

Department of Environmental Protection

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

Virginia B. Wetherell
Secretary

May 13, 1997

Mr. Thomas Kaufmann Towne Cleaners 1965 West 9th Street Riviera Beach, Florida 33404

Re: Facility No. 0990490

Dear Mr. Kaufmann:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 24, 1997.

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"

#0990490

•	
	Towne Cleaners
,	
	spoke with accountant
,	Spoke with accountant, Steve - 4/17/1997
P.13	6. add title - Owner
P.14	1.(a) add date(s) control device(s)
	installed
	1.(c) mark out "X" and initial 3. should be new large area
	3. should be new large area
P.15	4. Should be new large area Source W/refrig. con. - Choose one
1	Source W/refria. Con.
P.16 -	choose one
/ -	
	·

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<i>i.</i>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	CTT U T
	GTE Kaufmann Inc.
2.	Site Name (For example, plant name or number):
	Towne Cleaners
	1 owne Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLO 984 258 103
4.	Facility Location: Street Address: 1965 W. 9 th Street
	Street Address: 1965 W. 9th Street City: Riviera Beach County: Paln Beach Zip Code: 33404
5.	Facility Identification Number (DEP Use):
	0990498
i da	
	D. W. Office I
	Responsible Official
(6)	Name and(Title) of Responsible Official:
	Thomas Kausmann Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
ĺ	Organization/Firm: Towns Cloaners
	Organization/Firm: Towne Cleaners Street Address: 1965 W. 9th Street
	City: Riviera Beach County: Palm Beach Zip Code: 33404
8.	r · · · · · · · · · · · · · · · · · · ·
	Telephone: (561) 840 - 6880 Fax: (561) 840 - 6889
	Facility Contact (If different from Responsible Official)
	The state of the s
9.	Name and Title of Facility Contact (For example, plant manager):
	Thomas Kaufmann
10.	Facility Contact Address: 1965 - W. 9th Street Towne Cleaners
	Street Address: 1965 w. 9th Street
	City: Riviera Brack County: Palm Beach Zip Code: 33404
	City: Riviera Beach County: Palm Beach Zip Code: 33404
11.	Facility Contact Telephone Number:
	Telephone: (561) 840 - 6880 Fax: (561) 840 -6885

RECEIVED

MAR 2 4 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

			•						
		Date	Date		Date	Date		Date	Date
		Machine	Control	ł	Machine	Control	1	Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
,			_						
Example	#]		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02 - MAR-9
		713019	[2		1985				
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1			#2					
(2) w/ carbon adsorber	TO THE								
(3) w/ no controls	1.00								
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	` <u> </u>						1	_	
(12) w/ no controls									
(b) Control devices are No control devices 2.(a) What was the total [are r quant gallo	equired to be ity of perchl ons ow many? [e installed [_ oroethylenc (y perc)	_] purchased in			·	
What is the facility's so (Indicate with an "X". Existing small an	Selec	t one classif	ication only.))	initions found	.		Part II?	
APGE Existing large ar	ea so	urce []	Ne	ew lai	rge area sour	ce []		

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What control technology is required on machines p (Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source. Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions uto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant I hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	الحل .
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(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)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	$\overline{\bigcirc}$
this notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the the the thin this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT



TYPE OF INSPECTION:	ANNUAL 🗹	COMPLA	NT/DISCOVERY	RE-I	NSPECTION
TIME IN:	TIME OUT:	مر م	AIRS ID#	:09	90490
TYPE OF FACILITY:	Dry. Chearer		<u> </u>	,	
FACILITY NAME:	Tobre Cle	6~1×~	·	DATE:_	3/1-1197
FACILITY LOCATION:	1965 W9	24	Rivieva	BUL	33407_
RESPONSIBLE OFFICIAL:	Tow Kast	m emy	PHONE NUM	BER: 5618	40680
	the compliance requiremen Rule 62-213.300, Florida Ac			he facility is four	ıd to be in
Based on the results of discrepancies were not	the compliance requiremented:	ts evaluated di	ıring this inspection, tl	he following com	ıpliance
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOLLOW-UP A	CTION REC	QUIRED
	· .				
-		-			
 -					
The second secon	and the second s				
	· · · · · ·			·	
COMMENTS:				·	
A.					
The Annual Compliance Contiffe	has been seen	v cortified one	I submitted to the inst-	. VES	NOTA .
The Annual Compliance Certific	ر ا م	iy cerunied and	i saomined to the inspe	ector. YES	NO M
DATE OF NEXT INSPECTIO) ()	(Approxin	nate)		
INSPECTION CONDUCTED	ву:	(Please P	D/Y		
INCRECTORIC CICAL TURE	9 . 0 .	(Flease P)	DUONE MUME	SED. ON 3	554541

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Revised 10/96

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L Revised 10/28/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
ELCHITYMANE. TOWAR C	7 TIME IN: 975 TIME OUT: 120
FACILITY LOCATION: (9 %)	wrg st Riviera Bch
)3404
Tom Kaufmann	840-6880
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	a !
2. New facility notified DARM 30 days prior to star	mp . a
3. Facility failed to notify DARM to use general per	mit . T
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=""></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=""></x<2,>
This is a correct facility classification If no, please check the application:	ON ON
facility qualified for a general permoderate of the facility exceeds above limits and is a facility of perchloroethylene (perc) put	not eligible for a general permit rchased within the preceding 12 months by this dry cleaning
facility was 140 gallons.	to usuge 4 present 6 miles

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

condenser exceeded 45°F?

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? DY 'UN UNIA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

NO YO.

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	_
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?	MO AD
3. Maintained leak detection inspection and repair reports for the following:	-
a. documentation of leaks repaired w/in 24 hrs? or;	oy 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?	Y UN
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON_UNTA
6. Maintained startup/shutdown/malfunction plan?	- ON PA
7. Maintained deviation reports?	ON PO
Problem corrected?	ay on
8. Maintained compliance plan, if applicable?	ON ON/A

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	QĂ ON

2. Which method of detection is used by the responsible official?	· · · - · · · · · · · · · · · · · · · ·	•	
Visual examination (condensed solvent on exterior surfaces)	9		
Physical detection (airflow felt through gaskets)	12		
Odor (noticeable perc odor)			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	а	<u></u> N7	A
If using direct-reading instrumentation, is the equipment:			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	QY (N_N/	A
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 	QY (N_NC	A
c. Inspected for leaks and obvious signs of wear on a weekly basis?	QY (A
d. Kept in a clean and secure area when not in use?	QY (□N _N/	A
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΠY·C	_NN/	Α
3. Has the facility maintained a leak log?	ATY C	אב	
4. Does the responsible official check the following areas for leaks?			
Hose connections, fittings, couplings, and valves	. □Y	□и <u></u>	N A
Door gaskets and seating	OY.	_ UN	NA
Filter gaskets and seating	ΩY	_N	NA
Pumps	BY	_N_	N A
Solvent tanks and containers Of ON Cartridge filter housings	ΥD	_N	N4 A
Water separators QY QN			, .
Name of Responsible Official (Signature) Name of Responsible Official	i N N	(56)	840 m #
m, Liebler 3/14/8	7	c, a 11 2	· ~ 17
Inspector's Name (Please Print) Date of Insp	ection		-
hr. Poller. 3/15/9	8		
Inspector's Signature Approximate Date of	Next In	spection	_
	,	Yes N)
condary Containment for: Dry Cleaning Machine & Storage area		1 /	1
condary Containment for: Dry Cleaning Machine & Storage area Waste area		1 4	1
ች '' ·	ed þ]
Waste area Spotting area Seale	ed 'f]
Waste area	 bed } }]

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
	40 AIRS ID#: 0990490
TYPE OF FACILITY: Doy Cleaning	
FACILITY NAME: TOWNE Cleaners FACILITY LOCATION: 1965 W. 9	th Stocet
Riviera Beach.	F1 32400
RESPONSIBLE OFFICIAL: TOM KAUFMA	NN PHONE NUMBER: 840 - 6880
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evalu discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	× .
	70
· · · · · · · · · · · · · · · · · · ·	_ m
	A C
	2 2 FI
	13 1998 13 1998 oblie Source
	ces
er de la compensa de	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: March	1999
INSPECTION CONDUCTED BY: R.V. CV	proximate) 7 0 K S h i ease Print)
INSPECTOR'S SIGNATURE OV- Choks	PHONE NUMBER: 355-3070

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDE	OF	MCDE	CTION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit .

ANNUAL

RE-INSPECTION (



COMPLAINT/DISCOVERX

AIRS ID#: 0990490 DATE: 3-30-98 TIME IN: 9:45 TIME OUT: 12:40

FACILITY NAME: TOWNE CLEANER

FACILITY LOCATION: 1965 W. 9th Street

RIVIETA Beach, FL 33404

RESPONSIBLE OFFICIAL: TOM KAUFMANN PHONE: 840-6880

CONTACT NAME: ________PHONE:

PART I: NOTIFICATION

V.**	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pure facility was 136 gallons.	archased within the preceding 12 months 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? ON ON/A ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN 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? MY 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 AVACI NO Y 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

PART III: GENERAL CONTROL REQUIREMENTS

condenser exceeded 45°F?

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

ON ON/A

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?	אם אס	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אם אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	אם אע	□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?		DN/A
	Is the perc concentration equal to or less than 100 ppm?-	OY ON	ØN/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	DINIA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	Z/N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אם צם	ZN/A
			1
PA	ART V: RECORDKEEPING REQUIREMENTS		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	, .
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	AN ON
3. Maintained leak detection inspection and repair reports for the following:	<i>'</i> .
a. documentation of leaks repaired w/in 24 hrs? or;	AYO 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?	ZY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואב אם אם אם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A
6. Maintained startup/shutdown/inalfunction plan?	MY ON
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	AND NO YES
8. Maintained compliance plan, if applicable?	בועל מם אם

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small source	ces, bi-weekly) leak detection	and repair		
inspection?		•	NO YO		
2. Has the facility maintained a leak log?			אם אַם		
3. Does the responsible official check the	following areas for leak	cs?			
Hose connections, fittings, couplings, and valves	אואם אם צען	Muck cookers	DY DN DN/A		
Door gaskets and seating	DY ON ONA	Stills	אואם אם ציבק		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN ZN/A		
Pumps	אוֹמם מם אַצק	Diverter valves	Y ON ONA		
Solvent tanks and containers	DY ON ONA	Cartridge filter housing They have Disk	S DY DN DN/A		
Water separators	AND NO YQ	1007 House Blok	HILES		
4. Which method of detection is used by t	the responsible official?				
Visual examination (condensed s	olvent on exterior surfac	ces)			
Physical detection (airflow felt th	rough gaskets)	•			
Odor (noticeable perc odor)			,a		
Use of direct-reading instruments	ation (FID/PID/calorime	etric tubes)	0 N/A		
Halogen leak detector	•		Z'		
If using direct-reading instr	umentation, is the equ	ipment;	-EIN/A		
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	אם עם		
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	d after each use	מם עם		
c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	מם עם		
d. Kept in a clean and s	ecure area when not in	use?	מם עם		
e. Verified for accuracy	by use of duplicate san	ples (calorimetric only)?	מם עם		
	· ·	,			
<u></u>					
homas haw Mann sponsible Official's Name (Please Print) Responsible Official's Signature					
R.V. Chokshi Spector's Name (Please Print) Date of Inspection					
Date of Inspection 10- Cholesh March 1999					
Inspector's Signature	Appr	oximate Date of 1	Next Inspection		

ADDITIONAL SITE INFORMATION:			
		ON []	
	•	`	
Spotting area Sealed [7	[]	
Will impross			
		1	
·	į		
2. Disposal of Water from Water Separator using approved evaporator or contracted Wastewater service [<u>/</u>]	[]	
ZZAPPER Woter evaporeter	- P	م وسار	ee
ZZAPPER Weter evaporeter Safety Heeen waste per	k		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF MASPECTION: AMMORE COM	PLAINTIDISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:4	40 AIRSID#: 0.990490
TYPE OF FACILITY: Doy Cleaner	
FACILITY NAME: Towne clear	DATE: 3-15-99
FACILITY LOCATION: 1965 W. 97	h Stolet
	ich, FL 33404
RESPONSIBLE OFFICIAL: Tom Kaufman	n (owned) PHONE NUMBER: 840-6880
Based on the results of the compliance requirements evalua	ated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	10220 WEITON REGULARD
<u> </u>	
· ·	
· .	
	•
·	
	<u> </u>
•	
-	
COMMENTS:	·
•	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NOT
DATE OF NEXT INSPECTION: March	2000
	pproximate)
INSPECTION CONDUCTED BY:	hokshi.
INSPECTOR'S SIGNATURE: 2' Vi Moley	Please Print) PHONE NUMBER: 355-3076
	Ext 1/124

I sprins

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

T	ΥP	Έ	OF	INSF	EC	TION:
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ANNUAL

4

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 099 0490 DATE: 3-15-	99 TIME IN: 47,45 TIME OUT: 10:40
FACILITY NAME: TOWNE	Cleaners
Riviera	W. 9th Street Beach, FL 33404
RESPONSIBLE OFFICIAL: Tom Ka	4 fmann PHONE: 840-6880
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 D
PART II: CLASSIFICATION	
Partition in Marchael on matification form that it is	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
-	- · · · · · · · · · · · · · · · · · · ·
(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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(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	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New 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
(check appropriate box) A. 1. Existing small area source	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91) Y \(\text{DN} \) \(\text{Can not determine} \)

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/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?

В.	Has the responsible official of an existing large or new large area source also:			
i.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Δγ	_N □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	PΑΥ	N	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΖΊΥ	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?	QΥ	שם	DINIA
	Is the perc concentration equal to or less than 100 ppm?	U Y	טא ֻ	DN/A ZN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		·- ·	. ,
	or expansion; and downstream from no other inlet?	ΠY	ΠИ	DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	ØΝ/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: DY ON ON/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 MY ON ON/A and parts installed w/in 5 days of receipt? ON ZNIA 4. Maintained calibration data? (for applicable direct reading instruments) DN DANA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? OY ON ON/A 7. Maintained deviation reports? AND NO YO Problem corrected? ON ØN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

۰						
١.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	ND V				
2.	. Has the facility maintained a leak log?	OY ON				
3.	. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings,					
	couplings, and valves OY ON ON/A Muck cookers	DY DN DN/A				
	Door gaskets and seating	DY ON ON/A				
ľ	Filter gaskets and seating DY DN/A Exhaust dampers	DY DN DN/A				
	Pumps = ZY ON ON/A Diverter valves	DY ON ON/A				
	Solvent tanks and containers DY ON ON/A Cartridge filter housings	DY ON ON/A				
	Water separators DY DN DN/A					
4.	. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	PH				
	Halogen leak detector	DNA				
	If using direct-reading instrumentation, is the equipment:	DN/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)?	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?	□Y □N				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□У □И				

Thomas Kaufmann
Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

3-15-99

Date of Inspection

March 2000

Approximate Date of Next Inspection

. Secondary Containment fo		Yes NO
	or: Dry Cleaning Machine & Storage are Waste area Spotting area Sealed	
	~	
	•	
•	•	
·	•	•
	ye ya wasan in sanan	•
. Disposal of Water from	Water Separator using approved evaporat	or XI
	or contracted Wastewater service	
	e de la companya de La companya de la co	Ma
Cuty k	leen picks lep When Called	
The first the same of the same		7
	Minn Calle	$\it U$
Waste	Murc	
	에 보다 하는 것이 되는 것이 되는 것이 되는 것이 되는 것이다. 그렇게 되었다면 하는 것이 되었다. 그는 것이 되는 것이 되었다. 그런 것이 되었다.	
스타를 보통하는 것이 있는 것 같아. 하나의 일반		•
	•	
		-

TITLE V.AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: /: /0 TIME OUT: /: 55	AIRS ID#: 0990490
TYPE OF FACILITY: Dey Canwing	
FACILITY NAME: TOWN & CGANERS	DATE: 3/1/00
FACILITY LOCATION: 1965 W. 9th Street	
RiviceA Beach F1 33404	
RESPONSIBLE OFFICIAL: Tom Kaufmann	PHONE NUMBER: 840 -6880
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:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Incomplete leak loss.	Provided facility with 2 DEP Complians CAlendars. Will Reinspect in 1 musth.
	. P
	APR 1 2 APR 1 2 APR 1 2 Apreau of Air
	2 2000 2 2000 2 2000 2 2000 2 2000 2 2000 2 2000 2 2000 2 2000
COMMENTS:	
he Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NOX
ATE OF NEXT INSPECTION: AP2.1	A A
	ximate)
SPECTION CONDUCTED BY: Teffer (Please	
ISPECTOR'S SIGNATURE: Que Dunik	PHONE NUMBER: 355 - 3070 XT 1139

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	COMPLI N 🗆	AINT/DISCOVERY
AIRS ID#: <u>0970 490</u>	DATE: 3/1/00	TIME IN: 12/0	TIME OUT: _/: 55
FACILITY NAME:700			
FACILITY LOCATION:	1965 W. 9	th Steast	
	Riviern Beach		
			140 - 180n
RESPONSIBLE OFFICIAL:	10m KAUIM	HONE:	810 - 68 20.
CONTACT NAME:		PHONE:	
· ·	· · · · · · · · · · · · · · · · · · ·		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startu	p	
2. Facility failed to notify DARI	M to use general perm	it	
PART II: CLASSIFICATION			
,	on form that it is:		ication form
(check appropriate box) A.		☐ Drop sto	cication form ore/out of business/petroleum
(check appropriate box) A. 1. Existing small area source	ce 🛭 2	☐ Drop sto New small area source.	ore/out of business/petroleum
(check appropriate box) A.	ce 🖸 2	☐ Drop sto	ore/out of business/petroleum
(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	ce 🗆 2 vr d tr b	Drop sto . New small area source or ry-to-dry only, x < 140 gal/yr ansfer only, x < 200 gal/yr oth types, x < 140 gal/yr	ore/out of business/petroleum
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	ce 🗆 2 vr d tr b	Drop sto New small area source, ry-to-dry only, x < 140 gal/yr ansfer only, x < 200 gal/yr	ore/out of business/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	ce	Drop ston. New small area source, ry-to-dry only, x < 140 gal/yr ansfer only, x < 200 gal/yr oth types, x < 140 gal/yr constructed on or after 12/9/	ore/out of business/petroleum Ore/out of business/petroleum Ore/out of business/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y 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 ≤ 2,1	ce	Drop ston Drop s	ore/out of business/petroleum Ore/out of business/petroleum Ore/out of business/petroleum Ore/out of business/petroleum
 (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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 	ce	Drop stop. New small area source, ry-to-dry only, $x < 140$ gal/yr ansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr constructed on or after $12/9/2$. New large area source ry-to-dry only, $140 \le x \le 2$, ansfer only, $200 \le x \le 1,800$	ore/out of business/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y 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 ≤ 2,1	ce	Drop ston Drop s	ore/out of business/petroleum ore/out of business/petroleum
(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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal/yr types, 140 ≤ x ≤ 1,800 gal/yr	e	Drop stop. New small area source, ry-to-dry only, $x < 140$ gal/yr cansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr constructed on or after $12/9/6$. New large area source ry-to-dry only, $140 \le x \le 2$, ansfer only, $200 \le x \le 1,800$ goth types, $140 \le x \le 1,800$ g	91) 100 gal/yr 101 gal/yr 101 gal/yr 101)
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y 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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class 	ce	Drop stop. New small area source ary-to-dry only, $x < 140$ gally cansfer only, $x < 200$ gallyr oth types, $x < 140$ gallyr constructed on or after $12/9/6$. New large area source ry-to-dry only, $140 \le x \le 2$, ansfer only, $200 \le x \le 1$, 800 goods types, $140 \le x \le 1$, 800 goods on tructed on or after $12/9/6$. Yellow Can not define the constructed on or after $12/9/6$.	91) 100 gal/yr 101 gal/yr 101 gal/yr 101)
(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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the propert	ce	Drop stop. New small area source ary-to-dry only, $x < 140$ gal/yr cansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr constructed on or after $12/9/6$. New large area source ary-to-dry only, $140 \le x \le 2$, ansfer only, $200 \le x \le 1,800$ goods types, $140 \le x \le 1,800$ goods are the source of the source of types. $140 \le x \le 1,800$ goods are the source of	91) 100 gal/yr 101 gal/yr 101 gal/yr 101)
(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 ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class of the please check the approximate the property of the property of the please check the approximate the property of the p	ce	Drop stop. New small area source ary-to-dry only, $x < 140$ gal/yr cansfer only, $x < 200$ gal/yr oth types, $x < 140$ gal/yr constructed on or after $12/9/6$. New large area source ary-to-dry only, $140 \le x \le 2$, ansfer only, $200 \le x \le 1,800$ goods types, $140 \le x \le 1,800$ goods are the source of the source of types. $140 \le x \le 1,800$ goods are the source of	91) 100 gal/yr

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) AND ND Y 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? MD AIX 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at SPIN DISK least 24 hours prior to disposal? DY DN **X**IN/A 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) XY DN 1. Equipped all machines with the appropriate vent controls? XY 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ИП УЖ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ONA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XY DN verifying that the coolant had been completely charged?

T:	. Has the responsible official of an existing large or new large area source also:	
~	. This the responsible official of an existing large of her 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?	ØK: □N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	XY ON ON/A
	ls the temperature differential equal to or greater than 20° F?	ANA NO YX
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?	ANN R NO YO
	Is the perc concentration equal to or less than 100 ppm?	A/NIX NO YO
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,	٠.
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON KINA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואי אָל אם צם A
6.	Routed airflow to the carbon adsorber (if used) at all times?	AIN X NO YO

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	XY DN
2. Maintained rolling monthly total of perc consumption?	XY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	XIY 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?	XY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	איא 💢 אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	A'N אַ אם צם
6. Maintained startup/shutdown/malfunction plan?	⋊ Y □N
7. Maintained deviation reports?	XY ON ONA
Problem corrected?	אוחם אם צאָן
8. Maintained compliance plan, if applicable?	אוא 🔀 אם צם

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes [X]		
		Waste area	\mathbb{N}	[]	
		Spotting area Sealed	\mathbb{Z}	[]	

- 2. Disposal of Water from Water Separator using approved evaporator [X] [] or contracted Wastewater service [] [X]
 - A safety Kees 711Ks up the waste
 - (B) LEAK inspection loss incomplete. Will painspect in 1 month.
 - (c) Facility has 1 machines. One is and existing large and the other is a new large.
 - Dep Compliance Calendals 2000.

	•. •		May my
inspection?	1.10		XY ON
2. Has the facility maintaine			MD AM
	cial check the following areas for	r leaks?	
Hose connections, i couplings, and val		A Muck cookers	OY ON XIN/A
Door gaskets and se	eating 😾Y 🗆 N 🗆 N/A	A Stills	XY DN DN/A
Filter gaskets and se	eating 💆Y 🗆N 🗆N/A	A Exhaust dampers	A/NA NO YO
Pumps	☆ Y □N □N/A	A Diverter valves	AINO NO Y
Solvent tanks and co	ontainers XY ON ON/A	Cartridge filter housing	gs X Y ON ON/A
Water separators	MAY □N □N/A		
. Which method of detectio	n is used by the responsible offic	cial?	
Visual examination	(condensed solvent on exterior s	urfaces) -	×
Physical detection (a	irflow felt through gaskets)		×
Odor (noticeable per	c odor)	•	X
Use of direct-reading	g instrumentation (FID/PID/calor	rimetric tubes)	X VA
Halogen leak detecto	o r		X NA
If using direct-r	eading instrumentation, is the	equipment:	⋈ N/A
a. Capable	of detecting perc vapor concentra	ations in a range of 0-500 ppm?	OY ON
b. Calibrate (PID/FII	d against a standard gas prior to only)?	and after each use	OY ON
c. Inspected	l for leaks and obvious signs of v	wear on a weekly basis?	DY DN
d. Kept in a	clean and secure area when not	in use?	DY DN
e. Verified	for accuracy by use of duplicate	samples (calorimetric only)?	OY ON

	INSPECTI	ON SUMMAR	Y REPORT	
TYPE OF INSPECTION:	ANNUAL _	COMPLAIN	T/DISCOVERY [RE-INSPECTION
TIME IN: 035	TIME OUT:	WYS	AIRS ID#:	0990490
TYPE OF FACILITY:	Day cleans	• 7		
FACILITY NAME:	Town'e cleam	<u></u>	•	DATE: 5/24/0
FACILITY LOCATION:	1965 W	<u>d</u> 24		
	Riviera	 		
RESPONSIBLE OFFICIAL:	Tom kent men	~	PHONE NUMBER	2: 840 6580
compliance with DEP R	he compliance requiremer ule 62-213.300, Florida A	dministrative Code	e (F.A.C.).	
Based on the results of t discrepancies were note	he compliance requirement:	ts evaluated during	; this inspection, the fo	llowing compliance
COMPLIANCE REQU	IREMENT/PROBL	em fo	OLLOW-UP ACT	ION REQUIRED
		-		
				C I
•				
				IVE 2 3 2000 Air Monito
				s oring
		}		
		·· · · · · · · · · · · · · · · · · · ·		
				.*
OMMENTS:				
,				
e Annual Compliance Certification	n form has been properly	certified and submi	tted to the inspector.	YES NO
TE OF NEXT INSPECTION:_	\	ing to		
	lan (1)	(Approximate)		•
SPECTION CONDUCTED BY:	12 L	ebler		· · · · · · · · · · · · · · · · · · ·
	: h,	(Please Print)	. 56/	30 70
SPECTOR'S SIGNATURE:	- J	2000 - P	HONE NUMBER: '	

TITLE V AIR QUALITY GENERAL PERMIT-

Z 210 661 264

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0990490

TOWNE CLEANERS THOMAS KAUFMAN 1965 W 9TH STREET **RIVIERA BEACH FL 33404**

	Certified Fee	-·
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	P
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form 3800 ,	TOTAL Postage & Fees	\$
m 3	Postmark or Date	
S For		
ď		

P 174 052 589

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

0990490 TOWN CLEANERS THOMAS KAUFMAN P O BOX 30755 PALM BEACH GARDENS FL 33420-0755

	•	, I
	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	\$
S Form 3800 , April 1995	Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363225

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 # 0990490

TOWNE CLEANERS THOMAS KAUFMAN 1965 W 9TH STREET RIVIERA BEACH FL 33404

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

TOWNE CLEANERS

DEP. OF ENVIROMENTAL PROTEC.

Check Number: 1292

1292

Check Date: Mar 2, 1999

Duplicate

Check Amount: \$50.00 Discount Taken

Amount Paid

Item to be Paid - Description Gross Receipts Tax

50.00

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PS Form 3800 , April 1995	Postmark or Date			
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	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the articl. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID# 0990490 GTE KAUFMAN INC THOMAS KAUFMAN 1,965 W 9TH STREET RIVIERA BEACH FL 33404	■ 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 can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested* on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID# 0990490 G T E KAUFMAN INC THOMAS KAUFMAN 1,965 W 9TH STREET RIVIERA BEACH FL 33404 ■ Return Receipt Requested* 7. Date of Delivered. 8. Addressed and fee is	■ 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 can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested** on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID# 0990490 G T E KAUFMAN INC THOMAS KAUFMAN 1,965 W 9TH STREET RIVIERA BEACH FL 33404 ■ Return Receipt for Merchandise 7. Date of Delivery 5. Received By: (Print Name) ■ Addressee's Address (Only is and fee is paid)	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 can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write 'Return Receipt Requested' on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID# 0990490 G T E KAUFMAN INC THOMAS KAUFMAN 1,965 W 9TH STREET RIVIERA BEACH FL 33404 AIRS ID# 0990490 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)

102595-97-B-0179 Domestic Return Receipt

First-Class Mail UNITED STATES POSTAL SERVICE Postage & Fees Paid USPS Permit No. G-10 Print your name, address, and ZIP Code in this box ● DARM/MOBILE SOURCE CONTROL PROCES

MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

TALLAHASSEE, FLORIDA 32399-2400

STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TWIN TOWERS OFFICE BUILDING

2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

37550304000-5510

Z 510 PP3 143



TOWNE CLEANERS
THOMAS KAUFMAN
P O BOX 30755
PALM BEACH GARDENS FL

33420-0755

Bureau of Air Monitoring & Mobile Sources

FREC EIMEDE

Name

1st Notice 5/0
2nd Hotice 2/2

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Al Service US Postal Service Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0990490 TOWNE CLEANERS THOMAS KAUFMAN 1965 W 9TH STREET RIVIERA BEACH FL 33404 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

P 174 052 124 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990490 **TOWNE CLEANERS** THOMAS KAUFMAN 1965 W 9TH STREET **RIVIERA BEACH FL 33404 Certified Fee** Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address PS Form **3800**. \$ TOTAL Postage & Fees Postmark or Date I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2.

Restricted Delivery Consult postmaster for fee. Article Number AIRS ID # 0990490 4b. Service Type Certified □ Registered

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 can return this specard to you. Service Attach this form to the front of the mailpiece, or on the back if space does not permit.

""Write "Return Receipt Requested" on the mailpiece below the article number. RETURN ADDRESS completed on the The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: TOWNE CLEANERS using THOMAS KAUFMAN ☐ Express Mail ☐ Insured 1965 W 9TH STREET ☐ Return Receipt for Merchandise ☐ COD **RIVIERA BEACH FL 33404** ₫ 7. Date of Delivery you Thank) 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) Vour 6. Signature: (Addressee or Agent) Domestic Return Receipt PS Form **3811**, December 1994

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PS Form 3800, April 1995	Postmark or Date					

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2 210 663 173	4. Restricted Delivery? (Extra Fee) Yes
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Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID# 0990490 TOWNE CLEANERS	e does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
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5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested in paid) Domestic Return Receipt

United States Postal Service



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

● Print your name, address, and ZIP Code in this box ●

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UNITED STATES POSTAL SERVICE



First-Class, Mail, Postage & Fees Paid USPS

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

DARWMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-24004

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US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID 0990490

G T E KAUFMAN INC THOMAS KAUFMAN 1965 W 9TH STREET RIVIERA BEACH FL 33404

PS Form 3800 , April 1995	Certified Fee	
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0394242

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 # 0990490

TOWNE CLEANERS THOMAS KAUFMAN 1965 W 9TH STREET **RIVIERA BEACH FL 33404**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

TOWNE CLEANERS

DEP. OF ENVIROMENTAL PROTEC.

Check Number: 2301

2301

Check Date: Apr 3, 2000

Duplicate

Check Amount: \$50.00

Discount Taken

Amount Paid

50.00

ENVIRON PROTECTION TAX

Item to be Paid - Description

STATE OF FLORIDA

P 174 052 569 TWIN TOWERS OFFICE BUILDING

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 37570304000-5500

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bursau of Air Monitoring JUN 0 5 2001

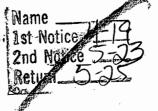


TOWNE CLE NERS
THOMAS KAUFMAN
P O SOX 30755
PALM BEACH GARDENS FL

MAIL

APR: 17.01







Governor

Department of Environmental Protection

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

David B. Struhs Secretary

March 1, 2001

FINAL NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Records in the Division of Air Resource Management indicate that during calendar year **2000** you owned or operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 2000. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have <u>not</u> yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not postmarked by **March 1, 2001**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely.

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990490

TOWNE CLEANERS THOMAS KAUFMAN 1965 W 9TH STREET RIVIERA BEACH FL 33404

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



POSTAGE REQUIRED

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

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174 052 569

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided. Do not use for International Mail (See reverse)

5	TOWNE CLEANERS #0990490 THOMAS KAUFMAN P O BOX 30755 PALM BEACH GARDENS FL 33420-075					
	Certified Fee					
	Special Delivery Fee					
	Restricted Delivery Fee					
	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date & Addresser's Address					
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- Print your name and address on the reverse of this form so that we can return card to you.
 Attach this form to the front of the mailpiece, or on the back if space does not permit.
 Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. A Restricted Delivery

Consult postmaster for fee.

3.	Article	Addressed	to:

TOWN CLEANERS

THOMAS KAUFMAN

4a. Article Number 174 052 589

4b. Service Type

- - Registered
- ☑ Certified

Thank you for using Return Receipt Service

- P 0 BOX 30755 PALM BEACH GARDENS FL
- Express Mail

Date of Delivery

☐ Insured

- 33420-0755
- Return Receipt for Merchandise

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5. Received By: (Print Name)

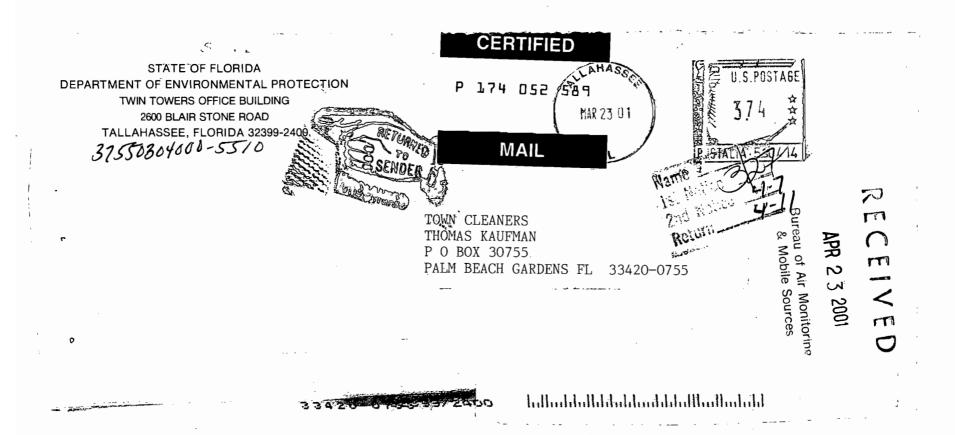
8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

Domestic Return Receipt

completed on the RETURN ADDRESS





.....Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

Carl Payer Springer

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990490

TOWNE CLEANERS THOMAS KAUFMAN 1965 W 9TH STREET RIVIERA BEACH FL 33404 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Department of Environmental Protection

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

David B. Struhs Secretary

February 7, 2001

NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual emissions fee is \$50 for calendar year **2000.** A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 2001, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

"More Protection, Less Process"

POSTAGE REQUIRED

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