

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 9, 1996

Mr. Paul Luttkus President Hi Tech Cleaners 4199 South Tamiami Trail Venice, Florida 34293

Re: Facility I.D. No. 1150082

Dear Mr. Luttkus:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

DD/jw

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

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): LITECH CLEANERS OF SARASOTIA COUNTY INC. 2. Site Name (For example, plant name or number): LITECH CLEANERS 3. Hazardous Waste Generator Identification Number: HAWE NOT BEEN ABLE TO OBTHIN TO DATE 4. Facility Location: Street Address: HIQQ S. TAMIANI TRAIL City: VENICE County: SARASOTIA 5. Facility Identification Number (DEP Use): Responsible Official Mailing Address: Organization/Firm: Hi TECH CLEANERS Street Address: 4199 S. TAMIANI TRAIL City: VENICE County: SARASOTIA 7. Responsible Official Telephone Number: City: VENICE County: SARASOTIA 7. Responsible Official Telephone Number: Telephone: (441) 497 - 5959 Fax: () Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): PAUL LUT TKUS PRESIDENT 10. Facility Contact Address: Street Address: 4199 S. TAMIANI TRAIL City: VENICE County: SARASOTIA Zip Code: 34293 11. Facility Contact Telephone Number: Telephone: (441) 447 - 5959 Fax: ()		
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Telephone: (941) 497 - 5959 Fax: () -		
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DECEIVE		receptione. (441) 441-5457 rax: () -
R F C E I V L		RECEIVEL

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

1150082

Spoke to Paul Luttkus, he uses 12,173 gal/4r of propane P.14 1.(a) add date control

1.(a) add date control device installed 1.(c) Should not be marked

4. existing large area source c.a or r.c. Should be marked

, . .

Andrew Commission (1984)

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									1" - 1.
(1) w/ ref. condenser	#/	08DEC 91			_				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					•	•		. 1,	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									· ·
(6) w/ no controls									
Dryer Unit				l	•				Ψ.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					•	1			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second	are re quant galle	equired to be ity of perchlo ons ow many? [_	installed [_ roethylene (perc)	purchased ii				
What is the facility's so (Indicate with an "X".Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	ea soi	urce [X]	Ne	w laı	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

1150082

12,173 gal/yrpropane

PM = 4,8

NOx = 170

CO = 23

TOC = 6

.

	•
4. What control technology is required on machines pursuar (Indicate with an "X".) MACHINE IS AD REFRIGERATED C	DRY TO DRY" MACHING WITH A
Existing large area source Carbon adsorber Refrig	gerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	•
5. A facility which contains non-exempt emissions units shat to Rule 62-213.300, F.A.C. Verify that all steam and hot was exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a stability bound of the boiler HP or less), and (2) are fired exclusively by natural guring which propane or fuel oil containing no more than o	as except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site] *]
* PROPANE EXCLUSIVELY; ZOHP	BOILER
Equipment Monitoring and Rec	ordkeeping Information
Check all logs which are required to be kept on-site in accor	dance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	لكا
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	[X_]
(f) Start-up, shutdown, malfunction plan	[X 1

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)						
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notif statemen maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed is cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	mptly notify the Department of any changes to the information contained in this notification.						
Signature	Date Date						
JANE C. Shee FT MY	PNITACTED BILL C (UIIIVER 813-332-6975-NOTAVAILABLE ERS						
SW I	PISTRICT OFFICE DEP 813-744-6100 LOUIS FERNANDEZ NOT AVAILABLE SECRATARY BETYROOGERS """ GIL DENBECK """ SEC """						
FL I	AHASSEE DEPT OF EN, PROTECTION 488-0114 ELIZ. HARDIN CINDY. Phillips Wrong DEPT TINA Thompson NOT AVAIL						

Effective: 6-25-96

Perchloroethylene Dry Cleaning Facility Notification

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3.	Hazardous Waste Generator Identification Number:
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	City: VENICE County: SARASOTA Zip Code: 34293
5.	Facility Identification Number (DEP Use):
	1/50082
	Responsible Official
6.	Name and Title of Responsible Official:
	PAUL LUTTKUS PRESIDENT
7.	Responsible Official Mailing Address:
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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Menitoring & Mobile Seurces

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 Example #/ Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are req 2.(a) What was the total quantal gall	03-OCT-93	Control Device Installed 12-NOV-93	#2	Machine Initially Purchased 08-DEC-91	Control Device Installed	#3	Machine Initially Purchased 02-MAR-92	Control Device Installed 02-MAR-
Example #/ Dry-to-Dry Unit (1) w/ ref. condenser #/ (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are req	Purchased 03-OCT-93	Installed 12-NOV-93	-	Purchased			Purchased 02-MAR-92	Installed 02-MAR-
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Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are: 2.(a) What was the total quantity of the condenser of the condense of the conde								
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are:								
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are:								
(9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are:								
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are 2.(a) What was the total quan								
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are 2.(a) What was the total quan								
(11) w/carbon adsorber (12) w/ no controls (b) Control devices are req (c) No control devices are: 2.(a) What was the total quan								
(b) Control devices are req (c) No control devices are: 2.(a) What was the total quan								
(b) Control devices are req(c) No control devices are2.(a) What was the total quan								
(c) No control devices are 2.(a) What was the total quan								
(b) If less than 12 months, h Check why it is less that	required to be tity of perchle ons now many? [_	installed [perc)	purchased in	the latest 12		•	
3. What is the facility's source (Indicate with an "X". Sele Existing small area so Existing large area so	classification			nitions found		3) of :	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".) MACHINE IS A DRY TO DRY" REFRIGERATED CONDENSER.	MACHINE WITH A
Existing large area source Carbon adsorber [] Refrigerated condenser	XIDI TO
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
* PROPANE EXCLUSIVELY; ZOHP BOILER	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	direments of this general permit:
(a) Purchase receipts and solvent purchases	لكا
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	لكا
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(X)

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) No air permits currently exist for the operation of the facility indicated in this notification form.						
[X]							
	Responsible Official Certification						
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pron	nptly notify the Department of any changes to the information contained in this notification.						
Signature	Paul Bunton July 25 1997						
* HAVE CO	PNTACTED .						
Shepe FT MYE	ERS CUITIVER 813-332-6975-NOTAVAILABLE						
SW D.	ISTRICT OFFICE DEP 813-744-6100 LOUIS FERNANDEZ NOT AVAILABLE SECROTARY BETYROTGERS """ GIL DENBECK """						
FL DI	HASSEE EPT OF EN, PROTECTION 488-0114 ELIZ. HABDIN CINDY. Phillips Wrong DEPT TINA Thompson NOT AVAIL.						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 16 of 16

(COC) Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: H. Taz	n Claur	V2Y S	DATE: 7-25.97
FACILITY LOCATION: 4) 99	S. Tax	miami Tro	
Venice			
Annual Reporting Period:	9-1	_19 96 TO	7-25 1997
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (
If NO, complete the following:			
#1. Term or condition of the general perm		continuous compliance du	aring the reporting period stated above:
Exact period of non-compliance: from	9-1-	96 to_	7.25-97
Action(s) taken to achieve compliance:	Askedto	bearn Yea	ording temp & leak
Method used to demonstrate compliance:	Tool p	20 x	
#2. Term or condition of the general perm	it that has not been in o	continuous compliance du	nring the reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		•	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Furthe	r, my annual consumptio O gallons per year for dry	n of perchloroethylene solvent, based

RECEIVED

*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.

AUG 6 1997

Page _ \ of _ \ .

Bureau of Air Monitoring & Mobile Sources



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ж П	COMPLAINT/DISC	OVERY	<u> </u>			
AIRS ID#: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				E OUT:	792			
				`				
FACILITY LOCATION: <u>\</u>	199 5.	Tam	rami Trai	(,)				
	2716							
PART I: NOTIFICATION								
(check appropriate box)								
Existing facility notified DAR	M by 9/1/96				×			
2. New facility notified DARM 3	0 days prior to star	tup						
3. Facility failed to notify DARM	3. Facility failed to notify DARM to use general permit							
PART II: CLASSIFICATION								
Facility indicated on notification (check appropriate box)	n form that it is:							
	•							
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	e . 🗅	2. New small a dry-to-dry only transfer only, x both types, x<1 (constructed on	, x<140 gal/yr <200 gal/yr	٥				
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="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr / \ l/yr</td><td>transfer only, 2 both types, 140</td><td>nrea source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>· ·</td><td></td></x<2,>	gal/yr / \ l/yr	transfer only, 2 both types, 140	nrea source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	· ·				
This is a correct facility classifica	ation	X(Y □N						
If no, please check the appropriate	e classification:	•						
☐ facility exceeds	l for a general pern 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 185 gallons.								

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? XY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at $M \square M$ least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON ON/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) MY DN 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated □Y XIN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY UN N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON N/A verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
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?	□Y XM
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON XIN/A
Is the perc concentration equal to or less than 100 ppm?	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?	חם אם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XIN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN XXN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	X Y □N
Has the responsible official: (check appropriate boxes)	Ж у
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	XY DN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	MY DN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON OY MN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	MY ON OY MN OY MN OY ON MN/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? *for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON OY MN OY MN OY ON MN/A OY ON W/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	MY ON OY MN OY MN OY ON MN/A OY ON N/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	MY □N □Y MN □Y MN □Y □N MN/A □Y □N M/A MY □N M/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only**) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	MY ON OY MN OY MN OY ON MN/A OY ON M/A MY ON OY ON M/A OY ON M/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	MY ON OY MN OY MN OY ON MN/A OY ON M/A MY ON OY ON M/A OY ON M/A

2. Which method of detection is used by	the respo	nsible offic	cial?		
Visual examination (condensed	solvent or	n exterior s	surfaces)	×	
Physical detection (airflow felt the	×				
Odor (noticeable perc odor)	X				
Use of direct-reading instrument					
If using direct-reading instrum					
a. Capable of detecting	$\square Y$	ПΝ			
b. Calibrated against a (PID/FID only)?	ΟY	ПN			
c. Inspected for leaks a	nd obviot	us signs of	wear on a weekly basis?	ΩΥ	□N
d. Kept in a clean and	secure are	ea when no	ot in use?	ΩΥ	□и
e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ΩΥ	□и
3. Has the facility maintained a leak log?	•			ΩΥ	M
4. Does the responsible official check the	followin	g areas for	leaks?		•
Hose connections, fittings, couplings, and valves	XY	ПИ	Muck cookers	ŻΥ	ПΝ
Door gaskets and seating) (Y	ΠN	Stills	×Υ	ΠN
Filter gaskets and seating	ŻΥ	□N	Exhaust dampers	YY	ΠN
Pumps	¥Υ	ΠN			
Solvent tanks and containers	Y	□N			
Water separators	À√.	ΠN			
Paul Latture Name of Responsible Offici	al		7-25-97		
Inspector's Name (Please Pri	int)		Date of Inspec	ction	
Inspector's Signature	Vext I	nspection			
Www.co Clean Model 50 40 SN 891109610	189	Ÿ			

(1) 30149R

DRY CLEANER AIR QUALITY GENERAL PERMIT

HI TECH CL COUNTY IN PAUL LUTI 4199 S TAMI VENICE FL:	TKUS IAMI TRAIL	RECEIVED FEB 4 1998 Bureau of Air Monitoring & Mobile Sources
Annual Reporting Period: JAN WRPY 1, 1997	19 TO DECEMB	ER 31 1997
Based on each term or condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the permit NO, complete the following: #1. Term or condition of the general permit that has not been in	eriod covered by this statement. YE	s 🗖 no
Exact period of non-compliance: from	to	FE ARE
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		98 JUL
#2. Term or condition of the general permit that has not been in	continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	•	
Method used to demonstrate compliance:		

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Poul LUTTKUS

Name (Please Print

Signature

<u>Um 30 1997</u> 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.

V

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY TION
	1 4 199 TIME IN: 9:00 An TIME OUT: 10.3CA
FACILITY NAME: Hi - Tech (1)	Canlos
FACILITY LOCATION: 4 99 Service FL	24293 (Jacamanda)
RESPONSIBLE OFFICIAL: Rule	HCUS PHONE: 491-9959
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	32 2
1. New facility notified DARM 30 days prior to s	startup % The startup
2. Facility failed to notify DARM to use general j	permit Sulfania
	80 17 25 50
PART II: CLASSIFICATION	10 M 265 OL
Facility indicated on notification form that it is	// · / / / / / / / / / / / / / / / / /
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source □	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,300 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	(constructed on of after 12/9/91) Y Can not determine
If no, please check the appropriate classi	ll i
	general permit as number above
	limits and is not eligible for a general permit
R. The total quantity of perchlorocthylans (perch	purchased within the preceding 12 months by this dry cleaning
facility was gallons.	purchased within the preceding 12 months by this dry cleaning

(check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/A DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? □N □N/A PART IV: PROCESS VENT CONTROLS In Part II-A: rachine Athertoff to do If classification 1 has been checked, no controls are required. Proceed to I 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? DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? □N □N/A 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? \square \square \square

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

<u> </u>	
P. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser locat on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cd (DN
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
Is the temperature differential equal to or greater than 20° F?	AND NO YO
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	5 × 5 × ×
if machines are equipped with a carbon adsorber?	OY ON DIN/A
Is the perc concentration equal to or less than 100 ppm?	DY 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? If A Compute Figh. To Repure all the Contraction in the contraction of the contraction in the contraction in the contraction.	DY DN DN/A
3. Equipped transfer machines (dryers, reciamners, and washers) with individual 1000 and	
Muc Suggests	ar an ana
6. Routed airflow to the carbon adsorber (if used) at all times? (Phoning Regular)	ICATY ON ON/A
tgih every 30	Days
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	AA ON
2. Maintained rolling monthly averages of perc consumption?	DAX □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DNA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANA
4. Maintained calibration data? (for applicable direct reading instruments)	ANA UN UNIA
5. Maintained exhaust duct monitoring data on perc concentrations?	אואולט אם צם
6. Maintained startup/shutdown/malfunction plan?	אם אוָט
7. Maintained deviation reports?	DIN DINIA
r. mamamoa aemation reports.	THE THE PRINT I
Problem corrected?	DY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			AY ON		
2.	Has the facility maintained a leak log?			AY ON		
3.	Does the responsible official check the	following areas for leaks	?	1		
	Hose connections, fittings, couplings, and valves	dy on ona	Muck cookers	AV ON ON/A		
	Door gaskets and seating	AND NO ANA	Stills	DANA DN DNIA		
	Filter gaskets and seating	AND NO Y	Exhaust dampers	AND NO Y		
	Pumps	KY DN DNIA	Diverter valves	אאם אם אא		
	Solvent tanks and containers	AMD NO AM	Cartridge filter housings	AA. ON ON/A		
	Water separators	AND NO YA	,			
4.	Which method of detection is used by t	the responsible official?		,		
	4					
	4					
	Æ					
	ric tubes)					
	Halogen leak detector	For Muternatic	Halana leat			
	If using direct-reading instr	umentation, is the equip	oment: Dicto	DN/A		
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	□Y □N		
	□Ү □И					
	on a weekly basis?	OY ON				
	d. Kept in a clean and s	ecure area when not in us	se?	OY ON		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□Y □N		

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

K262	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1150082 7:00 TIME OUT: 0:30	An AIRS ID#: 1150082
TYPE OF FACILITY: dry cleaner	
FACILITY NAME: Hi-Tech Cleaners	DATE: 8/4/98
FACILITY LOCATION: 4199 South Tamiami Trail	<u> </u>
RESPONSIBLE OFFICIAL: Paul Luttkus	PHONE NUMBER: <u>941/497–5959</u>
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	
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
	PEC
	Burger 2 - L
	The Sources To The Sources of the Sources of the Sources of the Source o
	v
EXCELLENT RECORD	kerpina, b
The Annual Compliance Certification form has been properly certifi	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8/99	proximate)
	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 378-6128
Page	of . Revised 10/96

AIRS ID#: 1500 12

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: HI-POH CH	anles	DATE: 34/98
FACILITY LOCATION: 4 99 \(\leftarrow \)	Douth Tani Am Trail	
Vluice, Fl	34293	
Annual Reporting Period:	19 <u>91</u> TO Jug.	19 98
Based on each term or condition of the Title	V general air permit, my facility has remained in compli	ance with DEP Rule
	t	
62-213.300, Florida Administrative Code (F	A.C.), during the period covered by this statement.	TES UNO
If NO, complete the following:		`
#1. Term or condition of the general permit	t that has not been in continuous compliance during the re	enorging period stated above.
and the second of the Bernard Portuge	t date that not occur in common a compression a comp	
	•	- FT
	P. P.	, C
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:	No.	2
	Die II	4
Method used to demonstrate compliance:	- 53	
#2. Term or condition of the general permit	that has not been in continuous compliance during the re	eperting period stated above:
	_ ·	
Exact period of non-compliance: from	to	_
Action(s) taken to achieve compliance:		
	<u> </u>	
Method used to demonstrate compliance:		
		:
made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	based on information and belief formed after reasonable and complete. Further, my annual consumption of perchidoes not exceed 2,100 gallons per year for dry-to dry fac	loroethylene solvent, based
RESPONSIBLE OFFICIAL: + Lu L	me (Please Print) Tull (Ittou) 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 PERMIT COMPLIANCE INSPECTION CHECKLIST

	TYPE OF INSPECTION: ANNUA RE-INS	AL PECTION	O X X □	COMPLAINT/DISCO	OVERY	
	AIRS ID#: 1150082 DATE: 08/31/99 TIME IN: 9500 TIME OUT: FACILITY NAME: HI TECH CLEANERS FACILITY LOCATION: 4199 SOUTH TAMIAMI TRAIL (USS 7,41° and jace venice, FL 34293 RESPONSIBLE OFFICIAL: PAUL LUTTKUS PHONE: 941/497-5959 CONTACT NAME: Twice Vargo Durenie PHONE:					randa)
	(check appropriate box) 1. New facility notified DARM 30 days pri 2. Facility failed to notify DARM to use ge	-				
	PART II: CLASSIFICATION					
= 1 di 4	 Facility indicated on notification form the (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 both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate 	2. N dry-t trans both (cons d 4. N dry-t trans both (cons	for only, x types, x < structed on lew large a o-dry only, fer only, 2 types, 140	☐ No notification for ☐ Drop store/out of because a source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) area source 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,300 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) ☐ Can not determine	ousiness/pet Fac. Tur feb No.	70 leum 70 1999 30 10 20 30 20
	B. The total quantity of perchloroethylene facility was 15 gallons. Along Tengle	bove limits and	d is not eli	gible for a general perm	it	cleaning

Revised 8/11/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? \square N \square N/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at □N □N/A 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? □N □N/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? □N □N/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 ON ON/A condenser upon opening the door? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? atill light but ordered pecelized 411, pepaired 419 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	þ _Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	þΥ	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	X	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV	□N	AVN
	1 77			PIN/A
	Is the perc concentration equal to or less than 100 ppm?	<u> </u>	(L) (V	UNA
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?	DΥ	DИ	₩N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	X N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	þΥ	□и	/` □N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? אם צמ 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; OY ON DN/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? DY DN DNA MY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DYNA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MD AM 7. Maintained deviation reports? DY DN DN/A DY DN \$\delta\n/A Problem corrected? OY ON ØN/A 8. Maintained compliance plan, if applicable?

P.A	ART VI: LEAK DETECTION AND R	REPAIRS				
J.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					air
	inspection?				þΥ	\square N
2.	Has the facility maintained a leak log?				ÞΥ	\square N
3.	Does the responsible official check the	following a	reas for leaks?		Γ	
	Hose connections, fittings, couplings, and valves	AY ON	□N/A	Muck cookers	KYY	□N □N/A
	Door gaskets and seating	AA ON	□N/A	Stills	þγ	□N □N/A
	Filter gaskets and seating	NO AN	□N/A	Exhaust dampers	Y	□N □N/A
	Pumps	ØY □N	□N/A	Diverter valves	YY	□N □N/A
	Solvent tanks and containers	βY □N	□N/A	Cartridge filter housings	A.	□N □N/A
	Water separators	QA □N	□N/A			
4.	Which method of detection is used by the	ne responsib	ole official?		V	
	Visual examination (condensed so	olvent on ex	terior surfaces)		Þ	
	Physical detection (airflow felt thr	ough gaske	ts)		X	
	Odor (noticeable perc odor)				Χį	
	Use of direct-reading instrumental	tion (FID/P	ID/calorimetric	tubes)		
	Halogen leak detector				\$	
	If using direct-reading instru	umentation	, is the equipm	ent:	d M	'A
	a. Capable of detecting p	erc vapor c	oncentrations ir	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a st (PID/FID only)?	tandard gas	prior to and aft	er each use	ΠY	ПN
	c. Inspected for leaks and	d obvious si	gns of wear on	a weekly basis?	\Box Y	□N
	d. Kept in a clean and se	cure area w	hen not in use?		ΩY	□и
	e. Verified for accuracy l	by use of du	plicate samples	(calorimetric only)?	ПΥ	ПN
		at .				
						

Susan CAMERON	0/3/199
Inspector's Name (Please Print)	Date of Inspection
- Maria Ruman	18/2000
Inspector's Signature	Approximate Date of Next Inspection

Aco

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	HI TECH CLEAD	NERS	_		DATE: 08/31/99
FACILITY LOCATION:	4199 SOUTH :	TAMIAMI TRAIL	, VENUCE,	FL	
COUNTY:	SARASOTA, FI	L			
Annual Reporting Period: _	08/04	19_5	98_ TO	08/31	19_99
Based on each term or condi- 62-213.300, Florida Admini If NO, complete the following	istrative Code (F.A.C.)	-	- '	_1/_	
#1. Term or condition of the	e general permit that h	nas not been in continu	ous compliance	during the repor	ting period stated above:
Exact period of non-complia	nnce: from	_	to_		
Action(s) taken to achieve co	ompliance:			•	
Method used to demonstrate	compliance:				
#2. Term or condition of the	e general permit that h	nas not been in continu	ous compliance	during the repor	ting period stated above:
Exact period of non-complia	ince: from		to		
Action(s) taken to achieve co	ompliance:				
Method used to demonstrate	compliance:				
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina RESPONSIBLE OFFICIA	true, accurate and corchase receipts, does nation facilities. L: JuniCE Maa.	mplete. Further, my a	nnual consumpt	ion of perchloro	ethylene solvent, based

*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.

	1		1
Page		of	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE	E OF INSPECTION:	ANNUAL XX CO	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME	IN:	TIME OUT:	AIRS ID#: 1	150082
TYPE	OF FACILITY:	DRYCLEANER		· · · · · · · · · · · · · · · · · · ·
FACII	LITY NAME:	HI TECH CLEAN	ERS	DATE: 08/31/99
FACII	LITY LOCATION:	4199 SOUTH TA	MIAMI TRAIL	
		VENICE, FL 3	4293	
RESP	ONSIBLE OFFICIAL:	PAUL LUTTKUS	PHONE NUMBER:	941/497-5959
K	compliance with DEP	Rule 62-213.300, Florida Adminis		
	Based on the results of discrepancies were not		luated during this inspection, the follo	-
C	OMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
	·		:	, ,
		·		
			,	
			·	
COMN	MENTS:			•
The A	nnual Compliance Certific	cation form has been properly cert	ified and submitted to the inspector.	YES NO
DATE	OF NEXT INSPECTIO		approximate)	
INSPE	ECTION CONDUCTED	BY: SUSAN CAI	MERON Please Print)	
INSPE	ECTOR'S SIGNATURE	Men Opne	PHONE NUMBER:	941/378-6128
		L Page	$\frac{1}{of}$	Revised 10/96

note: Dinspections
identified as annual
inspel, Sence anly
annual inspec per

EY 7/28/2000 enspec date
identified as annual
inspella actions
13/2000 enspec date
af 8/3/2000 enspec de "additions
applications de la servicione de

	ANNUAL RE-INSPECTIC		MPLAINT/DISCO	
AIRS ID#: 1150082 I	08/07/ DATE: 07/28/	2000 2000 TIME IN: _/	9.30Am 1.25am TIMI	Noniës Surces
FACILITY NAME: H				ring (
FACILITY LOCATION: 4	199 SOUTH T	AMIAMI TRAIL	(U.S. 41 an	d Jacaranda)
<u></u>	ENICE, FL	34293		_
RESPONSIBLE OFFICIAL:	PAUL LUTTK	US PH	ONE: <u>941/49</u>	7-5959
CONTACT NAME: JANI	CE VARGA, S	UPERVISOR PH	ONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 3	30 days prior to sta	า กับท		
2. Facility failed to notify DARN	•	-		_
2. Tacinty fance to ficing Drad.				
DADTH. CLASSIFICATION				
PART II: CLASSIFICATION			No notification for	
Facility indicated on notificatio (check appropriate box)	n form that it is:		Orop store/out of b	
A.		2 . N		To prece
1. Existing small area sourc dry-to-dry only, x < 140 gal/y		2. New small area s dry-to-dry only, $x < 1$		la fortage
transfer only, x < 200 gal/yr	-	transfer only, $x < 200$		gay 15 gol
both types, x < 140 gal/yr		both types, $x < 140 g$	•	4/99 15 got
(constructed before 12/9/91)	J	(constructed on or aft	er 12/9/91)	1199 259
3. Existing large area sourc	.e 🗓	4. New large area s	ource	1 10ha 150h
		dry-to-dry only, 140	$\leq x \leq 2,100 \text{ gal/yr}$	1/99/159
dry-to-dry only, $140 \le x \le 2,1$		transfer only, $200 \le 3$: ≤ 1,300 gal/yr	1/00 1-/
transfer only, $200 \le x \le 1,800$			1.000 11	1 50
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga	al/yr	both types, $140 \le x \le$		1/00 30
transfer only, $200 \le x \le 1,800$	al/yr			3/00 30
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga		both types, $140 \le x \le$ (constructed on or affi		100 300 300 400 300 300 300 300 300 300 3
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gs (constructed before $12/9/91$) 5. This is a correct facility cla	assification	both types, $140 \le x \le$ (constructed on or aff	er 12/9/91)	100 300 300 400 400 20 600 25
transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the a ☐ facility	issification ppropriate classific y qualified for a get	both types, $140 \le x \le$ (constructed on or affine $\square Y = \square N = \square G$) ation:	er 12/9/91) Can not determine	5/00 20 6/00 25 1/00 10
transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the a ☐ facility	issification ppropriate classific y qualified for a get	both types, $140 \le x \le$ (constructed on or affine $\square Y = \square N = \square G$) ation:	er 12/9/91) Can not determine	5/00 20 6/00 25 1/00 10
transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the a ☐ facility	essification ppropriate classific y qualified for a gen y exceeds above lin	both types, $140 \le x \le$ (constructed on or affine $\square Y \square N \square G$) ation: heral permit as number its and is not eligible to	cer 12/9/91) Can not determine above for a general permi	$\frac{$100}{600}$ $\frac{10}{100}$
transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the a ☐ facility ☐ facility ☐ facility ☐ gallons.	ppropriate classific y qualified for a gen y exceeds above lin	both types, $140 \le x \le$ (constructed on or affine $\square Y \square N \square G$) ation: heral permit as number its and is not eligible to	cer 12/9/91) Can not determine above for a general permi	$\frac{1}{2} \frac{1}{2} \frac{1}$

(check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? □N □N/A □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in scaled 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? 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 plesions allow door to 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? ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

r==				
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?	ψY	DΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	K Y.	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	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? Is the perc concentration equal to or less than 100 ppm? 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,	ПҮ ПҮ	ON ON	WN/A WN/A
	or expansion; is at least 2 duct diameters downstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПΝ	₩ _{N/A}
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ŪМ	UN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	MN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	tay on				
2. Maintained rolling monthly averages of perc consumption?	AY ON				
3. Maintained leak detection inspection and repair reports for the following:	•				
 a. documentation of leaks repaired w/in 24 hrs? or; 	TY 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?	AVO NO YA				
4. Maintained calibration data? (for applicable direct reading instruments)	TY ON ON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	ÖY ON ØW/A				
6. Maintained startup/shutdown/malfunction plan?	DYY ON				
7. Maintained deviation reports?	PY ON ON/A				
Problem corrected?	MY ON ON/A				
8. Maintained compliance plan, if applicable?	AND NO YE				

12/18 ordered bewing replaced parts, Changed out 12/18-20/1999

Broke 2 Hoses, Peplaced etc. 12/20

12/20/1972 Contaminated. Cleared temp & Host Value to Luttor trap.

12000 Opened purp, Cleared out lint, etc.

Hao in per Ail loads - Durped of work to true

2000 replaced gashet peparator

Revised 8/11/97

PART VI: LEAK DETECTION AND REPAIRS

J.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			ÞΥ	\square N		
2.	Has the facility maintained a leak log	?		ΚY	ПN		
3.	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	אותם מם צי¢	Muck cookers	ÆΩΥ	□N □N/A		
	Door gaskets and seating	אואם אם צים	Stills	ÞΥ	□N □N/A		
	Filter gaskets and seating	AND NO Y	Exhaust dampers	ÞΥ	□N □N/A		
	Pumps	AND NO YA	Diverter valves	ØΥ	A/NO NO		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ÞY	□N □N/A		
	Water separators	DY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surface	es)	Þ			
	Physical detection (airflow felt t	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)	A	/1				
	Use of direct-reading instrument		- N/A				
	Halogen leak detector 👍 🗲 🤝	≱ i					
	If using direct-reading inst	₹N\	A				
	a. Capable of detecting	ĽΥ	□И				
	b. Calibrated against a (PID/FID only)?	ΠY	□и				
	c. Inspected for leaks a	on a weekly basis?	$\Box Y$	□N			
	d. Kept in a clean and	secure area when not in us	se?	\Box Y	□и		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ПИ		

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

TYPE OF INSPECTION: ANNUAL XX	COMPLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 0:30 W TIME OUT:	AIRS ID#: 1150082						
TYPE OF FACILITY: DRYCLEANER							
FACILITY NAME: HI TECH CLEANERS	DATE: U\$ 103/2000						
FACILITY LOCATION: 4199 SOUTH TAMIAM	II TRAIL						
VENICE, FL 34293							
RESPONSIBLE OFFICIAL: PAUL LUTTKUS	PHONE NUMBER: 941/497-5959						
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:							
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED						
COMMENTS:	· · · · · · · · · · · · · · · · · · ·						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO 1							
DATE OF NEXT INSPECTION: 208 200 (Approximate)							
INSPECTION CONDUCTED BY: Maneron							
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER 941) 3-8-6128						
Pa	age of Revised 10/96						

AIRS ID#

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			<u> </u>		-
FACILITY NAME:	HI TECH CI	LEANERS		·	DATE: <u>18/03/20</u> 0
FACILITY LOCATION:	4199 SOUTH	H TAMIAMI T	RAIL, VEN	ICE, FL	,
Annual Reporting Period:	08/31	1	19 <u>99</u> то	08/03	2 0∞0
Based on each term or conditio 62-213.300, Florida Administra		-	•	/\ - Z	
If NO, complete the following:					
#1. Term or condition of the g	eneral permit that	has not been in cor	ntinuous complia	ance during the repor	rting period stated above:
Exact period of non-compliance	e: from			_ to	
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co	ompliance:				· .
#2. Term or condition of the g	eneral permit that	has not been in cor	ntinuous complia	ance during the repo	rting period stated above:
Exact period of non-complianc	e: from			to	
Action(s) taken to achieve com	pliance:				
Method used to demonstrate co	ompliance:				·
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	nue, accurate and consistences receipts, does on facilities.	complete. Further, not exceed 2,100 g	my annual cons	umption of perchloro	pethylene solvent, based

^{*}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 PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

XIX

RE-INSPECTION

COMPLAINT/DISGOVERY

		_
AIRS ID#: 1150082 DATE: 6 / 29/0	TIME IN: 1 S TIME OUT:	
FACILITY NAME:	HI TECH CLEANERS OF STATE OF S	
A199 SOUTH	ห TAMIAMI TRAIL (บริษัย and JAG	CARANDA)
THEIRIT BUCKITON.	gu	
venice, f	1 34293	
RESPONSIBLE OFFICIAL: PAUL LUT'	TKUS PHONE: 941/497-	5959 —
CONTACT NAME:JANICE VARGA,	SUPERVISOR PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup	
2. Facility failed to notify DARM to use general pe	ermit	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/	petroleum
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) This is a correct facility classification 	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, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \square N \square \square Can not determine$	30 30 35 30 35 30
☐ facility exceeds above lin	cation: cheral permit as number above 63/ mits and is not eligible for a general permit 04/	25 25 90 1
B. The total quantity of perchlorocthylene (perc) p facility was 3 = gallons.		dry cleaning
, <u> </u>	1000	· / / -

ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? ON ON/A 2. Examining the containers for leakage? $\square N$ 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? 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 I 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? 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 DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

MY DN

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?	16 _Y	Oи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Ky.	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩΥ	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			1/
	if machines are equipped with a carbon adsorber?	\Box Y	ΠИ	N/A N/A
	Is the perc concentration equal to or less than 100 ppin?	ΠY	ПN	DN/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПΝ	фN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	ANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	ÓN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	1/
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	ΦY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON DINA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ANIA
4. Maintained calibration data? (for opplicable direct reading instruments)	DY ON MIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON PINA
6. Maintained startup/shutdown/malfunction plan?	TY ON 1
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	MY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON TINA

P.	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	a weekly (for small source	s, bi-weekly) leak detection ar	nd repair
	inspection?		•	NO N
2.	Has the facility maintained a leak log?	?		DU DN
3.	Does the responsible official check the	e following areas for leaks	;?	,
	Hose connections, fittings, couplings, and valves	DY ON ONA	Muck cookers	AY ON ONA
	Door gaskets and scating	Y ON ON/A	Stills	AND NO YOU
	Filter gaskets and seating	AND ND YA	Exhaust dampers	MY ON ON/A
	Pumps	AND ND Y	Diverter valves	AND ND YA
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	AND ND AM		
4.	Which method of detection is used by	the responsible official?		1.
	Visual examination (condensed s	solvent on exterior surface	es)	/ 6
	Physical detection (airflow felt th	rough gaskets)		Ø
	Odor (noticeable perc odor)			₩
	Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	á
	Halogen leak detector			9
	If using direct-reading inst	rumentation, is the equip	pment:	ANA
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
	c. Inspected for leaks as	nd obvious signs of wear o	on a weekly basis?	OY ON
	d. Kept in a clean and s	secure area when not in us	se?	OY ON
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□У □И

5/18/ Caneron	16/29/01
Inspector's Name (Please Print)	Date of Inspection
Some Care	206/09/12
Inspector's Signature	Approximate Date of Next Inspection

RS ID#:	1150082	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			-	
FACILITY NAME:	HI TACH CLEANERS	S	DA	ге: 06/29 61
FACILITY LOCATION:	4199 SOUTH TAMIA	AMI TRAIL_		
	VENICE, FLORIDA			
Annual Reporting Period:	08/03	20 _{_00} TO	16/29	20_01
Based on each term or condition	on of the Title V general air pe	rmit, my facility has rema	ined in compliance with I	DEP Rule
62-213.300, Florida Administr	ative Code (F.A.C.), during th	e period covered by this s	tatement. YES	\square NO
If NO, complete the following:			·	
#1. Term or condition of the g	eneral permit that has not beer	n in continuous complianc	ce during the reporting per	riod stated above:
Exact period of non-complianc	e: from		to	
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	ompliance:			
#2. Term or condition of the g	eneral permit that has not beer	n in continuous complianc	ee during the reporting per	riod stated above:
Exact period of non-complianc	e: from	t	0	
Action(s) taken to achieve com	pliance:			
Method used to demonstrate co	ompliance:			
As the responsible official, I he in this notification are true, accepurchase receipts, does not excepuration facilities. RESPONSIBLE OFFICIAL:	curate and complete. Further,	my annual consumption	of perchloroethylene solve	ent, based upon

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN:			AIRS ID#:	1150082
TYPE OF FACILITY: per	chloroethylene dr	rycleaner		
	I TECH CLEANERS			DATE: 1/29/71
	199 SOUTH TAMIAM	I TRAIL	•	
		34293		
RESPONSIBLE OFFICIAL:	PAUL LUTTKUS		PHONE NUMBER	R: 941/497-5959
compliance with DEP	the compliance requirements Rule 62-213.300, Florida Adr	ministrative Cod	le (F.A.C.).	
Based on the results of discrepancies were not	the compliance requirements ed:	evaluated durin	ng this inspection, the fo	ollowing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M F	OLLOW-UP ACT	TION REQUIRED
	,		/_	
			· .	
	,			
COMMENTS:		I		
·				
The Annual Compliance Certific	1 1	certified and su	ubmitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTION	IN: 106/69/62	(Approxima	te)	
INSPECTION CONDUCTED	BY: Sa CA	recov (Please Prin		
INSPECTOR'S SIGNATURE	: 5 0 a		PHONE NUMBER	1:94/37/-6/28
	P	1 ageof	1	Revised 10/96

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

RECEIVED MAIL ROOM

FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150082 HI TECH CLEANERS OF SARASOTA COUNTY INC PAUL LUTTKUS 4199 S TAMIAMI TRAIL VENICE FL 34293 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150082

HI TECH CLEANERS PAUL LUTTKUS 4199 S TAMIAMI TRAIL VENICE FL 34293 MAIL ROOM FEB-3 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1150082 HI TECH CLEANERS OF SARASOTA COUNTY INC PAUL LUTTKUS 4199 S TAMIAMI TRAIL VENICE FL 34293

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1150082

HI TECH CLEANERS PAUL LUTTKUS 4199 S TAMIAMI TRAIL VENICE FL 34293

Bureau of Air Monitoring

EOR GOVERNMENT USE ONLY

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Őrg. 37550101000 EO: B1 Fund: 20-2-035001 Орј.: 002273



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405397 FEB15 2001

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

TOTAL AMOUNT DUE: \$50.00

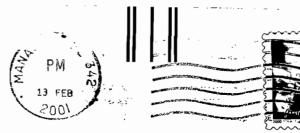
Do NOT Remove Label

AIRS ID # 1150082

HI TECH CLEANERS PAUL LUTTKUS 4199 S TAMIAMI TRAIL VENICE FL 34293 FOR GOVERNMENTSUSE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

HI TECH CLEANERS
4199 S. Tamiami Trail
Venice, FL 34293



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

... b 502 305 350 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID#: 1150082 HI TECH CLEANERS OF SARASOTA COUNTY INC PAUL LUTTKUS 4199 S TAMIAMI TRAIL VENICE FL 34293 Certified Fee Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$

Postmark or Date

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 receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
N ADDRESS completed of	AIRS ID#: 1150082 HI TECHTCLEANERS OF SARASOTA COUNTY INC PAUL LUTTKUS 4199 STAMIAMI TRAIL VENICE FL 34293	4a. Article Ni 26 4b. Service 1 Registere Express I Return Rec	302 326 Type Insured Certified Insured Codd Co	you for using Return Re
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Janno Foetber PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank

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PS Form 3800 , April 1995	Postmark o	r Date				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can-return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1150082 HI TECH CLEANERS PAUL JUTTKUS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
PANGE STAMIAMI TRAIL VENICE FL 34293 PANGE STAMIAMI TRAIL VENICE FL 34293 PANGE STAMIAMI TRAIL VENICE FL 34293	3. Service Type Certified Mail
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	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

elst of the return address of the section of envelope to over top of envelope to over the section.	TE DIO-
 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) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 12. Yes
Article Addressed to:	D. Is defitery address different from item 1? ☐ Yes If YES enter delivery address below: ☐ No
AIRS ID # 1150082	
HI TECH CLEANERS	
PAUL LUTTKUS	
4199 S TAMIAMI TRAIL	2. Coming Time
VENICE FL 34293	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2210662285	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

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0026	Restricted Delivery Fee (Endorsement Required)		
	Total i	AIRS	ID # 1150082
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	Street, 4199 S TAMI	AMI TRAIL	
7000	City, Sti)4 <i>2</i> 93	
	PS Form 3800, February	2000	Seenseversenoidinstructions

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1150082 HI TECH CLEANERS PAUL LUTTKUS 	A. Received by (Please Print Clearly) B. Date of Delivery - 9 - 8 (C. Signature X
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Article Addressed to:		If YES, enter delivery address below:
AIRS ID # 11500820 'L LUTTKUS ECH CLEANERS S TAMIAMI TRAIL VICE FL 34293	, , ,	3. Service Type Certified Mail
052000209372	6797	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service la	abel)	
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