

Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

March 4, 1999

Mr. Amos B. Yu **Towne Cleaners** 11149 West Colonial Drive Ocoee, Florida 34761

Re: Facility No.: 0951209

Dear Mr.Yu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on Feburary 15, 1999.

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, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, of 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: Ms. Marie Driscoll, Orange County

Perchloroethylene Dry Cleaning Facility Notification E I V E D

Facility Name and Location

FEB 1 5 1999

	1010
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Bureau of Air Monitoring
	AMObile Sources
2.	Site Name (For example, plant name or number):
	TOWNE CLEANERS
3.	Hazardous Waste Generator Identification Number:
	3-130-51-1050
4.	Street Address: 11149 W. CORONIAL DR
	City: OCOEE County: ORANGE Zip Code: 34761
,5.	Facility Identification Number (DEP Use):
	095/209
	Responsible Official
6.	Name and Title of Responsible Official:
	AMOS B, YU (PRESIDENT)
7.	Responsible Official Mailing Address: 11149 W. COLONIAL DR Organization/Firm: Street Address: 000 EE FL 34761
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (407 877 - 3365 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Mr VIPIN, GOHIL (PLANT MANAGER)
10.	Facility Contact Address: 111 49 WEST COLONIAL DR.
	Street Address: 111 49 WEST COLONIAL DR. Street Address: OCOEE, AFL 34761
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: (407) 877 - 33.65 Fax: () -

0951209 1(aXI) Add furchase date and control device date. Responsible Official sign and date for changes.

2/22/99 Stoke to Amos fer and he stated that the dry to dry machine was new in 1994 and has a built-in refudgerated Condenser.

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control	ŀ	Date Machine	Date Control
		Initially	Device		Initially	Device	}	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	1 .	Installed	ID	1 .	Installed
Example	#1	03-OCT-93	12-NO1/-93	#2	08-DEC-91		#3		02-MAR-9
Dry-to-Dry Unit		OCT 01	, 1994						
(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 (c) No control devices a 2.(a) What was the total quality and total quality	uanti gallo	equired to be ty of perchlons ow many? [_	installed [perc)	_] purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large area	eleci a sou	t one classific	cation only.) Ne	w sm	nitions found nall area sour	ce <u>[X</u>]		Part II?	

4. What control technology is required on machine (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser	
	·. —
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	units shall not be eligible to use the general permit pursuand hot water generating units on-site meet the following::
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
· .	
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	LX
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	LX
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

Surrender of Existing Air Permit(s)

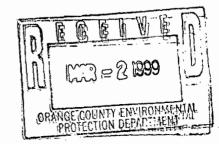
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
ĽΧ̈́	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
	•				
this notifi statemeni maintain					
this notifi statement maintain comply w	the air pollutant emissions units and air pollution control equipment described above so as to				

0951209 BEST AVAILABLE COPY

1(aXI) add furchase date and con 5 1999 Facility (Air Monitoring Responsible Official sign of date for changes. le Sources 3. Hazardou 4. Facility L Street Ac City: Facility Id the dry to dry mochine 4.19 Jahr. was new in 1994 and has Name and 7. Responsib Organizati Street Add City: Responsib Telephone Name and or racinty contact (for example, plant manager): VIPIN , GOHIL (PLANT MANAGER) 10. Facility Contact Address: 11149 WEST COLONIAL DR. - OCO EE, FL 34-761 Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number: Telephone: (407) 877 - 33 65 Fax: ()

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

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BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification EIVED

Facility Name and Location

FEB 1 5 1999

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): Bureau of Air Monitoring
	AMOS - YU INC. & Mobile Sources
2.	Site Name (For example, plant name or number):
	TOWNE CLEANERS
3.	Hazardous Waste Generator Identification Number:
	3-130-51-1050
4.	Facility Location: Street Address: 11149 W. CORONIAL DR
	City: OCOEE County: ORANGE Zip Code: 3476/
,5. 	Facility Identification Number (DEP Use): O951209
	Responsible Official
	Name and Title of December 211, Official
6.	Name and Title of Responsible Official:
	AMOS B, YU (PRESIDENT)
7.	Responsible Official Mailing Address: 11149 W. COLONIAL DR Organization/Firm:
	Organization/Firm: Street Address: OCOEE FL 3476/
	City: County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (407 877 - 3365 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Mr VIPIN , GOHIL (PLANT MANAGER)
10.	Facility Contact Address: 11149 WEST COLONIAL DR.
	Street Address: OCO EE, FL 34-761
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: (407) 877 - 33 65 Fax: () -

Facility Information

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

		Date	Date		Date	Date		Date	Date
}	l	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ΙD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#/	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		OCT 01	, 1994	The	}				
(1) w/ ref. condenser		DCT 01/			1994	1			Γ
(2) w/ carbon adsorber			216	<i>7</i>	///			_	
(3) w/ no controls	-	. /19	17						
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						LL			
(10) w/ ref. condenser	-								
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices :	are re	equired to be	installed [_		J	d. la 12		.1.0	
2.(a) What was the total q	uanti gallo	ns	roethylene (p	oerc)	purchased in	the latest 12	mon	ths?	
(b) If less than 12 month Check why it is less] New store:	Did ı	not ke	eep records:	
3. What is the facility's sou (Indicate with an "X". S	irce o Select	lassification tone classific	based on the cation only.)	defir	nitions found	l in section (3) of l	Part II?	
Existing small are	a sou	ırce []	Ne	w sm	all area sour	ce 🔀			
Existing large are	a sou	rce []	Ne	w.lar	ge area sourc	e []			

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

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 What control technology is required. (Indicate with an "X".) 	ired on machines	pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser	(X)		
New large area source Refrigerated condenser	نـــا		
		·.	
			;
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by no	nural gas except for period	ls of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
	•		
			N.
Equipme	ent Monitoring a	nd Recordkeeping Inforn	iation
Check all logs which are required to	be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	rchases		LX)
(b) Leak detection inspection and re	pair		\mathcal{L}
(c) Refrigerated condenser temperat	ture monitoring		\triangle
(d) Carbon adsorber exhaust perc co	oncentration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	plan		(X)

Surrender of Existing Air Permit(s)

Please indica	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)
ιχ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.
Signature	Teb 10/1999 Date MAR 03/1999

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PERCHLOROETHYLENE DRY CLEANERS

TITLE Y GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 045/209 DATE: 3/3 / 99 TIME IN: //00 TIME OUT: //4/0 FACILITY NAME: TOWNE CLEANERS FACILITY LOCATION: III 49 W. Colonial Dr. Orlando, FL 3476 RESPONSIBLE OFFICIAL: Amos V. PHONE: 407-877-3365 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility indified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Pacifity indificated on notification form that it is: U No notification form (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/991) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 1,800 gallyr transfer only, 200 ≤ x ≤ 1,800 gallyr transfer only, 200 ≤ x ≤ 1,800 gallyr transfer only, 200 can be fore 12/991) 5. This is a correct facility classification If no, please check the appropriate classification: facility executes above limits and is not elligible for a general permit B. The total quantity of perchlorocitylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.	TYPE OF INSPECTION:	ANNUAL	☑、· COMPLA	AINT/DISCOVERY CI
FACILITY NAME: TOWNE CLEANERS FACILITY LOCATION:		RE-INSPECTION		
FACILITY NAME: TOWNE CLEANERS FACILITY LOCATION:				(4) 5°
A. 1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gallyr transfer only, 200 ≤ x ≤ 1,800 gallyr both types, 140 ≤ x ≤ 1,800 gallyr transfer only, 200 ≤ x ≤ 1,800 gallyr both types, 140 ≤ x ≤ 1,800 gallyr constructed before 12/9/91) 5. This is a correct facility classification □	1	• 1		О тиме оит: <u>1440</u>
RESPONSIBLE OFFICIAL: Amos PHONE: 407-877-336.5 CONTACT NAME: PHONE: PHONE: PHONE: PART I: NOTHFICATION (check appropriate box) 1. New facility indicated on notification form that it is: Nother continuation				· · ·
RESPONSIBLE OFFICIAL: Amos PHONE: 407-877-3365 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: Drop store/out of business/petrolenm A. Drop store/out of business/petrolenm A. 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) (constructed on or after 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification Ty N Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	facility location:	11149 W. Colo	onial Dr.	
RESPONSIBLE OFFICIAL: Amos PHONE: 407-877-3365 CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: Drop store/out of business/petrolenm A. Drop store/out of business/petrolenm A. 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) (constructed on or after 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification Ty N Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning		Orlando, FL	34761	· · · · · · · · · · · · · · · · · · ·
Check appropriate box				407-877-3365
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, x < 200 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above	CONTACT NAME:		PIIONE:	
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, x < 200 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above				P
1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is:				
PART JI: 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) 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit as number, above	(check appropriate box)			Bur M.
PART II: CLASSIFICATION Facility indicated on notification form that it is: Cl No notification form Check appropriate box Cl Nov small area source Cl Prop store/out of business/petroleum Cl Prop store/out of business/petroleum	1. New facility notified DAR	M 30 days prior to startup	ı	EN TO THE PERSON OF THE PERSON
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) 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, x < 40 gal/yr (constructed on or after 12/9/91) 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dty cleaning	2. Facility failed to notify DA	ARM to use general permit		10 A
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) 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, x < 40 gal/yr (constructed on or after 12/9/91) 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dty cleaning				0 % S
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification dry dry-to-dry only late ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification dry dry-to-dry only late ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification: dry dry-to-dry only late ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification: dry dry-to-dry only late ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 6. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dty cleaning				
A. 1. Existing small area source	PART II: CLASSIFICATION	ON	1	
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) 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 transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	Facility indicated on notification			
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	Facility indicated on notifier (check appropriate box) A.	ation form that it is:	☐ Drop	store/out of business/petroleum
both types, x < 140 gal/yr (constructed before 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 both types, 140 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification:	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so	ation form that it is:	☐ Drop New small area source	store/out of business/petroleum
3. Existing large area source ☐ 4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr 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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification ☐ Y ☐ DCan not determine If no, please check the appropriate classification: ☐ facility qualified for a general permit as number above ☐ facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource \(\sigma \) 2. \(\sigma \) dr \(\sigma \) tr	☐ Drop New small area source ry-to-dry only, x < 140 gr ransfer only, x < 200 gal/	store/out of business/petroleum e al/yr
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) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dty cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: ource \(\sigma \) 2. gal/yr dr /yr tr bc	☐ Drop New small area source ry-to-dry only, x < 140 ga ransfer only, x < 200 gal/ oth types, x < 140 gal/yr	store/out of business/petroleum e D2/ al/yr /yr
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number, above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dty cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: ource \(\sigma \) 2. gal/yr dr /yr tr bc	☐ Drop New small area source ry-to-dry only, x < 140 ga ransfer only, x < 200 gal/ oth types, x < 140 gal/yr	store/out of business/petroleum e D2/ al/yr /yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit. B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this day cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so	ation form that it is: ource \(\sigma \) 2. gal/yr dr /yr tr bo O1) (c)	☐ Drop New small area source ry-to-dry only, x < 140 gal/ ransfer only, x < 200 gal/ oth types, x < 140 gal/yr constructed on or after 12 New large area source	store/out of business/petroleum e al/yr /yr 2/9/91)
(constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as numberabove facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dty cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 < x <	ation form that it is: ource □ 2. gal/yr dr /yr tr bo 01) (c) ource □ 4. ≤ 2,100 gal/yr dr	☐ Drop New small area source ry-to-dry only, x < 140 gal/yr oth types, x < 140 gal/yr constructed on or after 12 New large area source ry-to-dry only, 140 ≤ x ≤	store/out of business/petroleum e al/yr /yr 2/9/91) e = 2,100 gal/yr
If no, please check the appropriate classification: facility qualified for a general permit as numberabove facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this day cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	ation form that it is: Durce □ 2. (al/yr dr) (yr tr) (b) (c) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e	New small area source by-to-dry only, $x < 140$ gransfer only, $x < 200$ gal/oth types, $x < 140$ gal/yr constructed on or after 12. New large area source by-to-dry only, $140 \le x \le 1$ ansfer only, $200 \le x \le 1$,	store/out of business/petroleum e
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dty cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80	ation form that it is: Durce □ 2. Sal/yr dr /yr tr D1) (c) Durce □ 4. ≤ 2,100 gal/yr dr ,800 gal/yr tr 00 gal/yr bo	New small area source by-to-dry only, $x < 140$ galyroth types, $x < 140$ galyroth types, $x < 140$ galyronstructed on or after 12. New large area source by-to-dry only, $140 \le x \le 1$, oth types, $140 \le x \le 1$, oth types, $140 \le x \le 1$, oth types, $140 \le x \le 1$, 80	store/out of business/petroleum e al/yr yr 2/9/91) e 2,100 gal/yr ,800 gal/yr 00 gal/yr
facility qualified for a general permit as number, above above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this day cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 \le x \le transfer only, 200 \le x \le 1,86 (constructed before 12/9/9)	ation form that it is: ource □ 2. gal/yr dr /yr tr ource □ 4. ≤ 2,100 gal/yr dr ,800 gal/yr tr 00 gal/yr bo	New small area source by-to-dry only, $x < 140$ gal/yr oth types, $x < 140$ gal/yr constructed on or after 12. New large area source by-to-dry only, $140 \le x \le 1$, oth types, $140 \le x \le 1$, oth types, $140 \le x \le 1$, oth types, $140 \le x \le 1$, so constructed on or after 12.	store/out of business/petroleum e
facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this day cleaning	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility	ation form that it is: Durce	□ Drop New small area source by to-dry only, $x < 140$ galyr constructed on or after 12. New large area source by to-dry only, $140 \le x \le 1$, oth types, $140 \le x \le 1$, or $140 \le x \le 1$, and $140 \le x \le 1$, or $140 \le x \le 1$, and	store/out of business/petroleum e
	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility of the polynomial of the pol	ation form that it is: Durce	New small area source by-to-dry only, $x < 140$ gransfer only, $x < 200$ gal/oth types, $x < 140$ gal/yr constructed on or after 12. New large area source by-to-dry only, $140 \le x \le 1$, oth types, $140 \le x \le 1$, so constructed on or after 12.	store/out of business/petroleum e
	Facility indicated on notifies (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility of the property of t	ation form that it is: Durce	New small area source by-to-dry only, $x < 140$ gransfer only, $x < 200$ gal/oth types, $x < 140$ gal/yr constructed on or after 12. New large area source by-to-dry only, $140 \le x \le 1$, oth types, $140 \le x \le 1$, of the types, $140 \le x \le 1$, so constructed on or after 12. Y \text{DN} \text{Can n} \text{Can n} \text{constructed} \text{on or after 12}.	store/out of business/petroleum e

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?	DAY ON ON/A
2. Examining the containers for leakage?	DAY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MA DN
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואם אט צש
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	בוא בוא מאיע
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 refri (complete A below).	gerated 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 musinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and 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?	EY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØÝ □N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	BY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ONA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DAY COM

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?		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON//	$\setminus \Big $
	Is the temperature differential equal to or greater than 20° F?	עואם אם צם	\
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?	טץ טא טאיי	`
	Is the perc concentration equal to or less than 100 ppm?	חאם אם אם	۸
4,	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	חאס אס אס	٨
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אט אט אם אם אַ	A
6.	Routed airflow to the earbon adsorber (if used) at all times?	OY ON ON	٨

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	, .
1. Maintained receipts for perc purchased?	שא בוא <u>הא</u>
2. Maintained rolling monthly total of perc consumption?	מס צעם
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 lns? or;	עאעם אום איש
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	QY ON ONIA
4. Maintained calibration data? (for applicable direct reading Instruments)	אואט אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואים אם אם
6. Maintained startup/shutdown/malfunction plan?	אם אַפּ
7. Maintained deviation reports?	OY ON DAIA
Problem corrected?	OY ON BAYA
8. Maintained compliance plan, if applicable?	DY DN DAN/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?	•	N _{ta}		CTY, ON	
2. Has the facili	ity maintained a leak log?	• · ·	• ,-	OY ON	
3. Does the resp	onsible official check the f	ollowing areas for leaks?			
	onnections, fittings, ings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A	
Door ga	askets and seating	MY ON ON/A	Stills	. QA ON ON/Y	
Filter g	askets and seating	QY ON ON/A	Exhaust dampers	MY ON ON/A	
Pumps		QX ON ONIV	Diverter valves	MY ON ON/A	
Solven	t tanks and containers	מאים אם איא	Cartridge filter housings	אוחם אם אם	
Water	separators	AX ON ON/V			
4. Which meth	od of detection is used by th	ic responsible official?			
Visual	examination (condensed so	olvent on exterior surfaces)		□	
Physica	al detection (airflow felt thr	ough 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:			EN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			□Y □N .→		
	b. Calibrated against a standard gas prior to and after each use				
(PID/FID only)?. □Y □N			OY ON		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON		
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
			•		
-	Ilka Bundy		3/3/99		
In	spector's Name (Please Pri	nt)	Date of Insp	ection	
	,	,	G /		
	Ska Bunion		3/3/200)\(\sigma\)	
	Inspector's Signature	· .	Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:	
	,

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPI	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1400 TIME OUT: 1440	AIRS ID#: 095/209
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Towne Cleaners	DATE: 3/3/99
	Dr.
O-lando, FL 34761	
RESPONSIBLE OFFICIAL: Amos Yu	PHONE NUMBER: 407-877-3365
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrativo	- · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS:	
Facility in compliance.	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/3/20	oximate)
INSPECTION CONDUCTED BY: IKA BUR	·
INSPECTOR'S SIGNATURE: Juna Buna	PHONE NUMBER: 836-9524
Page_/	1

Orange County Environmental Protection Department

AIRS ID#: 0951709

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DRY CLEANER AIR QUALITY GENERAL PERMIS ANNUAL COMPLIANCE CERTIFICATION FORM

lowne FACILITY LOCATION: 34761 Orlando Annual Reporting Period: 19 TO Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Bureau of Air Monitoring Method used to demonstrate compliance: & Mobile Sources #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 rolling averages of 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. TOWNE CLEANOR Name (Please Print)

^{*}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.

0390746

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 # 0951209

TOWNE CLEANERS AMOS B YU 11149 W COLONIAL DRIVE OCOEE FL 34761 FOR GOVERNMENT (SE ON)
Org.: 37550101000 EO: B1
Fund: 20-2-035001

Obj.: 002273

AMOS-YU INC. TOWNE CLEANERS 11149 W. COLONIAL DR OCOEE, FL 34.761





GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING & MOBILE SOURCES.
DEPARTMENT OF ENVIRON MENTAL MS5510
PROTECTION
2600 BLAIR STONE RD.

TALLAHASSEE, FL32399-2400

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

frms .
4-13-00
"yb

TYPE OF INSPECTION:

gallons.

ANNUAL

Q

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0951209 DATE: 4-13-0	O TIME IN: 0910 TIME OUT: 0945
FACILITY NAME: Towne Cleans	
FACILITY LOCATION: 11149 W.	6 3.
Orlando, Fl	- 34761 (1) 10
RESPONSIBLE OFFICIAL: Amos Yu	PHONE: 407-93-7-3365
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit
<u> </u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr
both types, x < 140 gal/yr (constructed before 12/9/91)	(constructed on or after 12/9/91)
(00.00.00.00.00.00.00.00.00.00.00.00.00.	
3. Existing large area source	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	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	MY □N □Can not determine
If no, please check the appropriate classific	ation:
facility qualified for a ge	
☐ facility exceeds above lin	nits and is not eligible for a general permit

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

(check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

_	Anne de la companya del companya de la companya del companya de la			
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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	\Box Y	ПИ	□N/A
	ls 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?	Πv	ПN	□N/A
	if machines are equipped with a caroon adsorber:		_ ,,	— 14/74
	Is the perc concentration equal to or less than 100 ppm?	QΥ	\Box N	□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	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠИ	□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 perc purchased?	May Din
2. Maintained rolling monthly total of perc consumption?	DAY CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ON/A
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	/ .
and parts installed w/in 5 days of receipt?	DAY ON ONA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON EMA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	OY ON DIN/A
Problem corrected?	OY ON WINA
8. Maintained compliance plan, if applicable?	OY ON WN/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?			MY ON		
2. Has the facility maintained a leak log?			DY ON		
3. Does the responsible official check the f	following areas for leaks?				
Hose connections, fittings,			1		
couplings, and valves	ØY ON ON/A	Muck cookers	DY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	Y ON ON/A		
Pumps	DY ON ON/A	Diverter valves	DN DN/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
Water separators	DAY ON ON/A				
4. Which method of detection is used by th	e responsible official?		/		
Visual examination (condensed so	lvent on exterior surfaces)		(2)		
Physical detection (airflow felt thr					
Odor (noticeable perc odor)	☑				
Use of direct-reading instrumentat					
Halogen leak detector	- /				
If using direct-reading instrumentation, is the equipment:			₩/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			□Y □N		
b. Calibrated against a st (PID/FID only)?	andard gas prior to and afte	r each use	OY ON		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON		
·	cure area when not in use?		OY ON		
c. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
	.,	,			
	<u> </u>				
The Rundy	,	4-13-00			
Inspector's Name (Please Prin	t)	Date of Inspection			
	,				
Alka Bunda		4-13-01			
Inspector's Signature		Approximate Date of	Next Inspection		

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ADDITIONAL SITE INFORMATION:	
Perc Receipts	
3 3 99 9.5 $5/5/99 39.00$ $8/4 99 9.5$ $2/29/00 9.5$	39.0 12/16/98

AIRS 10#: 0951209

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Ane

Revised 01/18/00

ARMS 4-12-00 YB

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Towne Cleaners		D	ате: <u>4</u> -	13-00
FACILITY LOCATION: 11149 W. Colonial D				
Orlando, FL 3476				
Urtanoo, 12 3114	<u> </u>			<u> </u>
Annual Reporting Period: 3 3 99 20#	то	1/13.		20 00
		,		
Based on each term or condition of the Title V general air permit, my facil	ity has remained in co	ompliance wit	h DEP Rule	
62-213.300, Florida Administrative Code (F.A.C.), during the period cove	ed by this statement.	YES	\square_1	10
If NO, complete the following:				,
	1.	.1	•	
#1. Term or condition of the general permit that has not been in continuous	s compliance 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	a aominina admina	the reporting	mariad state	d abova:
#2. Term of condition of the general permit mat has not been in continuous	s comphance during	me reporting	period states	a acove.
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 beli in this notification are true, accurate and complete. Further, my annual c purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fo combination facilities.	onsumption of perchl	oroethylene se	olvent, based	d upon
RESPONSIBLE OFFICIAL: Com Byy	-AMOS I	BYUNG	yu ,	4/3/20
Name (Please Print)	Signat	urc	Date	+1-1

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

TITLE V. AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNU.	AL 📝 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0910 TI	ME OUT: 0945	AIRS ID#:_	0951209
TYPE OF FACILITY: Dry Clear	ner		/
	eaners		DATE: 4-13-00
FACILITY LOCATION: 11149 W	. Colonial	Dr.	
Orlando	~ . ^ ~ .		
RESPONSIBLE OFFICIAL: Amus	Yu	РНОМЕ NUMB	ER: 407-877-3365
Based on the results of the compliance with DEP Rule 62-213	•		facility is found to be in
Based on the results of the complication discrepancies were noted:	ance requirements evalua	ted during this inspection, the	following compliance
COMPLIANCE REQUIREME	ENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
·	12 6	•	
12 8 B	1.7	A	,
		,	1
,			Antonio ag
\$	'		***
	•	· .	
COMMENTS:			
COMMENTS.			
Facility in	compliance	·	
The Annual Compliance Certification form	has been properly certifi		ctor. YES NO
DATE OF NEXT INSPECTION:	H-1	3-01	
		proximate)	
INSPECTION CONDUCTED BY:	Ika	a Bundy	
INSPECTOR'S SIGNATURE:	Mks Bund	ease Print) '	er:_407-836-1400
	/	1 1	
	Page	of /:	Revised 10/96

petale

PERCHLOROETHYLENE DRY CLEANERS

ARMS 4-18-01 JB

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI)

AIRS 10#: 0951209 DATE: 4-13-01 TIME IN: 0920 TIME PUR 1010					
FACILITY NAME: Towne Cleaners & C					
FACILITY NAME: Towne Cleaners & Colonial Dr. 30 D Colonial Dr. 30					
Orlando FL 34761					
RESPONSIBLE OFFICIAL: Amos Yu PHONE: 407 37 7 3365					
CONTACT NAME:PHONE:					
PART I: NOTIFICATION					
(check appropriate box) Facility Compliance Status: IN					
1. New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use general permit SNC					
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 2. New small area source					
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr					
transfer only, $x \le 200 \text{ gal/yr}$ transfer only, $x \le 200 \text{ gal/yr}$					
both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$					
(constructed before 12/9/91) (constructed on or after 12/9/91)					
3. Existing large area source 4. New large area source					
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$					
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$					
both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$					
(constructed before 12/9/91) (constructed on or after 12/9/91)					
5. This is a correct facility classification					
If no, please check the appropriate classification:					
facility qualified for a general permit as number above					
facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 97 gallons.					

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PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (cheek appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	Y ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
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 PAN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	·
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated 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).	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?	ery 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?	ery on on/a
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	erý on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	BY 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?	ים אם אם
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?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	CIY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y·□N □N/A

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

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

Mrs Bundanis Bundanis

Ilka Bundy
Inspector's Name (Please Print)

7-13-0/
Date of Inspection

4-13-02
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

19.5

3-28-01

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IRS 10#: 0951209

Revised 01/18/00 ARMS 4-18-01 HB

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: Towne Clear	ners	DATE	: 4/13/0/
ACILITY LOCATION: 11149 W. Co	olonial Drive		
Orlando, Fl	1 34761		
nnual Reporting Period: April	20 <i>00</i> TO	April	20 0 /
used on each term or condition of the Title V general	d air permit, my facility has re	mained in compliance with DE	P Rule
-213.300, Florida Administrative Code (F.A.C.), du	uring the period covered by th	is statement. YES	□NO
NO, complete the following:			
. Term or condition of the general permit that has n	not been in continuous compli	ance during the reporting perio	d stated above:
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	· ·	and the reporting period	
act period of non-compliance: from	<u> </u>	to	
ction(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
ethod used to demonstrate compliance:			
	-		
Term or condition of the general permit that has n	not been in continuous compli	ance during the reporting perio	d stated above:
<u> </u>	<u> </u>		
act period of non-compliance: from		to	
ction(s) taken to achieve compliance:			
ethod used to demonstrate compliance:			
ettiou used to demonstrate comphanice.			
			· · · · · · · · · · · · · · · · · · ·
the responsible official, I hereby certify, based on i this notification are true, accurate and complete. F rchase receipts, does not exceed 2,100 gallons per y mbination facilities.	Further, my annual consumpti	on of perchloroethylene solver	t, based upon
esponsible official: AMOS	S BYUNG YO	1 Ban Pagus	pr 41
Name (Please	e Print)	Signature D	ate

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

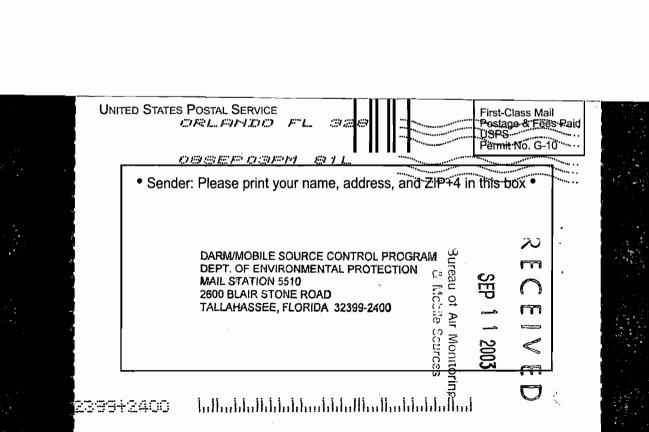
Page _____ of _____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL □ CO	MPLAINT/DISCOVERY	RE-INSPECTION □
TIME IN: 0920)/OAIRS ID#: _(095/209
TYPE OF FACILITY: Dry			· · ·
FACILITY NAME: Town	ie Cleaners	DA	TE: <u>4-13-01</u>
FACILITY LOCATION:	49 W. Colonial	Drive 1761	
RESPONSIBLE OFFICIAL:	1 / 1		: 407-877-3365
	compliance requirements evalue 62-213.300, Florida Administr	ated during this inspection, the facility	is found to be in
Based on the results of the o		ated during this inspection, the following	ng compliance
discrepancies were noted: COMPLIANCE REQUIR	REMENT/PROBLEM	FOLLOW-UPACTIO	N REQUIRED
COMMENTS:	· · · · · · · · · · · · · · · · · · ·	· · ·	
Facility	in compliance	,	
The Annual Compliance Certificatio DATE OF NEXT INSPECTION: _	n form has been properly certif 4-13-0		YES Ø NO D
INSPECTION CONDUCTED BY: _	Ilka Bun	ximate)	
INSPECTOR'S SIGNATURE:	Mha Bund) , I HONE NOMBER.	107-836-1400
45-19 (6/00)	Page 4	_ of	,

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	Return Reciept Fee (Endorsement Required)		Postmark V
0200	Restricted Delivery Fee (Endorsement Required)		10 .
	Total F 10	0951209001AG	
03		CLEANERS	
7003	A MOS B	COLONIAL DRI	VE
	or PO B OCOEE,		
	PS Form 3500, June 20	2. 对解他们,一个人们是解决。	See Reverse for Instituctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TOWNE CLEANERS : AMOS B YU	The state of the s
COSE, FL 34761	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
<u> </u>	년 2 月
PS Form 3811, August 2001 Domestic Ref	turn Receipt 102595-02-M-1540





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 413691 JAN31 2002

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 # 0951209

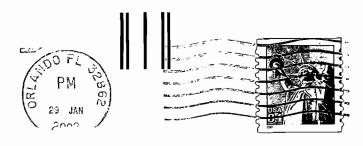
TOWNE CLEANERS AMOS B YU 11149 W COLONIAL DRIVE OCOEE FL 34761

FOR GOVERNMENT USE ONLY

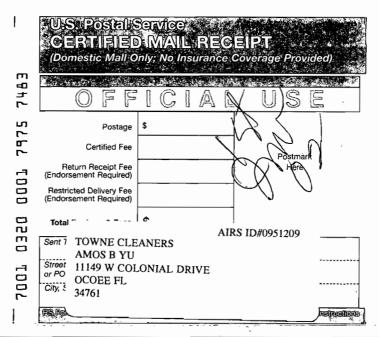
Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

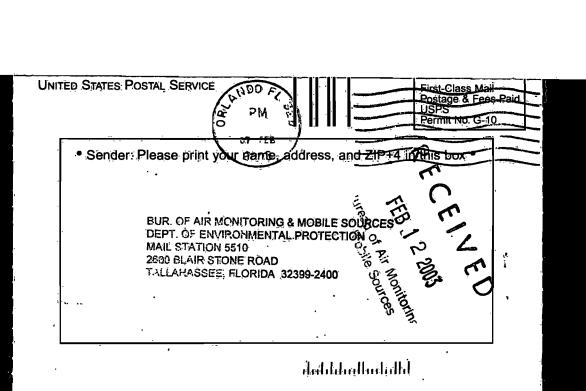
AMOS - YU, INC TOWNE CLEANERS 11149 W. COLONIAL DR. OCOEE, FL 34761



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



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Ti Lucilic: B. Received by (Printed Name) C. Date of Delivery 2.75	
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
AIRS ID#0951209 TOWNE:CLEANERS AMOS B YU 11149 W COLONIAL DRIVE		
OCOEE FL	3. Service Type	
34761	□ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label) 7001 0320 0001 7,975 7483		
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035	





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423456 FEB242003

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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AIRS ID#0951209

TOWNE CLEANERS AMOS B YU 11149 W COLONIAL DRIVE OCOEE FL 34761

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



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434711 DEC26 20%

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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951209 AMOS YU TOWNE CLEANERS 11149 W COLONIAL DRIVE OCOEE FL 34761 FOR GOVERNMENT-USE ONLY Org.: 375501010000 EO: A1 Obj.: 002273 700

3761	U.S. Postal 6 CERTIFIED (Pomestic Mail 6	MAIL REC	EIPT Goverage Provided)
121 H 1200	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
7000 0600	TOWNE CLEANE AMOS B YU 11149 W COLONI OCOEE FL 34761	AL DRIVE	
, _	PS Form 3300, February 8	2000	See Reverse for Instruction

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 # 0951209	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
TOWNE CLEANERS AMOS B YU		
11149 W COLONIAL DRIVE OCOEE FL 34761	3. Service Type Certified Maii	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 2. OCO 10600 1000 1000 1401 13161 1111		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789	

Sender: Please print your name, address, and ZIP±4 in this box •

Sender: Please print your name, address, and ZIP±4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 65:9
2600 BLAIR STONE ROAD
TALLARASSEE, FLORIDA 32399-2400

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405575 FEB16 2001

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

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID # 0951209

TOWNE CLEANERS AMOS B YU 11149 W COLONIAL DRIVE OCOEE FL 34761 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273