

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

Lawton Chiles Governor

September 16, 1996

Willa Cleaners, Inc. 5711 Red Bug Lake Road Winter Springs, Florida 32708

Dear Sir:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 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

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Willa Cleaners Inc
2.	Site Name (For example, plant name or number):
	Willa Cleaners Inc.
3.	Hazardous Waste Generator Identification Number:
.	Trazardous Waste Ocherator Identification (Validor)
	,
4	Partition Control of the Control of
4.	Facility Location: Street Address: 5711 Red bus Lake Rel.
	City: Winter Springs County: Seminole Zip Code: 32708
	Willer Sprigs Jenis are
5.	Facility Identification Number (DEP Use):
	1170063
lea S	
,,	
	Responsible Official
	•
6.	Name and Title of Responsible Official:
	Ditsiclant.
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 3-711 Rock hug UK Rol. City: Ornfer Springs County: Seminole Zip Code: 327 of
	City: Orafac Source: County: County: Sparingle Zip Code: 3279
8.	Responsible Official Telephone Number:
	Telephone: (40) 699 - 1050 Fax: () -
	17019 1030
	Facility Contact (If different from Responsible Official)
	•
9.	Name and Title of Facility Contact (For example, plant manager):
·	
10	Facility Contact Address:
10.	t defity Contact Address.
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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Bureau of Air Monitoring & Mobile Sources

1170063

9-4 Spoke to Yolanda at Willa Cleaners Soo Park is the hame of the RO.

p. 13 6. Name of Roshould. be filled in.

P.15 4. should not be marked

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.

	ı	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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-9
Dry-to-Dry Unit		٠			-				
(1) w/ ref. condenser	1	12-1							
(2) w/ carbon adsorber	,	8-VEC. 91							
(3) w/ no controls									
Washer Unit		•			•	'		L	1
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•	•		•	•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•	•		•	•			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls					-				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [X perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".					nitions found	l in section (3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machin (Indicate with an "X".) 	nes pursuant to section (5) of P	art II of this notification form?
Existing large area source	Gristing Small and Refrigerated condenser	rea Source
Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser []		
New large area source Refrigerated condenser []		
5. A facility which contains non-exempt emission to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on-s	and hot water generating units	
All steam and hot water generating units on-site (boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no m	y natural gas except for period	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitorin	g and Recordkeeping Inform	ation
Check all logs which are required to be kept on-si	te in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		_ X
(b) Leak detection inspection and repair		, [X]
(c) Refrigerated condenser temperature monitorin	g	
(d) Carbon adsorber exhaust perc concentration m	onitoring	
(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 indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Ϋ́	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the 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. January 196

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

Tel (407) 699-5330 Fax (407) 699-5722 E-mail: esfc2000@aol.com

ESFC

CPA, MST, ChFC, CLU, FLMI, HIA

Comprehensive Financial & Tax Services

June 14, 2001

Dept. of Environmental Protection 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 RECEIVED

SUL 9 2001

E Mobile Sources

RE Willa Cleaners, Inc. AIRS ID 1170063

Please note that we have installed a new machine that uses petroleum on May 16, 2001. Since then, we no longer use perchloroethylene. Should you have any questions, please do not he sitate to contact us. Thanks for your help.

Sincerely,

Soonam Park, President

Willa Cleaners, Inc.

5711 Red Bug Lake Road Winter Springs, FL 32708

407) 699-1050

Attachment – A note from Ms. Sandy Bowman

Cc

Executive Speaker Financial Consulting, Inc. 936 Lake Sterling Ct. S. Casselberry, FL 32707 / USA Phone (407) 699-5330 Fax (407) 699-5722 E-mail: esfc2000@aol.com

CPA, MST, ChFC, CLU, FLMI, HIA

I have a question for one of my clients:

We recently replaced our old Perc Dry Cleaning Machine with a new Petroleum Dry Cleaning Machine. Do we still need to renew our old General Permit? Or, should we just need to surrender it?

Your help will be greatly appreciated. Thanks!

Sincerely,

James for WIlla Cleaners June 12, 2001

<>

From: Sandy.Bowman@dep.state.fl.us (Bowman, Sandy)
To: ESFC2000@aol.com
CC: William.Davis@dep.state.fl.us (Davis, William), Rick.Butler@dep.state.fl.us (Butler, Rick),
Jeff.Rustin@dep.state.fl.us (Rustin, Jeff)

Dear James,

The Title V air general permit applies only to facilities using perchloroethylene. Facilities using petroleum as their cleaning solvent are exempt from the requirements.

Permit renewal is for those facilities wishing to continue their eligibility. If your clients are using petroleum exclusively, they need not re-submit the notification form. The existing permit for the facility (AIRS ID # 1170063) will expire September 5, 2001.

If the RO (Responsible Official) for Willa Cleaners submits a letter to us stating the facility no longer uses perchloroethylene, we will go ahead and "inactivate" their status in the database.

Please contact me if you have additional questions.

Sincerely,

Sandy Bowman

Bowman, Sandy

From: ESFC2000@aol.com

Sent: Tuesday, June 12, 2001 3:08 PM

To: Butler, Rick; Bowman, Sandy

Cc: ESFC2000@aol.com

Subject: Notification of Intent to Use General Permit

Executive Speaker Financial Consulting, Inc. 936 Lake Sterling Ct. S.
Casselberry, FL 32707 / USA
Phone (407) 699-5330
Fax (407) 699-5722
E-mail: esfc2000@aol.com

CPA, MST, ChFC, CLU, FLMI, HIA

I have a question for one of my clients:

We recently replaced our old Perc Dry Cleaning Machine with a new Petroleum Dry Cleaning Machine. Do we still need to renew our old General Permit? Or, should we just need to surrender it?

Your help will be greatly appreciated. Thanks!

Sincerely,

Willa Cleaners

June 12 2001

7 6/13/01 Seb etc.
-1440-1500 -14

CD

1170063

9-4 Spoke to
Yolanda at Willa Cleaners

Soo Park is the
hame of the RO.

p 13

6 Name of Ro should
be filled in.

p.15

4. Should not be marked

Corrections made 1/14/97

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	77
	Willa Cleaners Inc
2.	Site Name (For example, plant name or number):
	Willa Cleaners Inc.
3.	Hazardous Waste Generator Identification Númber:
4.	Street Address: 5-211 Keel but Lake Kel.
	City: Winter Spings County: Seminole Zip Code: 32708
5.	Facility Identification Number (DEP Use):
	11/10063
**2 N. S.	
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Soo park 1/14/97 PJR
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 5-7// Rec/ hug VK Red. City: O County: 5 7// Red.
	City: Winter Springs County: Seminole Zip Code: 32728
	Winter Springs Seminore
8.	Responsible Official Telephone Number:
	Telephone: (40) 699 1050 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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AUG 2 2 1996

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Bureau of Air Monitoring & Mobile Sources

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		Δ	<u>.</u>						
(1) w/ ref. condenser	1	-							
(2) w/ carbon adsorber	- (8 VEC. 41				-			
(3) w/ no controls									
Washer Unit		•			•			'	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				-					
Dryer Unit		•	•			-	U	•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			-	+12	:	: .			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls							•		
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons (b) If less than 12 months, how many? [] months 									
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	urce o Selec ea so	classification t one classifi urce []	based on the cation only.)	e defi		d in section (3	3) of		

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Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber New small area source Refrigerated condenser New large area source Refrigerated condenser []	Existing Small ar Refrigerated condenser	ea Source (14/9)
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by a during which propane or fuel oil containing no more	atural gas except for period	s of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	Ľ.	
Equipment Monitoring :	and Recordkeeping Inform	ation
Check all logs which are required to be kept on-site	in accordance with the requi	rements of this general permit:
(a) Purchase receipts and solvent purchases	•	للآ
(b) Leak detection inspection and repair		LX_
(c) Refrigerated condenser temperature monitoring		
(d) Carbon adsorber exhaust perc concentration mor	nitoring	
(e) Instrument calibration		,
(f) Start-up, shutdown, malfunction plan		ι χ ί

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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.								
	Responsible Official Certification							
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will prod	mptly notify the Department of any changes to the information contained in this notification. 149							



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCI	E INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
	197 TIME IN: 10:40 TIME OUT: 11:05 ANERS, INC BUG LAKE RO PRINGS FL 32708
PART I: NOTIFICATION	
 (check appropriate box) Existing facility notified DARM by 9/1/96 New facility notified DARM 30 days prior to s Facility failed to notify DARM to use general p 	-
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	A Y □N
If no, please check the appropriate classification:	
facility qualified for a general p facility exceeds above limits and	ermit as number above d is not eligible for a general permit purchased within the preceding 12 months by this dry cleaning

1 of 4

facility was 62 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? 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 prior to September 22, 1993 installed 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN

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

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

UA DN

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser 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 ON/A
	Is the perc concentration equal to or less than 100 ppm?	·OY ON
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?	. ОУ ОМ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
	· · · · · · · · · · · · · · · · · · ·	
PA	ART V: RECORDKEEPING REQUIREMENTS	
·H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
H:	as the responsible official:	d√y □N
H: (cl	as the responsible official: heck appropriate boxes)	DY ON
H; (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	DY ON
H; (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DY DN DY DN
H; (cl 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	OY MA OY ON OY ON
H: (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON OY ON OY ON OY ON OY ON ON OY ON
·H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?	' .2
H: (cl 1. 2. 3. 4. 5.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON XON/A
H: (cl 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON AN/A
H: (cl 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON AON/A OY ON OY ON
H: (cl 1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Explained Leak Locuments of the concentration of the co	OY ON AON/A OY ON OY ON OY ON OY ON
H: (cl 1. 2. 3. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Explained Leak Locardoblem corrected? AND DEVIATION REPORTS	OY ON AON/A OY ON OY OY OY OY OY OY OY OY OY
H: (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Explained Leak Locardoblem corrected? AND DEVIATION REPORTS	OY ON AON/A OY ON OY OY OY OY OY OY OY OY OY

2.	Which method of detection is used by	the respon	sible offic	cial?	. A	
	Visual examination (condensed	solvent on	exterior s	urfaces)	X.	
	Physical detection (airflow felt t	hrough gas	skets)	•	P	
	Odor (noticeable perc odor)	Α				
	Use of direct-reading instrumen	tation (FII	PID/calc	rimetric tubes)	o`	
	If using direct-reading instrun	nentation,	is the equ	ipment:		
	a. Capable of detecting	g perc vapo	r concent	rations in a range of 0-500 ppm?	□Y (ЛU
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	o and after each use		אב
	c. Inspected for leaks a	ınd obviou:	s signs of	wear on a weekly basis?	OY (אכ
	d. Kept in a clean and	secure area	a when no	t in use?	OY (ור
	e. Verified for accurac	y by use of	duplicate	samples (calorimetric only)?	□ Υ (אב
3.	Has the facility maintained a leak log	?	-		OY !	K N
4.	Does the responsible official check the	e following	g areas for	leaks?	,	\
	Hose connections, fittings, couplings, and valves	≱ Y	ПN	Muck cookers	f Y	□N
	Door gaskets and seating	ÞΥ	ΩΝ	Stills	γ Y	ΩΝ
	Filter gaskets and seating	YY	ΠN	Exhaust dampers	ПY	□N
	Pumps	ÞΥ	□N	Diverter valves	YY	□N
	Solvent tanks and containers	X Y	□N	Cartridge filter housings	χY	□N
	Water separators	×Υ	ΠN			
		•				

Name of Responsible Official

1013/11/02

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection



WILLA CLEANERS, INC.

5711 Red Bug Lake Road Winter Springs, FL 32708 Telephone: (407) 699-1050

May the peace of God be with you.

In Willa Springs Plaza

ADDITIONAL.	CITE INE	ODMATION	J.
ADDITIONAL	SILE HAR	UKIVIATIUI	٧:

- SPENCER SPRINT 400 45 LB
- HAS CONTAINMENT PAN EXTENDS BACK OF MACHINE FOR STORAGE
- HAS EPOXY AROUND SPOTTING BOARD AND VACUUM MACHINE
- WASTEWARR THROUGH CALAXY MISTER
 TESTED 11/2/96 83.6 ppm 11/1/96,0.53
 SAFRTY KLEEN PICKS UP WASTE
- VERY COOPERATIVE, SEEMS TO BE RUNNIM A GOD SHOP.



TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID#: 17069 DA FACILITY NAME:D	a Spriv	
RESPONSIBLE OFFICIAL:		PHONE: 407-699-1050 PHONE: 407-699-1050
PART I: NOTIFICATION		<u> </u>
(check appropriate box) 1. New facility notified DARM 30 2. Facility failed to notify DARM		
PART II: CLASSIFICATION		
Facility indicated on notification (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)	· \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	□ No notification form □ 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)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$	00 gal/yτ	4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$

If no, please check the appropriate classification:

both types, $140 \le x \le 1,800 \text{ gal/yr}$

5. This is a correct facility classification

(constructed before 12/9/91)

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)

□Can not determine

ПΝ

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was (100 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?

AVVA NO VA

2. Examining the containers for leakage?

אאלם אם אם

Closing and securing machine doors except during loading/unloading?

MD AM

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

AVO NO NIA

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

אואשל מם צם

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?

Yev □N

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

YY ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

אומם מם אב

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

XX DN

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

MY ON ON/A

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

M ON

B. Has the responsible official of an existing large or new l	arge area source also:	
1. Measured and recorded the exhaust temperature on the out		
on dry-to-dry, reclaimer, and dryer machines on a weekly b	assis?	
2. Measured and recorded the washer exhaust temperature at	the condenser	
inlet and outlet weekly?	OY ON ON	/A
Is the temperature differential equal to or greater than	1 20° F? DY DN DN	/A
\		
3. Measured and recorded the perc concentration in the exhau	st stream weekly	
at the end of the final drying cycle while the machine is ve		
if machines are equipped with a carbon adsorber?	OY ON ON	/A
Is the perc concentration equal to or less than 100 pp.	m? OY ON ON	/A
4. Assured that the sampling port on the carbon adsorber exhibitions is at least 8 duct diameters downstream		
or expansion; is at least 2 duct diameters upstream from an		
or expansion; and downstream from no other inlet?	OY ON ON	/A
5. Equipped transfer machines (dryers, reclaimers, and washe	rs) with individual	
condenser coils?	עם אם צם	/A
C. Danada i Garata sharada adaahar (if yaad) at all timas		
6. Routed airflow to the carbon adsorber (if used) at all times?		/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? 3. Maintained leak detection inspection and repair reports for the following: AVA DN DN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN XN/A and parts installed w/in 5 days of receipt? AVAZ NO YO 4. Maintained calibration data? (for applicable direct reading instruments) OY ON XQN/A 5. Maintained exhaust duct monitoring data on perc concentrations? KOY □N 6. Maintained startup/shutdown/malfunction plan? AVÂM NO YES 7. Maintained deviation reports? DY DN MINA Problem corrected? DY DN PM/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND REPAIRS	
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detec	tion and repair
	inspection?	DY □N
2.	. Has the facility maintained a leak log?	XY ON
3.	. Does the responsible official check the following areas for leaks?	
	Hose connections, fittings, couplings, and valves Ty DN DN/A Muck cookers	אום אם אם A
	Door gaskets and seating	אואם אם אם
	Filter gaskets and seating TY ON ON/A Exhaust dampers	אואם אם צם
	Pumps Diverter valves	אואם אם אוא
	Solvent tanks and containers	usings DY DN DN/A
	Water separators	. 1
4.	Which method of detection is used by the responsible official?	1
	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)	' a`
	Halogen leak detector	
	If using direct-reading instrumentation, is the equipment:	⊅x √A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 p	pm? □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?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)	? OY ON
	· · · · · · · · · · · · · · · · · · ·	
_		
-	Inspector's Name (Please Print) Date of	of Inspection
	·	
_		No. of No. of Town and Inc.
	Inspector's Signature Approximate I	Date of Next Inspection

ADDITIONAL SITE INFORMATION:

IN COMPHANCE

SPENCER

Sprin MKIL

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170063 WILLA CLEANERS INC 5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708 & Mobile Sources Do <u>NOT</u> Remove Label Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon 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: Signature

^{*}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 RE-INSPECTI	COMPLAINT/DISCOVERY ON
FACILITY NAME: Willa Cle FACILITY LOCATION: 5711 Res Winler S RESPONSIBLE OFFICIAL: Soo Park	Dungs FL 32708 20 0
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to st 2. Facility failed to notify DARM to use general p	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	No notification formDrop 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) 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	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 (constructed before 12/9/91) 5. This is a correct facility classification	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91) $\square Y \qquad \square N \qquad \square Can \text{ not determine}$
If no, please check the appropriate classifi facility qualified for a g	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 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? >pumpedin or 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? QTY ON ON/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the QY QN QN/A 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? QY QN 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

QY QN

verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	XÝ □N		
2. Maintained rolling monthly total of perc consumption?	.Σ Σ ΥΥ □Ν		
3. Maintained leak detection inspection and repair reports for the following:	·		
a. documentation of leaks repaired w/in 24 hrs? or;	X Y 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?	OY ON PANA		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON OX(√)/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N CXXÎ/A		
6. Maintained startup/shutdown/malfunction plan?	XY DN		
7. Maintained deviation reports?	Y ON ON/A		
Problem corrected?	A/MED NO YOU		
8. Maintained compliance plan, if applicable?	DY DN SIN/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?			, V	XÝ	ПN
2.	Has the facility maintained a leak log?				Ż	□и
3.	Does the responsible official check the	following are	as for leaks?	-	<i>ا</i> ١	
	Hose connections, fittings,					
	couplings, and valves	ו אם צום	⊒N/A	Muck cookers	QΥ	□N □N/A
	Door gaskets and seating	ס אם אם	⊃N/A	Stills	Y	□N □N/A
	Filter gaskets and seating	אם אם	□N/A	Exhaust dampers	φ _Y	□N □N/A
	Pumps	ט אם צם	⊃N/A	Diverter valves	ÞΥ	□N □N/A
	Solvent tanks and containers	אם ציף	⊃N/A	Cartridge filter housings	ÞΥ	□N □N/A
	Water separators	אם אם	⊃N/A		1	
4.	Which method of detection is used by the	he responsible	e official?			
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:					A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N					ΠN
	b. Calibrated against a standard gas prior to and after each use					
(PID/FID only)?				ΔY	ПΝ	
	c. Inspected for leaks an	d obvious sig	ns of wear on a	weekly basis?	ΠY	ПN
ı	d. Kept in a clean and se	cure area who	en not in use?		ΩY	□N
	e. Verified for accuracy	by use of dup	olicate samples	(calorimetric only)?	ΠY	□N

JAADIA YURESHT	10127198
Inspector's Name (Please Print)	Date of Inspection
	18/29
Inspector's Signature	Approximate Date of Next Inspection

has pan

Spencer Sprint 400. Las gen waste machen

Condensate water - explained it needs to be

orism Small

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11. 30	TIME OUT: /2.'30	AIRS 10#: 1171	0063
TYPE OF FACILITY:	ry deanine		
FACILITY NAME: WWW	la sono Clean	ors	DATE: 1927/98
FACILITY LOCATION: 51	II led Bus Cle	anlas	
	inter Syrs r	32708	
RESPONSIBLE OFFICIAL:	o Park	PHONE NUMBER:_	407-699-100
ليجب	ne compliance requirements evalua ule 62-213.300, Florida Administra	ated during this inspection, the facilinative Code (F.A.C.).	ty is found to be in
Based on the results of the discrepancies were noted	•	ited during this inspection, the follow	ving compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
		Burgar of Air Stire	PKCK LKD
COMMENTS: Will Check.	logo in a con	ple of mblo.	
The Annual Compliance Certifica	tion form has been properly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	V:	proximate)	
INSPECTION CONDUCTED E	BY: SAADIA	QURESTY case Print)	
INSPECTOR'S SIGNATURE:		PHONE NUMBER:_	893-3333

Page___of___.

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗷 COM	APLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 11:15 - TIME OUT: 11:4	AIRS ID#: 117003				
FACILITY NAME: NULLA SPYNOS GO FACILITY LOCATION: 5711 Ped Buy	aners DATE: 11/6/97 - (elle 12d. FL. 32708				
RESPONSIBLE OFFICIAL: SOO N Park	PHONE NUMBER: 407-699-1010				
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration					
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
COMMENTS: facility, excellent record keeping.					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION:					
INSPECTION CONDUCTED BY: SAADIA	pproximate) URESHI Please Print)				
INSPECTOR'S SIGNATURE: (Please Print) PHONE NUMBER: 407894-7555					

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLISTAL

ARMS UPDATED	-
DATE 10-4-98	

TYPE	OF	INSPE	CTIO	N٠

ANNUAL

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COMPLAINTAISCOAR

- le

RE-INSPECTION

AIRS ID#: 1170063 DATE: 10-4 TIME IN: 12:20 TEME OUT: 12:50

FACILITY NAME: Willy (legners

FACILITY LOCATION: 5711 Red Bug Luke Road

Winter Springs, FL 32708

RESPONSIBLE OFFICIAL: S_{00} Park PHONE: (407) 699-1050

CONTACT NAME: S_{00} Park PHONE: (407) 699-1050

(check appropriate box)

PART I: NOTIFICATION

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit
- ☐ No notification form
- Drop store/out of business/petroleum

PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)
A.

- 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ 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)
- 5. 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, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
- □Y □N □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was graduants.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XXVA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XIA 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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MAYA 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 y 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). Curbon 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) DY DN 1. Equipped all machines with the appropriate yent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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 excepted 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	DY (אכ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y (אב	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY (NC	□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?		זגר	□n/a
	Is the perc concentration equal to or less than 100 ppm?			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,		717	ON/A
	or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY C	מכ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אַ נ	אכ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	אכ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ØY □N			
2. Maintained rolling monthly averages of perc consumption?	DAY_CIM			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ANA			
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 pá n/a			
4. Maintained calibration data? (for applicable direct reading instruments)	AVA X NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA X NO YO			
6. Maintained startup/shutdown/malfunction plan?	MY ON			
7. Maintained deviation reports?	Y ON ON/A			
Problem corrected?	A'M X NO YO			
8. Maintained compliance plan, if applicable?	DY ON DNA			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, XY ON ON/A couplings, and valves Muck cookers Y ON ON/A AY ON ON/A Stills AY ON ON/A Door gaskets and seating AY ON ONA SAY ON ON/A Filter gaskets and seating Exhaust dampers AND NO YOU AND NO YA Diverter valves Pumps Cartridge filter housings XY ON ON/A A'NO NO YES Solvent tanks and containers Water separators AYMO MO YA 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) MC. Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector /A/ME If using direct-reading instrumentation, is the equipment: DY UN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? NO YO e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Kandall Com Lunningham	10-4-99
Inspector's Name (Please Print)	Date of Inspection
World To	10-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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,	
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AJKS ID#.

1170063

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Willa C	leaners	DATE:	10-4-99
FACILITY LOCATION: 5711	Red Bug Lake Rd.		
Winter	Springs, FL 32708		
	<u> </u>		
Annual Reporting Period: Octobe	19_ 9% TO	October	19 9 %
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	V general air permit, my facility has rem .A.C.), during the period covered by this	ained in compliance with DEI statement. YES	? Rule □NO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous compliar	nce during the reporting period	i stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:	· .		
Method used to demonstrate compliance:	<u>.</u>	_ 	
#2. Term or condition of the general permit	that has not been in continuous complian	nce during the reporting period	i stated above:
Exact period of non-compliance: from		0	
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 purchase receipts, does not exceed 2, combination facilities. RESPONSIBLE OFFICIAL: Na	and complete. Further, my annual consu	mption of perchloroethylene s	olvent, 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	70063
TYPE OF FACILITY: Dry	Cleaner		
FACILITY NAME: Will	a Cleaners		DATE: 10-4 - Mag
FACILITY LOCATION: 5	711 Red Bug Lak	e Road	
Wi	nter Springs, FL		
RESPONSIBLE OFFICIAL:	Soo Park	PHONE NUMBER:_	1407) 699-1050
	the compliance requirements eval Rule 62-213.300, Florida Adminis	uated during this inspection, the facil trative Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were note	-	uated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			•
COMMENTS:			
COMMENTS.			
In Comp	liance		
The Annual Compliance Certific	cation form has been properly cert	ified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO) <i>(</i>)	
INSPECTION CONDUCTED	BY: Randall C	approximate) - unn in gham Please Print)	
INSPECTOR'S SIGNATURE	40/-11/-	PHONE NUMBER:	<u>(407) 843-333</u>

Page l of (.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ARMS	UPDATED
l	DATE_	10-3-00
	BY	Re

TYPE OF INSPECTION:

ANNUAL (INS1, INS2) 💆

á

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI) 🚨

AIRS ID#: 1170063 DATE: 10-3-00 TIME IN: 1230 TIME OUT: 1:00 FACILITY NAME: Villa Cleaners FACILITY LOCATION: 5711 Red Bug Lake Road. Vinter Springs, FL 32708
RESPONSIBLE OFFICIAL: Sou Parki PHONE: 407-699 - 1050 CONTACT NAME: PHONE:
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit Check appropriate box) Facility Compliance Status: (ARMS Data) MNC SNC
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 (check appropriate box) 2. New small area source dry-to-dry only x < 140 gal/yr (check appropriate box) A. 1. Existing small area source dry-to-dry only x < 140 gal/yr (check appropriate box) A. 1. Existing small area source dry-to-dry only x < 140 gal/yr (check appropriate box) A. (check appropriate box) (check appropriate box)
dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON AN/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 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 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/bi-weekly basis? NO YO 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after yefifying that the coolant had been completely charged? NO. AO

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?	DΥ	ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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	DΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	_	_	□N/A
	is the perc concentration equal to or less than 100 ppin:	u 1	UIN	UN/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?	_Y	ОΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΠИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	d y on	
2. Maintained rolling monthly total of perc consumption?	MO AM	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON PANA	
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 AN/A	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZIN/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A	
6. Maintained startup/shutdown/malfunction plan?	EN DN	
7. Maintained deviation reports?	OY ON ØN/A	
Problem corrected?	OY ON ZÍN/A	
8. Maintained compliance plan, if applicable?	OY ON MONA	

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, HY ON ON/A CY ON ONA couplings, and valves Muck cookers MY ON ON/A DY ON ON/A Stills Door gaskets and seating Y ON ON/A DY ON ONA Filter gaskets and seating Exhaust dampers MY ON ON/A LY ON ONA Diverter valves Pumps TOY ON ON/A QYY ON ON/A Solvent tanks and containers Cartridge filter housings DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **EX**N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN

	•
Randall Conningham Inspector's Name (Please Print)	10-3-00
Inspector's Name (Please Pfint)	Date of Inspection *
Rhall Car	10-2001
Inspector's Signature	Approximate Date of Next Inspection

b. Calibrated against a standard gas prior to and after each use

d. Kept in a clean and secure area when not in use?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

(PID/FID only)?

OY ON

DY DN

OY ON

ND YD

AIRS ID#: 170063

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Willy (legners	DATE: 10-3-00
FACILITY LOCATION: 5711 Red Bug Lake Rd. Winter Springs, FL 32708	·
Annual Reporting Period: October 1999 TO October	20_00
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	_
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromto	
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 inquired in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities of 1,800 gallons per year combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	solvent, 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 💆 COM	MPLAINT/DISCOVERY RE-INSPECTION	
TIME IN: (2:3) TIME OUT:	AIRS ID#: 1170063	
TYPE OF FACILITY: Pry Cleuning		
FACILITY NAME: Willa Cleaners	DATE: 00-3-00	
FACILITY LOCATION: 5711 Red Bug Lake K	d,	
Winter Springs, FL 31	708	
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 407-699-1050	
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:	ated during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
·		
:		
COMMENTS:		
In Compliance		
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO	
DATE OF NEXT INSPECTION: 10-200	· · ·	
INSPECTION CONDUCTED BY: Randall Conninghum		
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-893-3333	
Page	Revised 10/96	
rage		

Z 210 PP5 402

US Postal Service Receipt for Certified Mail

10 AIRS ID # 1170063001AG SOO N PARK WILLA CLEANERS 5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708

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

Fold at line over top of envelope to	APLETE 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: 10	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X		
5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708	3. Service Type Certified Mail		
2. Article Number (Copy from service label)			
PS Form 3811, July 1999 1 11 11 Domestic Ret	urn Receipt 1 11 11 11 102595-99-M-1789		

se side?	Complete items 1 and/or 2 Complete items 3, 4a, and	tor auditional services. 4b. ss on the reverse of this form	<u> </u>	I also wish to receive the following services (for an extra fee):
vers		t of the mailpiece, or on the ba	ck if space does not	1. Addressee's Address
je re		uested* on the mailpiece below		2. Restricted Delivery
č	■The Return Receipt will show to whom the article was delivered and the date delivered. Consult postmaster for fee.			
your <u>RETURN ADDRESS</u> completed on the reverse	WILLA CLEANERS 5711 REDBUG LAK WINTER SPRINGS	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. umber Type Addressee's Address Consult postmaster for fee. Umber Certified Mail Insured Delivery Office COD Salivery		
	5. Received By: (Print Name)		8. Addressee and fee is	e's Address (Only\if requested paid)
	6. Signatuse: (Address	Se or Agent)		
<u>8</u>	(X) (12	Mon		
		P 174 052	F29	 (Λ
	1	P 174 052 US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to ILLA CLEANERS II REDBUG LAKE RO	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	
	57	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	
	57	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to ILLA CLEANERS II REDBUG LAKE RO	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	
	57	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to ILLA CLEANERS 11 REDBUG LAKE RO INTER SPRINGS FL 32	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	
	57 W	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to ILLA CLEANERS II REDBUG LAKE RO INTER SPRINGS FL 32 Special Delivery Fee Restricted Delivery Fee	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	
	57 W	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to ILLA CLEANERS II REDBUG LAKE RO INTER SPRINGS FL 32 Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	3
	57 W	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to ILLA CLEANERS II REDBUG LAKE RO INTER SPRINGS FL 32 Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	3
	57 W	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation Sent to ILLA CLEANERS II REDBUG LAKE RO INTER SPRINGS FL 32 Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address	ified Mail Provided. al Mail (See reverse) AIRS ID # 117006	

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No Do IS	o Insurance Coverage P o not use for Internationa ent to	nyueu.
571	LA CLEANERS 1 REDBUG LAKE RO NTER SPRINGS FL 3	DAD 2708
\ <u>\</u>	Certified Fee	
1	Special Delivery Fee	
	Restricted Delivery Fee	
~	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

n the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Arint 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.	e does not 1. Addressee's Address e number. 2. Bestricted Delivery
N ADDRESS completed o	3. Article Addressed to: AIRS ID # 1170063707 WILLA CLEANERS 5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708	48 Article Number A Service Type Registered Registered Insured Receipt for Merchandise COD 327089
your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	Addressee's Address (Only if requested and fee is paid)
<u> </u>	PS Form 3811 , December 1994 102	E595-97-B-0179 Domestic Return Receipt

.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301081

30/081

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#1170063

WILLA CLEANERS INC 5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708 FOR GOVERNMENT USE ONLY

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

Обј.: 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.

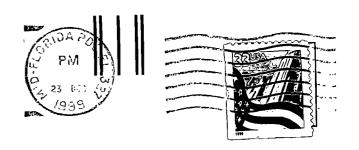
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1170063

WILLA CLEANERS 5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

BEBISHBOTO



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390057

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

MAIL ROOM

TOTAL AMOUNT DUE: \$50:00

Do NOT Remove Label

AIRS ID # 1170063

WILLA CLEANERS 5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258706 -

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

RECEIVED MAIL ROOM JAN 22 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170063

WILLA CLEANERS '5711 REDBUG LAKE ROAD WINTER SPRINGS FL 32708 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273