	ficial)
9.	Name and Title of Facility Contact (For e	xample,	plant manager):	
	VIPIN GOHLL	PLAN	UT MANAGER	V-G
10.	Facility Contact Address:			
	Street Address: Same and a	loove		
		County:	•	Zip Code:
		Jouinty.		Lip code.
11.	Facility Contact Telephone Number:		- / · · · · · · · · · · · · · · · · · ·	
	Telephone: () - / Que	AE all	Inve Fax: ()	-

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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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Machine Initially	Control Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC - 91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit	#1	OCT 94		<i>(</i> -					
(1) w/ ref. condenser			1 OCT 94	-					
(2) w/ carbon adsorber			· · ·						
(3) w/ no controls							,		
Washer Unit		*:				•			
(4) w/ ref. condenser								\	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		gradients.		'					* eq. + *
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				:	7 3 3 7 7				
(10) w/ ref. condenser					l				
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (e) No control devices: 2.(a) What was the total q [20] (b) If less than 12 month Check why it is less	uanti gallo	equired to be ty of perchlo ns ow many? [installed [] proethylene (p	perc)	purchased in				
3. What is the facility's soul (Indicate with an "X". So Existing small are Existing large are	irce c Select	classification tone classification	based on the cation only.) V. G Ne	defin		in section (i	3) of 1	Part 11?	
Laisting large are	a svu		Ne	w Idi	ge area sourc		l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	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 []	
5. A facility which contains non-evennt emissions	units shall not be eligible to use the general permit pursuan
	d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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	(X)
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	·
(f) Start up shutdown malfunction plan	r × 1

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

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)								
No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification							
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	nptly notify the Department of any changes to the information contained in this notification. August 2845 96							

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950334 GOHIL ENTERPRISES INC H D GOHIL 11149 WEST COLONIAL DRIVE OCOEE FL 34761

Do NOT Remove Label

Jan.	19 <i>9\$</i>	то	Mar	d 19 ⁹⁹
			— /	DEP Rule
has not been in o	continuous	compliance durir	ng the reporting per	riod stated above:
		<u>.</u> . to		
				<u> </u>
	·			IL IKO
has not been in	continuous (ompliance durin	ng the reporting per	ciod stated above:
	JAN 2	2 2 1988		
1	Bureau of A	Air Monitoring		
	•			
r, my annual cons	sumption of	perchloroethylene	solvent, based upor	n purchase receipts,
lease Print)		Signa	ture	1-12-98 Date
	neral air permit,), during the per has not been in o	neral air permit, my facility), during the period covered has not been in continuous Bureau of & Mobil information and belief former, my annual consumption of facilities or 1,800 gallons per	neral air permit, my facility has remained in has not been in continuous compliance during the period covered by this statement has not been in continuous compliance during to to JAN 2 2 1998 Bureau of Air Monitoring Mobile Sources information and belief formed after reasonables, my annual consumption of perchloroethylenes facilities or 1,800 gallons per year for transfer to the series of	neral air permit, my facility has remained in compliance with I described in the period covered by this statement. WYES has not been in continuous compliance during the reporting permass not been in continuous complianc

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

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0950334

GOHIL ENTERPRISES INC H D GOHIL 11149 WEST COLONIAL DRIVE OCOEE FL 34761

Do NOT Remove Label 8/28/96 TV.h. 9/22/9 Annual Reporting Period Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES \square NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: JAN 2 2 1998 Exact period of non-compliance: from Bureau of Air Monitoring Action(s) taken to achieve compliance: & Mobile Sources 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: H. GOHL.

Y No 14. GOHL.

^{*}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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300 327

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#0950334

GOHIL ENTERPRISES INC H D GOHIL 11149 WEST COLONIAL DRIVE OCOEE FL 34761 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

REC	E	/	V	E	r
1000110011		٠,	v	8	

TUDE	$\mathbf{\Omega}$	INSPE	CTIO	N.
IIPL	vr	THOLE	CHU	11.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION	1 🖸	P	UCT 29 1998
AIRS ID#: 0950334 DATE: 10/12/5)8 TIME IN: 10):50 TIME	Mobile Source
FACILITY NAME: TOWNE CLE	ANERS	·	
FACILITY LOCATION: 1/149 10	1. colonii	AL DR.	
00088	FL 34	761	
RESPONSIBLE OFFICIAL: M.D. GO			377-3365
CONTACT NAME:	РИС)NE:	
PART I: NOTIFICATION			
(check appropriate box)			_
1. New facility notified DARM 30 days prior to star	*		
2. Facility failed to notify DARM to use general per	mit		<u> </u>
PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box)		No notification form Drop store/out of bu	
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 so dry-to-dry only, $x < 1$ transfer only, $x < 200$ both types, $x < 140$ ga (constructed on or after	40 gal/yr) gal/yr al/yr	a
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 so dry-to-dry only, 140 \pm transfer only, 200 \pm x \pm both types, 140 \pm x \pm (constructed on or affi	≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr ≤ 1,800 gal/yr	
5. This is a correct facility classification		Can not determine	
If no, please check the appropriate classific	neral permit as number		it
B. The total quantity of perchloroethylene (perc) p facility was 50 gallons.	urchased within the pro	cceding 12 months	by this dry cleaning

(check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	EN ON/A
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON AN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the mamifacturer's specifications?	AY CIN CIN/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 re (complete A below).	frigerated condenser
If classification 3 has been checked, the machine should be equipped with eith condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	efrigerated 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?	AY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אום מם אב
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY 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?	AY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

В.	Has the responsible official of an existing large or new large area source also:			
i.	Measured and recorded the exhaust temperature on the outlet side of the contigueur founted on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ĽΊΥ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□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?	ΩY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ШΥ	ШΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspectio	n?			ZY /	ПN
2.	Has the f	acility maintained a leak log?			MY	ПΝ
3.	Does the	responsible official check the fo	llowing areas for leaks?			
		se connections, fittings, ouplings, and valves	אוחם אם אים	Muck cookers		N □N/A
	Do	or gaskets and scating	אום אם אם אבן	Stills		N 🗆 N/A
•	File	ter gaskets and scating	אואם אם אים	Exhaust dampers	ZY CI	N DN/V
	Pui	mps .	ZY ON ON/A	Diverter valves	ום אבל	N □N/A
	Sol	lvent tanks and containers	שאים מים ציש	Cartridge filter housings		и □и/а
	Wa	ater separators	MY ON ON/A			
4.	Which n	nethod of detection is used by the	e responsible official?			
Visual examination (condensed solvent on exterior surfaces)						
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector					-
If using direct-reading instrumentation, is the equipment:				ent:	ÆN/A	
		a. Capable of detecting p	ere vapor concentrations in	a range of 0-500 ppm?	OY O	IN
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 					IN	
		c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	ט צנו	M
		d. Kept in a clean and se	cure area when not in use?	•		M
		e. Verified for accuracy t	by use of duplicate samples	(calorimetric only)?	UY C	1N

ASSE FA HATUEMANTHM
Inspector's Name (Please Print)

Date of Inspection

10/12/99

Approximate Date of Next Inspection

ADDITIONAL BI	TE INFORMA	TION			-	
			To be the state of			
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

· · · · · · · · · · · · · · · · · · ·	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:50 TIME OUT: 11:3	0 AIRS ID#: 0950334
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: TOWNE CLEANERS	.2
	NIAL
Ocoee FL. 83	
RESPONSIBLE OFFICIAL: H.D. GOHIL	PHONE NUMBER: 407 - 877 -3365
Based on the results of the compliance requirements evalua 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
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COMMENTS:	
FACILITY IN OR	der
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The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: /0//2	199
INSPECTION CONDUCTED BY: ASSEFA H	ease Print)
INSPECTOR'S SIGNATURE: 100 ch Hoile	acc - PHONE NUMBER: 407-836 9323
	of / Revised 10/96

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Best Available Copy



POSTALIA 510414

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insuran	ce Coverage Provided)	
г <u></u>	B	
758	<u> </u>	
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Hestricted Delivery Fee (Endorsement Required) H D GOHIL TOWNE CLEANERS 11149 WEST COLONIAL DRIVE OCCOEF FL 34761 PS Form 3800, February 2000	Postmark Here Postmark Here See never see for instructions	
TO THE RIGHT OF RETURN ADDRESS. TO THE RIGHT OF RETURN ADDRESS.	TE THIS SECTION ON DEL	IVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) C. Signature X D. Is delivery address different from iter If YES, enter delivery address below	
10 AIRS ID # 0950334001AG H D GOHIL TOWNE CLEANERS 11149 WEST COLONIAL DRIVE OCOEE FL 34761	3. Service Type Certified Mail	il eipt for Merchandise

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

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TOTAL AMOUNT DUE: \$50.00

JAN 21 97

Do NOT Remove Label

AIRS ID# 0950334

GOHIL ENTERPRISES INC H D GOHIL 11149 WEST COLONIAL DRIVE **OCOEE FL 34761**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 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

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TOWNE CLEANERS

AIRS ID # 0950334

THEORIE AMOS B 11149 WEST COLONIAL DRIVE

OCOEE FL 34761

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