

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. Sid Vora Ivory Dry Cleaners 201 U.S. Highway-1 #E2 Jupiter, Florida 33477

Facility I.D. No. 0990463

Dear Mr. Vora:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 21, 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. Al Grasso, Palm Beach County

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

#0990463

11/19/96

Spoke to Sid Vora,
he is the President.

P.13
6. add title - President

P.15

(f) Should be marked

RECEIVED

1988 13 13 13 d

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SURUPAM INC.
2.	
	IVORY DRY CLEAMERS
3.	Hazardous Waste Generator Identification Number:
	FLD 982 162 471
4.	Street Address:
	City: JUPITER County: Polm Beach Zip Code: 33477
5	Facility Identification Number (DEP Use):
1	0170403
	Responsible Official
	· · · · · · · · · · · · · · · · · · ·
6.	Name and Title of Responsible Official:
	SID VORA
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 201 S. HO7-1 # E2
	0'.
	City: Tufiter County: Palm Beach Zip Code: 3341/19
8.	Responsible Official Telephone Number:
	Telephone: (561) 746 - 2609 Fax: () - M.A.
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	in the part
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
11.	Telephone: () - Fax: () -
	OCT 2 1 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		ne Şegridê		· · · · · .		e due	:		er garingar.
(1) w/ ref. condenser			l		T		Ī	T	
(2) w/ carbon adsorber		,							
(3) w/ no controls		1982			 			-	
Washer Unit		hogy or by as	40460				1914		
(4) w/ ref. condenser									
(5) w/ carbon adsorber							_		
(6) w/ no controls					_				
Dryer Unit	.C. 6			Ē.	The Contraction of		jar.	apparent de la co	ed all more
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		Takti Nijara	d. Alba is			. Najara			i sa esta de la constantia
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls								1	
 (b) Control devices are (c) No control devices a 2.(a) What was the total q [325] (b) If less than 12 month Check why it is less 	uanti gallo	equired to be ty of perchlons ow many? [_	installed [perc)	purchased in				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please 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)						
\checkmark	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain	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 pro	I will promptly notify the Department of any changes to the information contained in this notification.						
	10/11/96						
Signature	Date						

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

11131 ECTION 3011	MINIART REFORT
TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 TIME OUT: R: (0 AIRS ID#: 0990463
TYPE OF FACILITY: DRY CLEANING	
	EANING DATE: 12-13 -96
FACILITY LOCATION: 20 U.S. 1 7	F E2
Jupiter, FL	33477
RESPONSIBLE OFFICIAL: SID VORD	PHONE NUMBER: 746-2009
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Existing large essee, do not have	Owner showed paper that he is
Retregerated Condonsor, No Carbon	buying a new day cleaning Machine
adsorber, No Controls etc.	Which will be installed on 12-23-96. He
	have secondary Containment at 7
	100
	·
	·
·	
COMMENTS:	
	:
	•
	Hotels is given to R.O.
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $(2-13-97)$	7
(Ap)	proximate)
INSPECTION CONDUCTED BY:	CHOKSHI/VAUL KALAMARAS
O(1) O(1) O(1)	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 333 - 50 / 0
Page_ \(\)	of 1. Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISC	OVERY U
AIRS ID#: 0990463 DATE: 12-1 FACILITY NAME: IVORY FACILITY LOCATION: 20 C	3-96 TIME IN: //:00 TIM DRY (lean; y).S. # E2	477
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		□ 1 34
New facility notified DARM 30 days prior to state	artup	
3. Facility failed to notify DARM to use general pe	•	0
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)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	-
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>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	XYY DN	·
If no, please check the appropriate classification:		
facility qualified for a general per facility exceeds above limits and	rmit as number above is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) p facility was 350 gallons.	ourchased within the preceding 12 months	s by this dry cleaning

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?

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?
- 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 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?







U**X** Y□



MY ON

DY BY

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 XV
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DY
	Is the temperature differential equal to or greater than 20° F?	OY ON
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY X
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY AN ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY DY ON/A
_		
\mathbf{D}	ρη τι, ρη (Αρηγορητία ρη Απηρημορίας)	

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	אם אב
2. Maintained rolling monthly averages of perc consumption?	, XX ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AA ON
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	AA ON
4. Maintained calibration data? (for direct reading instruments only)	OY DA ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY AN/A
6. Maintained startup/shutdown/malfunction plan?	X ON
7. Maintained deviation reports?	DY ON
Problem corrected?	MD VBK
8. Maintained compliance plan, if applicable?	AND ND YEN

8. Maintained c	ompliance plan, if applicable?	AM ON ON/A
PART VI: LEA	K DETECTION AND REPAIRS	
1. Does the resp	onsible official conduct a weekly leak detection and repair inspection?	AA ON
,		
	1	

	2. Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)	×	
	Physical detection (airflow felt through gaskets)	5/	
	Odor (noticeable perc odor)	ALA DA	·
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
	If using direct-reading instrumentation, is the equipment:		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm	1? QY QN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	אם גם	
	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)?	NO YO	
	3. Has the facility maintained a leak log?	X □N	
	4. Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves □N Muck cookers	OY XV	:
	Door gaskets and seating DOV Stills	MZ Y	
	Filter gaskets and seating	DY XVA	
	Pumps Diverter valves	OY DN	
}	Solvent tanks and containers TY ON Cartridge filter housi	ngs <equation-block></equation-block>	
	Water separators	^	
	mater separation		
	Q-v-Ch 12-13-9	nspection	
1. AS	ked to keep secords for PE	FRC Puscha	2/31/31 24
2. B	yjingarow Machine by 12-28 7 old Machine	-96, Depla	æd
3.16	sill install secondary Containment	, 2	
4 · P	so vided Air Permit Summery Jules for	Their trawleds	×.

DRY CLEANER AIR QUALITY GENERAL PERMIT

AIRS ID 0990463

ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring & Mobile Sources

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N

SURUPAM INC SID VORA 201 US HWY -1 #E2 JUPITER FL 33477

Do NOT Remove Label

Annual Reporting Period:	JAM		19 <i>92</i>	TO _	Dec	19 <u>99</u>
Based on each term or condition of 62-213.300, Florida Administrative		-			/	rith DEP Rule
If NO, complete the following:						
#1. Term or condition of the gene	ral permit th	at has not been	in continuous o	complian	ce during the reporting	g period stated above:
Exact period of non-compliance:	from				to	
Action(s) taken to achieve complia	nnce:	•				
Method used to demonstrate comp	liance:					
#2. Term or condition of the gene	ral permit th	at has not been	in continuous o	complian	ce during the reporting	g period stated above:
Exact period of non-compliance:	from			to	0	
Action(s) taken to achieve complia	ince:					
Method used to demonstrate comp	liance:					
As the responsible official, I hereby of notification are true, accurate and codoes not exceed 2,100 gallons per year. RESPONSIBLE OFFICIAL:	omplete. Furi ur for dry-to d	ther, my annual o	consumption of	perchloro	ethylene solvent, based	upon purchase receipts,
		(Please Print)			Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PE	ERMIT
COMPLIANCE	INSPECTION	CHECKLIST

TOWT	AT	MCDE	CTION:	
1 7 P.C.	l lr	111.36 6		

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0990463 DATE: 4-2-98 TIME IN: 12:.00 TIME OUT: 12:55
FACILITY NAME: IVORY DE CHEENING
FACILITY LOCATION: 201 U.S. 1 # E2
Jupiter, FL 33477
RESPONSIBLE OFFICIAL: SID VORA PHONE: 746 - 2009
CONTACT NAME:PHONE:

P.	A	${f x}$	\mathbf{T}	Ι:	N	Oʻ	T	Œľ	CA	\mathbf{T}	IO	N

(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)

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)
- 2. New small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, 200 < x < 1.800 gal/yrboth types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- ПΝ
 - □Can not determine

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 dry cleaning facility was 100 gallons. +

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? ØY ON 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? least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN PN/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? AND ND YA 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? DY ON ONIA 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? ON ON/A Conducted all temperature monitoring after an appropriate cooldown period and after MO Y verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		I
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	חא ' טע	I □N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	מם צָם	□n/a
	Is the perc concentration equal to or less than 100 ppm?	DY DN	ĎN∕A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	•	
	or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	חס מס	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	NO YE
2. Maintained rolling monthly averages of perc consumption?	У У ОИ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אוחם אם צוב
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PINA
6. Maintained startup/shutdown/malfunction plan?	MY ON
7. Maintained deviation reports?	אַעָּח אם צעָּ
Problem corrected?	AY ON ONA
8. Maintained compliance plan, if applicable?	באואס אם צם

PART VI: LEAK DETECTION	AND REPAIRS			
1. Does the responsible official con	iduct a weekly (for sr	nall sources, t	oi-weekly) leak detection	n and repair
inspection?				MY DN
2. Has the facility maintained a lea	ık log?			אם צו ס
3. Does the responsible official che	ck the following area	is for leaks?		/
Hose connections, fittings, couplings, and valves	מא טא כ	JN/A	Muck cookers	OY ON PANA
Door gaskets and seating	שא טא כ)N/A	Stills	AND NO YES
Filter gaskets and seating	ØY ON C	A/M£	Exhaust dampers	OY ON PANA
Pumps	מאַ טא כ	A/ÄĽ	Diverter valves	AY ON ON/A
Solvent tanks and containe	ers DY DN C	IN/A	Cartridge filter housin hey have disk &	gs DY ON ON/A
Water separators	יי אס אס מ	אאנ '	in I wase also f	girrer esso.
4. Which method of detection is us	sed by the responsible	official?		
Visual examination (cond	ensed solvent on exte	rior surfaces)		,es (
Physical detection (airflow	felt through gaskets)		, ₽' (
Odor (noticeable perc odo	r)		,	9/
Use of direct-reading instr	umentation (FID/PIC)/calorimetric	tubes)	ANA
Halogen leak detector				DNIA
If using direct-reading	ig instrumentation, i	is the equipm	ent:	/ZN/A
a. Capable of de	tecting perc vapor cor	ncentrations in	n a range of 0-500 ppm?	אם אם
b. Calibrated aga (PID/FID only	ainst a standard gas p y)?	rior to and aft	er each use	DY DN
c. Inspected for	leaks and obvious sign	ns of wear on	a weekly basis?	DY DN
d. Kept in a clea	n and secure area wh	en not in use?	,	DY DN
e. Verified for a	ocuracy by use of dup	licate samples	(calorimetric only)?	DY DN
		٠,		
SID VORA	·		22	
ponsible Official's (Please Print)	Name	Res	ponsible Offi	cial's Signat
R.V. Choke	L.	٠.	4-2-9	78
pector's Name (Pleas	e Print)		Date of In	spection

4 of 5

Approximate Date of Next Inspection

A	ad	ITIC	ANO	LSITE	INFORM	ATION:

			Yes	/NC)
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	M	[]
		Waste area	\square	ſ]
		Spotting area Sealed	1/1	ĺ]

2. Disposal of Water from Water Separator using approved evaporator [] []
or contracted Wastewater service []
The followings were explained to SID VORA at time of
Inspection:

Explained on preasure & Record temperature as Explained in Part III process Controls.

Asked to cheek leak, keep record for the leak, & Break down, also keep record for Perc Purchase and Monthly & yearly Perc Purchase per fart I Reard keeping Tedenise ments. Grave him phenix Record keeping form & 1998 FDEP Calender for Record keeping.

Askad to keep area so asound dry cleaning Marline "CLEAN".

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:00 TIME OUT: 12:	AIRS ID#: 0990463
TYPE OF FACILITY: Doy Cleaning	
FACILITY NAME: IVORY DOY CLES	aning DATE: 4-2-98
FACILITY LOCATION: 20/ U.S. 1 # E	=2
Jupiter, EL	- 33477
RESPONSIBLE OFFICIAL: Sid Voya	PHONE NUMBER: 746 - 2009
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	·
•	
,	·
	30 7
	Sources O
•	ama
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NOT
ADDI	1999
DATE OF NEXT INSPECTION:	nproximate)
INSPECTION CONDUCTED BY: RVCI	proximate)
AL MICH	ease Print) BHONE NUMBER: 355-3070
INSPECTOR'S SIGNATURE!	PHONE NUMBER: 333 3070

Page of

Revised 10/96

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TITLE VAIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT D

YPE OF INSPECTION: ANNUAL	COMPLEN	EDISCOVERY [RE-INSPECTION [
TIME IN: 11:15 TIME OUT:	12:00	JIII 2 AIRS ID	0990463
TYPE OF FACILITY: Dry Cleaning	ng	AIRS ID :: Monitoring Tream of Air Monitoring Tamobile Sources.	
FACILITY NAME: LVORY DRY	Cleanin	Mobile	DATE: 6-3-99
FACILITY LOCATION: 201 U.S			
Jupiter, F	=L 334		- 7/1 / 2000
RESPONSIBLE OFFICIAL: SID VORA		PHONE NUMB	ER: 746-2009
Based on the results of the compliance required compliance with DEP Rule 62-213.300, Florida Based on the results of the compliance required	a Administrative Co	ode (F.A.C.).	
discrepancies were noted: COMPLIANCE REQUIREMENT/PRO	or read 1	EOLL OWN ID 1	CONTAIN DE ANTONIO
COMPLIANCE REQUIREMENTARO	PTEM	FOLLOW-UP AC	CTION REQUIRED
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			•••
-			
COMMENTS:		•	
· · · · · · · · · · · · · · · · · · ·			
The Annual Compliance Certification form has been pr	operly certified and	I submitted to the inspe	ctor. YES NO
DATE OF NEXT INSPECTION:	June2 (Approxim	000	
INSPECTION CONDUCTED BY:		okshi'	•
INSPECTOR'S SIGNATURE Q'V Che	okshi	PHONE NUMB	ER: 355-3070

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ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

Q

RE-INSPECTION

AIRS ID#: 0990463 DATE: 6-3-99 TIME IN: 11: 15 TIME OUT: 12:00						
FACILITY NAME: IVORY Dry cleaning						
FACILITY LOCATION: 201 U.S. 1# = 2						
Jupiter FL 33477						
RESPONSIBLE OFFICIAL: SID VORA PHONE: 746-2009						
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: (check appropriate box) On notification form						
A.						
1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr						
transfer only, x < 200 gallyr transfer only, x < 200 gallyr						
both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)						
3. Existing large area source 🔲 4. New large area source 🖂						
dry-to-dry only, $140 \le x \le 2,100$ gal/yr 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, $140 \le x \le 1,800$ gallyr both types, $140 \le x \le 1,800$ gallyr (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						

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PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A
2. Examining the containers for leakage?	Y ON ON/A
3. Closing and securing machine doors except during loading/unloading?	DAY 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 PN/A
Dungur, Dog organization Columbato	
PART IV: PROCESS VENT CONTROLS ·	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY DN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	PY ON ON/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY □Ņ

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ช.	Has the responsible official of an existing large or new large area source also:			
١.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		ПN	
,				
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ВΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	QΥ	ПN	□N/A
٤.	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,			
l	if machines are equipped with a carbon adsorber?	\Box Y	\square N	
	Is the perc concentration equal to or less than 100 ppm?	Πv	דארו	Data
	13 die pete concentuation equat to objess that 100 ppint:	u,	□14	UMA.
4	Assured that the sampling port on the carbon adsorber exhaust for measuring			
l ''	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
l	or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
				53.44.
	or expansion; and downstream from no other inlet?	ЦY	UN	□N/A
ے ا	Toul and a marking them and the state of the			
٦.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	·	_	
	condenser coils?	UY	ΠИ	DN/A
			٠.	
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y·	ПИ	
	・ 「これには、これには、これには、これには、これには、これには、これには、これには、			···

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following DN DN/A 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? DY DN DANA 4. Maintained calibration data? Gor applicable direct reading instruments) DY ON ØN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DN DN/A 7. Maintained deviation reports? Problem corrected? DY DN ØN/A 3. Maintained compliance plan, if applicable?

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PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct :	weekly (for small sourc	es, bi-weekly) leak detectio	on and repair		
inspection?			MO YO		
2. Has the facility maintained a leak log?	•		אם אים		
3. Does the responsible official check the	following areas for leak	s?			
Hose connections, fittings, couplings, and valves	AND ND YD	Muck cookers	OY ON DAY/A		
Door gaskets and seating	אואם אם צובא	Stills	DY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON PANIA		
Pumps	אוחם אם אם	Diverter valves	ANA NO YES		
Solvent tanks and containers	AND NO YE	Cartridge filter housir	ngs DY ON ON/A		
Water separators	MY ON ON/A		•		
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surfac	ces)	AS .		
Physical detection (airflow felt	hrough gaskets)	•	, d		
· Odor (noticeable perc odor)			AT .		
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	10 N/A		
Halogen leak detector			Dr/A		
If using direct-reading ins	trumentation, is the equ	ipment:	ØN/A		
a. Capable of detecting	g perc vapor concentratio	ns in a range of 0-500 ppm?	YOY ON		
b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	מם עם		
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	אם אם		
d. Kept in a clean and	secure area when not in t	ıse?	אם עם		
e. Verified for accura-	y by use of duplicate san	nples (calorimetric only)?	אם אם		
		•			
		() 0			

<u></u>	•	DPA		
esponsible	Off	icial'	s	Name
(Plea	ase	Print)		

V. Chokshi

Inspector's Name (Please Print)

1. Choken-

Inspector's Signature

Responsible Official's Signature

6-3-99

Date of Inspection

June 2000

Approximate Date of Next Inspection

doy cleaning Machine.

	_	ALII Y GENERAL PERYI Y SUMMIARY REPORT	· .
TYPE OF INSPECTION:	ANNUAL 🛛	COMPLAINT/DISCOVERY [RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	0190 463
TYPE OF FACILITY:	ne cleaner		
FACILITY NAME:	(loon, Dry	Cleun	DATE: 7/10/30
FACILITY LOCATION:	201 / U>1'	. <u> </u>	
	Jul: for	33477	•
RESPONSIBLE OFFICIAL: 5:	l Vora.	PHONE NUME	ER: 746 _2009
compliance with DEP Rule of Based on the results of the co	62-213.300, Florida Adm	evaluated during this inspection, the inistrative Code (F.A.C.). evaluated during this inspection, the	
discrepancies were noted: COMPLIANCE REQUIRE	EMENT/PRARLEN	T I FOLLOW-TIP &	TION REQUIRED
		I JOBBOTT-OL AC	110111000011000
			P
		Bureau of	
		pile Source	Nonline Comments
		·	and the second s
The same of the sa			
COMMENTS:			
•			
	· :		
he Annual Compliance Certification for	• • •	ified and submitted to the inspector.	YES NO
ATE OF NEXT INSPECTION:	7/01	pproximate)	
NSPECTION CONDUCTED BY:	m Lie	b(or lease Print)	
SPECTOR'S SIGNATURE:	h Juli	PHONE NUMBER:	315 3070
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Page

Best Available Copy PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION D
AIRS ID#: 0990 463 DATE: 7/10/00 TIME IN: TIME OUT:
FACILITY NAME: 100m, Dag cleaning
FACILITY LOCATION: 30 USI # 22
J-piter 33477
RESPONSIBLE OFFICIAL: S. J. Von a PHONE: 746 2009
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
10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10.00 10
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) □ No notification form □ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source ☐ 4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr ☐ 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 ☐ 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
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 perchloroschylene (perc) purchased within the preceding 12 months by this dry cleaning

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PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A			
2. Examining the containers for leakage?	MY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	ody □N			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN CENTA			
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 condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	a refrigerated st have been installed			
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)	5:			
1. Equipped all machines with the appropriate vent controls?	ØY □N			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY DN			
 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 	dy on on/a			
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON			

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Nati	
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 locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	d □\ □\
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?	אואם 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?	AVAD NO YOU
Is the perc concentration equal to or less than 100 ppm?	אואם אם צם
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?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
	<u> </u>
PART V: RECORDKEEPING REQUIREMENTS	東戦を44.000 (1994) 2.50+ (1994)
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:	dy on
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	OY ON
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption?	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	D Y DN
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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?	DY ON CON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? Ger applicable direct reading instruments)	DY ON CON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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?	DY ON COMA
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? Ger applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/maifunction plan?	DY ON CON/A OY ON CON/A OY ON CON/A OY ON CON/A
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? Ger explicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON COM/A OY ON COM/A OY ON COM/A OY ON COM/A OY ON COM/A

	TE INFORMATION:			
Secondary	Containment for:	Dry Cleaning	Machine & Storage & Waste area Spotting area Seal	
	· · .	•		•
Disposal	of Water from Wat	er Separator	using approved evapo	rator [1][1
:	or rater from hat	or contract	ed Wastewater service	× [1 []
•	\	<u></u>		
•				•
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RT VI: LEAK DETECTION AND	REPAIRS			
Daes the responsible official conduct :	weekly (for small source	es, bi-weekly) leak detection a	nd repair	
inspection?			DY ON	
Has the facility maintained a leak log?	•		dy an	
Does the responsible official check the	following areas for leak:	s?		
Hose connections, fittings, couplings, and valves	MY ON ONA	Muck cookers	אואם אם צם	
Door gaskets and seating	בואם אם אם	Stills	אואם אם צים	
Filter gaskets and seating	אַאָם אָם אַאַ	Exhaust dampers	אואם אם צם	
Pumps	AND NO YE	Diverter valves	קא סא סאיא	
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	מאם אם צים	
Water separators	BY ON ON/A			
Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surface	cės)		
Physical detection (airslow felt	through gaskets)	a 🔹 💮 ga ama ay		
Odor (noticeable perc odor)	·			
Use of direct-reading instrumen	ntation (FID/PID/calorime	etric tubes)	D W.A	
Halogen leak detector			- niA	
. If using direct-reading in	strumentation, is the equ	ipment:	⊠N/A :	
a. Capable of detection	ng perc vapor concentratio	ons in a range of 0-500 ppm?	DY DN	
 b. Calibrated against (PID/FID only)? 	a standard gas prior to and	d after each use	DY DN	
c. Inspected for leaks	and obvious signs of wea	or on a weekly basis?	DY DN	
d. Kept in a clean an	d secure area when not in	use?	אם אם	
e. Verified for accum	acy by use of duplicate sar	mples (calorimetric only)?	אם אם	
SID VOFA	· 	× XX		
ponsible Official's N (Please Print)	ame	Responsible Off	icial's Si	gn
Inspector's Name Clease	V Brisil	Date of Inspection	0)	
	0		_	
Inspector's Signature		Approximate Date	of Nevelace	

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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 # 0990463

SID VORA 201 US HWY -1 #E2

IVORY DRY CLEANERS

JUPITER FL 33477

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

	P 265 30	2 285
	US Postal Service Receipt for Cer	tified Mail
SID V 201 U	AIRS ID#: PAM INC ORA S HWY -1 #E2 ER FL 33477	0990463
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	17/97

	•					
	on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmass	s (for an ee's Address d Delivery	eipt Service.
į		3. Article Addressed to:	4a. Article N			Rec
	N ADDRESS completed	AIRS ID#: 0990463 SURUPAM INC SID VORA 201 US HWY -1 #E2 JUPITER FL 33477	4b. Service Registere	od Mail ceipt for Merchandise	☐ Certified ☐ Insured ☐ COD	you for using Return
	s your <u>RETURN</u>	5. Received By: (Print Name) 6. Signature: (Addresses or Agent) X	8. Addressed and fee is			I hank you
	_	PS Form 3811 , December 1994		Domestic Retu	urn Receipt	

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. $\begin{array}{c} RECENCU\\ MAIL\\ ROOM \end{array}$

FEB 25 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0990463

SURUPAM INC SID VORA 201 US HWY -1 #E2 **JUPITER FL 33477**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 ОЫ: 002273



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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SURUPAM INC SID VORA 201 US HWY -1 #E2 JUPITER FL 33477 AIRS ID 0990463

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

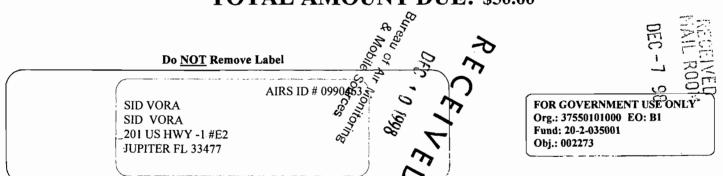
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1200	Restricted Delivery Fee (Endorsement Required)		12
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0520	Reci, 10	AIRS ID # 09904	63001AG aller)
	Stree IVORY DRY	CLEANERS	
7000	201 US HWY		
7	City, & JUPITER FL	33477	<u>~1</u>
(PS Fo.		occined serior instructions

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. Received by (Please Print Clearly) H.K.E.N.Z.K. S.H.A.N C. Signature Agent Addressee D. Is delivery address different from item 12. Yes		
1. Article Addressed to: 10 AIRS ID # 0990463001AG SID VORA IVORY DRY CLEANERS	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
201 US HWY -1 #E2 JUPITER FL 33477	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandir ☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 7000 0500 0000	9372 9507		
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-00-M-095.		

0353446

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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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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