

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Manher R. Mehta Tiffany Cleaners 670 East Semoran Boulevard Casselberry, Florida 32707

Facility I.D. No. 1170076

Dear Mr. Mehta:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

dead a word

and Mobile Sources

DD/jw

cc: Mr. Charles Norman, Northwest District

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



Department of Environmental Protection

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

David B. Struhs Secretary

July 12, 2001

Mr. Manhar R. Mehta Tiffany Cleaners 670 Semoran Boulevard Casselberry, Florida 32707

Dear Mr. Mehta:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 12.

In reviewing your submittal, it was noted that Tiffany Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1170076). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Mr. John Turner, Central District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Tiltany Cleaners inc
2.	Site Name (For example, plant name or number):
	Tiblany Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLD 044 299 683
4.	Facility Location: Street Address: 670 E Semovan BLVD
	City: County: Zip Code:
	Casselderry ScMinile 32707 Facility Identification Number (DEP Use):
).	Facility Identification Number (DEP Use): 1170076
	Responsible Official
6)	Name and Title of Responsible Official:
	Manher. R. Mehta
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 670 E Commonwelle Semeran BLVD
	TITLE A MATERIA
	Street Address: County: Zip Code:
	City: Casselberry County: Zip Code: 3270)
8.	City: Casselberry County: Zip Code: 3270) Responsible Official Telephone Number:
8.	City: Casselberry County: Zip Code: 3270)
8.	City: Casselberry County: Zip Code: 3270) Responsible Official Telephone Number:
_	City: Casselberry County: Zip Code: 3270) Responsible Official Telephone Number: Telephone: (40) 831 3131 Fax: () -
_	City: Casselberry County: Zip Code: 3270) Responsible Official Telephone Number: Telephone: (407) 831 - 3131 Facility Contact (If different from Responsible Official)
9.	City: Casselberry County: Zip Code: 3270) Responsible Official Telephone Number: Telephone: (407) 831 - 3131 Facility Contact (If different from Responsible Official)
9.	City: Casselberry County: Zip Code: 3270) Responsible Official Telephone Number: Telephone: (40) 831 - 3131 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager):
9.	County: Seminile Zip Code: 3290) Responsible Official Telephone Number: Telephone: (40) \$31 3131 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code: Facility Contact Telephone Number:
9.	City: (abselbing) Seminic Zip Code: 3270) Responsible Official Telephone Number: Telephone: (40) 831-3131 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address: City: County: Zip Code:

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Bureau of Air Monitoring & Mobile Sources

#1170076

Tiffany Cleaners
-Spoke W/ Manhar Mehya-9,80/96
p.13 le. add title - Owner
P.14 1(a) add date control device
p./4 1 (a) add date control device installed, if any p./5 4. mgrkout "V" and initial 5. (f) required
5.(4) required
· · · · · · · · · · · · · · · · · · ·
······································

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Devices Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	· · · · · · ·	12-NOV-93	-	08-DEC-91	-	#3	02-MAR-92	
Dry-to-Dry Unit	100	+ -		. A 7	The state of the s	and the second	Jun :	ELF. F. WEET	Fig. T
(1) w/ ref. condenser	1	JAn 1986			I				
(2) w/ carbon adsorber	Ť								
(3) w/no controls						,			
Washer Unit	1000	A COLUMN	the party of the second	m,	E BASE ALL	F. 1845. 1.25	***		
(4) w/ ref. condenser						i i		7	
(5) w/ carbon adsorber		-							
(6) w/ no controls				1					
Dryer Unit		5.被痛痛的。	作品できる。 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		建計画學學報酬	the half profest was in the	č. \$7	· 建二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二二	real and the contract of
(7) w/ ref. condenser								-	
(8) w/ carbon adsorber								,	
(9) w/ no controls		-							
Reclaimer Unit	\$4. T	统二角图解了《理 题	hipe Land The		たいこ かな かん	虚的私的情况。 4.5	a jiji magalan Mana	"在我们一个	"本流为解码 "
(10) w/ ref. condenser			,			l .			-
(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 montrol Check why it is less	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [v perc)	purchased in	n the latest 12			نــــــا
3. 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 sou	ırce []	Ne	w lar	ge area sour	ce [l	d	

(Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	•
to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site All steam and hot water generating units on-site (1)	have a total heat input of 10 million BTU/hr or less (298 autural gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
Start-up, shutdown, malfunction plan	[]

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)
[\	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is 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 pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	M/Nonte 8/28/96

		'EST AVAILABLE COPY # 1170076	
		Tiffany Cleaners	
1.	Facil	-Spoke W/ Manhar Mehya-9/30/96	
2.	Site N	p.13 6. add title-Owner	
3.	Hazai	P.14 1(a) add date control device	
	Facili Stree	P.14 1(a) add date control device installed, if any P.15 4 mark out "V" and initial 5.(f) required	-
	City:		
		Corrections 12/11/96	2
6)	Name		
	Respo Organ Street	·	
1	City:		9 0)
	Respo Telepl		-
9.	Name	and Title of Facility Contact (For example, plant manager):	
10.	Facilit	y Contact Address:	_
•	City:	Address: County: Zip Code:	
	Facilit Telepl	y Contact Telephone Number: none: () - Fax: () -	

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Burnou of Air Monitorina & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Tiltany Cleaners inc
2.	Site Name (For example, plant name or number):
	Tildany Cleaness
3.	Hazardous Waste Generator Identification Number:
	FLD 044 299 683
	Street Address: 670 E Semesan BLVD
	City: County: Zip Code: (488el 5 cory Sc Minile 32707 Facility Identification Number (DEP Use):
₹5 .€	Casselberry Seminie 32707 Facility Identification Number (DEPLISE)
	Responsible Official
6.	Name and Title of Responsible Official:
	Name and Title of Responsible Official: Manks. R. Mchta Owner:
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 670 E Socializate Semeran BLVD
	City: (asselberry County: Zip Code: 3270)
8.	Responsible Official Telephone Number:
	Telephone: (40) 531^{-} 3131 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: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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हरण । ५ । १५७३ owner in Ar Meditorian 5 Webbe Sources

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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-9
Dry-to-Dry Unit			M PM	e W	C17/10				
(1) w/ ref. condenser	Ì	Jan 1981]	1				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•		•	•			•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•	'		•			•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									-
(b) Control devices are (c) No control devices 2.(a) What was the total of the second	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [oroethylene (perc)	purchased in				f 1
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	urce (Selec ea so	classification t one classifi urce [V]	based on the cation only.)	e defi		d in section (i		·	
Existing large are	a 301	urce	146	w idi	ge area sour		J		

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 What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".) 	art ll of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser New small area source New small area source New small area source	
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 I 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	
•	
Equipment Monitoring and Recordkeeping Inform	nation
Check all logs which are required to be kept on-site in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases	_ V]
(b) Leak detection inspection and repair	_ ✓]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[] Mi/Minc

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	No air permits currently exist for the operation of the facility indicated in this notification form. Responsible Official Certification
_	Responsible Official Certification
this notificat statements m maintain the	signed, am the responsible official, as defined in Part II of this form, of the facility addressed tion. I hereby certify, based on information and belief formed after reasonable inquiry, that nade in this notification are true, accurate and complete. Further, I agree to operate and a air pollutant emissions units and air pollution control equipment described above so as to all terms and conditions of this general permit as set forth in Part II of this notification form
I will promp	tly notify the Department of any changes to the information contained in this notification.



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCO	OVERY 🗆
FACILITY NAME:	ers	E OUT: /0:40
FACILITY LOCATION: 670 6	E Semonan Blud erry	
PART I: NOTIFICATION		-
(check appropriate box)		
Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to sta	artup	0
3. Facility failed to notify DARM to use general pe	•	
		-
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)	a
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	NO ON	
If no, please check the appropriate classification:		
facility qualified for a general per facility exceeds above limits and	rmit as number above is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) p facility was \mathscr{G} gallons.	ourchased within the preceding 12 month	s by this dry cleaning

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

PART IV: PROCESS VENT CONTROLS

In	Part II-A:					
	If classification 1 has been checked, no controls are required. Proceed to Part V.					
	If classification 2 has been checked, the machine should be equipped with a refrigerated condenses (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 refr (complete A and B below).	igerated condenser				
	A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1.	Equipped all machines with the appropriate vent controls?	□Y □N				
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y '□N □N/A				
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A				
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	□У □И				
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON				
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

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?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	NO YO
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
Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	AA ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	MO KE
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
4. Maintained calibration data? (for direct reading instruments only)	OY ON ZN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	ANX NO YO
6. Maintained startup/shutdown/malfunction plan? Instructed Ro	OY ON KNA
7. Maintained deviation reports?	OY ON

	<u> </u>
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	MA ON

Problem corrected?

8. Maintained compliance plan, if applicable?

□У □И

□Y □N ໘N/A

2.	Which method of detection is used by	the respon	sible offic	cial?			
	Visual examination (condensed	solvent on	exterior s	surfaces)	X		
	Physical detection (airflow felt t						
	Odor (noticeable perc odor)	Q					
	Use of direct-reading instrumen						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting	g perc vapo	or concent	rations in a range of 0-500 ppm?	QY	ПN	
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	o and after each use	ΩY	□N	
	c. Inspected for leaks a	ınd obviou	s signs of	wear on a weekly basis?	ΠY	□N	
	d. Kept in a clean and	secure are	a when no	ot in use?	ΠY	□N	
	e. Verified for accurac	y by use of	duplicate	samples (calorimetric only)?	ΠY	□N	
3.	Has the facility maintained a leak log	?			ΠY	□N	
4.	4. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	≱ Y	□N	Muck cookers	XY	□N	
	Door gaskets and seating	A Y	□N	Stills	ŹΥ	ПN	
	Filter gaskets and seating	¥ίγ	□и	Exhaust dampers	XX	□и	
	Pumps	⊠Y	□N	Diverter valves	ΣY	□N	
	Solvent tanks and containers	ΔĮΥ	□N	Cartridge filter housings	βY	□N	
	Water separators	P Y	□N				
_							

Name of Responsible Official

Inspector's Name (Please Print)

To the Comment

Inspector's Signature

12/10/96

Date of Inspection

12/97

Approximate Date of Next Inspection



Wedding Gowns Drapery Service Alteration & Shirt Service

TIFFANY CLEANERS

QUALITY PROFESSIONAL CLEANING

670 E. Semoran Casselberry, FL 32707

Phone: 831-3131

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TIME IN: 10:45 TIME OUT: 11:15 AIRS ID#: 1170076 TYPE OF FACILITY: Dry (EANERS DATE: 11/4/17 FACILITY NAME: TIFFAMY (EANERS DATE: 11/4/17 FACILITY LOCATION: 670 E. SENDAN BIND CASSELDE PLOID 3270 I RESPONSIBLE OFFICIAL: WATHER WETHER PHONE NUMBER: 407-831-3131 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/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE (COMPLIA) COMPLIANCE (STAIT UP/ShUT down plan) COMMENTS:	TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION							
FACILITY NAME: TIFFANY (I EANERS DATE: 11/4977 FACILITY LOCATION: 670 E. SENDRAN BIND. CHSSEL BERRY 3270 7 RESPONSIBLE OFFICIAL: WATHAR HETHA PHONE NUMBER: 407-831-3131 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/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE NELDS TO CAM MECHAMIC/ (STAIT UP/ShUT down plan) COMPLIANCE THE MACHINE COMPANY TO ORDER IT	TIME IN: 10:45 TIME OUT: 11:15 AIRS ID#: 1170076							
FACILITY LOCATION: 670 E. SENDAN BILD CASSELBERGY TO 32704 RESPONSIBLE OFFICIAL: MANHAR METHOD PHONE NUMBER: 407-831-3131 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/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE (STAT UP/SHUT down plan) COMPLIANCE TO CAN MECHANIC/ COMPLIANCE TO CAN MECHANIC/ COMPLIANCE TO CALL II	TYPE OF FACILITY: Dry (leaning							
RESPONSIBLE OFFICIAL: WATH AR HETHA PHONE NUMBER: 407-831-3131 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/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE (STAIT UP/SHNT down plan) COMPRING TO ORDER IT COMPRING TO ORDER IT		DATE: 11/4 ft.7						
RESPONSIBLE OFFICIAL: WATHER LITTLE PHONE NUMBER: 407-831-3131 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/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE (STAIT UP/ShUT down plan) COMPLIANCE ACTION PROBLEM FOLLOW-UP ACTION REQUIRED NOCHOLOGY TO CAN MECHANICAL COMPLIANCE (STAIT UP/ShUT down plan)	FACILITY LOCATION: 670 E. SENIORAN	BIUD.						
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/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE (STAIT UP/ShVT down plan) Company Torder II	CASSELBERRY, F.							
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/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE (STAIT UP/SHUT down plan) COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED NOLLOS TO CAN MECHANICAL COMPRING TO ORDER IT	RESPONSIBLE OFFICIAL: MATHER METH	PHONE NUMBER: 407-831-3131						
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED NO MANUAL FOR THE MACHINE (STAIT UP/Shit down plan) NOCAS TO CAN MECHANIC/ (Company) - Order it								
NO MANUAL FOR THE MACHINE (STAIT UP/SHUT down plan) NOLds to card mechanic/ (company) - order it		ated during this inspection, the following compliance						
(STAIT UP/SHUT dOWN Plan) Company - order it	COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED						
(STAIT UP/SHUT dOWN Plan) Company - order it	NO MANUAL FOR THE MACHINE	Nelds to carl mechanics						
COMMENTS	1							
COMMENTS								
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COMMENTS								
COMMENTS		•						
COMMENTS								
COMMENTS								
COMMENTS								
COMMENTS								
existing 5 mail area source se no conclenser required -								
Existing small area source so no condenser required - will dropby in 1 mth or 30 to see if he has the manual.								
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO X DATE OF NEXT INSPECTION: 12/97 + 11/98								
DATE OF NEXT INSPECTION: 12/97 + 11/98 (Approximate)								
INSPECTION CONDUCTED BY: ARPIA DURESH!	INSPECTION CONDUCTED BY:							
INSPECTOR'S SIGNATURE: PHONE NUMBER: 1/41-874-7535								

Page___of__

Revised 10/96

ERPREDING PI

PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PE	CRMIT
COMPLIANCE	INSPECTION	CHECKLIST

TY.	PE	OF	INSPE	CTION:
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ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

CONTACT NAME: Manker R. Mehte PHONE: Same

AIRS 10#: 1170070 DATE: 11497 TIME IN: 10:45 TIME OUT: 11:15
FACILITY NAME: TIFFANY CLEANERS
FACILITY LOCATION: 670 E SEMORAN
CASSELBERRY, FL. 32707
RESPONSIBLE OFFICIAL: Mankar. R. Mehte PHONE (407)831 -3131

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	

<u></u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) per facility was 80 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN BONA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XXI/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 DYY ON ON/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? 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? AYO NO 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY XV 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? NO BAGE, EXPLAINED LAWS - /EXISTING NO ERD. 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY XN 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?	QΥ	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	$\Box Y$	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MY ON			
2. Maintained rolling monthly averages of perc consumption?	ØK □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN XVIA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ם אוא אלא אם			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANA			
6. Maintained startup/shutdown/malfunction plan? Servi ce wer, will get DY				
7. Maintained deviation reports?	OY ON MN/A			
Problem corrected?	OY ON DANA			
8. Maintained compliance plan, if applicable?	A/A NO YO			

PART VI: LEAK DETECTION AND REPAIRS

	ART VI. ELAR DETECTION ALS RETIME								
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?					Y		מנ	
2.	. Has the facility maintained a leak log?					YY		מנ	
3.	Does the responsible official check the follow	owi:	ng ar	eas for leaks?					
	Hose connections, fittings, couplings, and valves	ΙΥ	□и	□N/A	Muck cookers	\vec{q}_{A}	□и	□N/A	
	Door gaskets and seating	ΙΥ	ΠИ	□N/A	Stills		ПΝ	□N/A	
	Filter gaskets and seating	lΥ	ΠИ	□N/A	Exhaust dampers	ПY	ПΝ	□N/A	
	Pumps	ΙΥ	ПΝ	□N/A	Diverter valves	ďΥ	ΩΝ	□N/A	
	Solvent tanks and containers	lΥ	ПN	□N/A	Cartridge filter housings	фү	ПΝ	□N/A	
	Water separators	lΥ	ПΝ	□N/A		ı			
4. Which method of detection is used by the responsible official?									
Visual examination (condensed solvent on exterior surfaces)						M			
	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?						ΠИ		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						(Y	ПΝ		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						ПΝ		
	d. Kept in a clean and secur	re a	rea w	hen not in use?		YY	ПΝ		
	e. Verified for accuracy by t	ıse	of du	plicate samples	(calorimetric only)?	ŪΥ	И□	N/A	
								, ,	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

PERMAC Texilible 430"

no refrig. condenser tenp device no manual = start up shut dom

minor out of compliance will call back to make sure he 3 taking proper imitime

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170076

TIFFANY CLEANERS INC MANHHER R MEHTE 670 E SEMORAN BLVD

CASSELBERRY FL 32707

Bureau of Air Monitoring Do NOT Remove Label

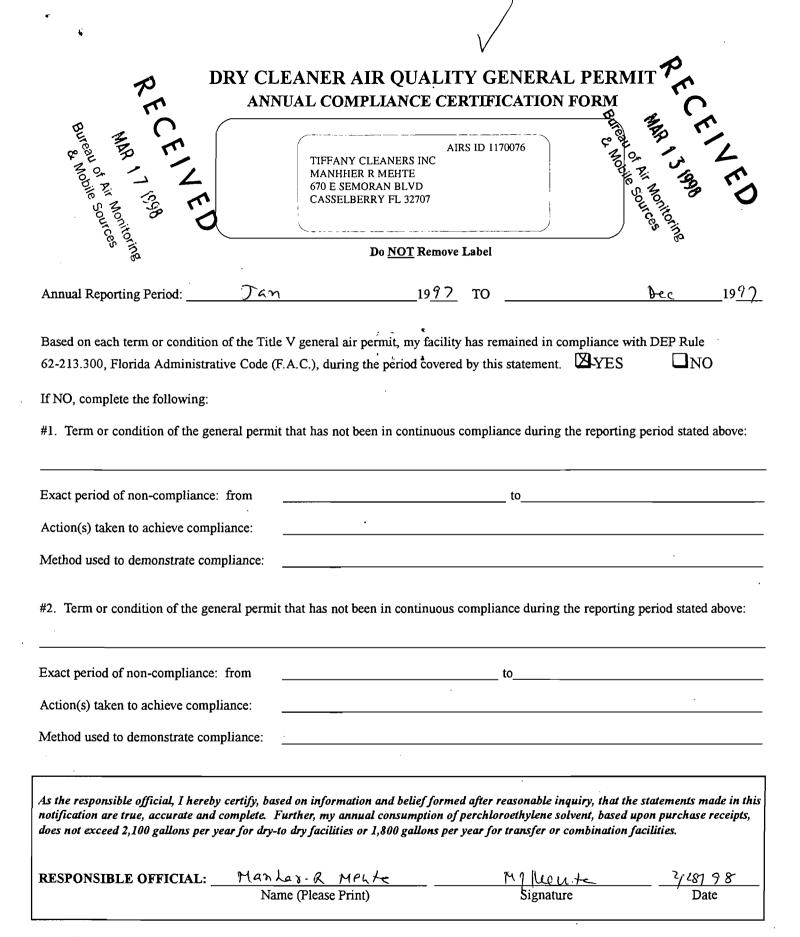
Annual Reporting Period:	4 4	19 <u>97</u> TO	<u> Dis</u>	19.97
Based on each term or condition of the 62-213.300, Florida Administrative Co	_	-		
If NO, complete the following:				
#1. Term or condition of the general p	permit that has not been in o	continuous comp	liance during the	reporting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance	•			
Method used to demonstrate compliance	ce:			
#2. Term or condition of the general p	ermit that has not been in o	continuous compl	liance during the	reporting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve 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: Manhar. R. Melite Name (Please Print)

Method used to demonstrate compliance:

^{*}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.



^{*}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.

litee , and Committee of the committee INSPECTION SUMMARY REPORT TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY TIME IN: 10:20 AIRS ID#: 1170070 TYPE OF FACILITY: 3/10/98 FACILITY NAME: emoran FACILITY LOCATION: PHONE NUMBER: RESPONSIBLE OFFICIAL: 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: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM COMMENTS: The Annual Compliance Certification form has been properly certif

The Annual Compliance Certification form has been properly certified and submittely to the inspector.

DATE OF NEXT INSPECTION:

INSPECTION CONDUCTED BY:

AADIA

(Please Print)

INSPECTOR'S SIGNATURE:

Page of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION	ı.
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ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

•	78 TIME IN: 10:20 TIME OUT: 11	15
FACILITY NAME:Tiffany Clea		
FACILITY LOCATION: 670 Eas		}
Cassellan	M. CL. 30707	
RESPONSIBLE OFFICIAL: Man hav		
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star]
2. Facility failed to notify DARM to use general per	rmit C	1
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petrole	um
A.	a prop store out of business peader	I
1. Existing small area source	2. New small area source dry-to-dry only, x < 140 gal/yr	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr 1987	- 1
both types, x < 140 gal/yr	both types, x < 140 gal/yr (constructed on or after 12/9/91)	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
		}
3. Existing large area source	4. New large area source	
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
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	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	
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	-
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	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	
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classifi	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 $12/9/91$) $\square Y \square N \square Can$ not determine ication:	
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general section of the constructed before 12/9/91.	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 $12/9/91$)	

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 premped 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 AME NO YO 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).

	condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	st have i	been	
	If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated	cond	lenser
	Has the responsible official of all new sources and existing large area sources: neck appropriate boxes)			
1.	Equipped all machines with the appropriate vent controls?	ΩY	ПИ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПΝ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПИ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ΩИ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	Ωи	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	ПИ	
=				

If classification 3 has been checked, the machine should be equipped with either a refrigerated

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	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ИП	□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,			
Ì	if machines are equipped with a carbon adsorber?	$\Box Y$	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ИΠ	□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	ИΠ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□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 total of perc consumption?	XY ON			
3. Maintained leak detection inspection and repair reports for the following:	``			
a. documentation of leaks repaired w/in 24 hrs? or;	AVO NO YX			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	Y ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ONA			
5. Maintained exhaust duct monitoring data on perc concentrations?	אואלם אם אם			
6. Maintained startup/shutdown/malfunction plan?	× □ν			
7. Maintained deviation reports?	AMO NO YX			
Problem corrected?	DY DN XVA			
8. Maintained compliance plan, if applicable?	AND ND YE			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? 2. Has the facility maintained a leak log? ПN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A AMD ND YD couplings, and valves Muck cookers DY ON ON/A Stills Door gaskets and seating DY ON ON/A DY DN DN/A Filter gaskets and seating Exhaust dampers DY ON ONA Pumps DY ON ONA Diverter valves DY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings DY DN DN/A DY DN DN/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 If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? UN UN c. Inspected for leaks and obvious signs of wear on a weekly basis? UN UN

JAADIA CRESH 3/10/98

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

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

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

UN UN

UA UM

Permac Flexible H3011

1986-1987 bld machine

cpoxy?yes pan?yes

IN COMPLIANCE

Previously thought condensor was needed but checked logs / receipts of percuses less than 140 gal/year

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 11:15	AIRS ID#: 11 70076
TYPE OF FACILITY: Dryckeaning	
FACILITY NAME: TIFTUM Cleaners	DATE: 2/23/99
FACILITY LOCATION: 670 East. Semon	an Blvd.
Casselberry FL.	
RESPONSIBLE OFFICIAL: M. K. Mehter	PHONE NUMBER: 407-831-3131
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
	P
	OLI MADE OF L
	* Sur To To Sur To
	S. Tig
COMMENTS:	
IN COMPLIANCE	
The Annual Compliance Certification form has been properly certification	Tied and submitted to the inspector.
DATE OF NEXT INSPECTION: 2/0	
INSPECTION CONDUCTED BY: SAADIA	oproximate) Lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 893-3333

Page___of___.

Revised 10/96



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TILLAND	Cleaning		DATE: 423 59
FACILITY LOCATION: 670 F	Smyan	BLVI	, , , ,
Cassel honz E	<u> </u>		
Annual Reporting Period:	1998	TO <u>Jan</u>	19 <i>99</i>
Eased on each term or condition of the Title 62-213.300, Fiorida Administrative Code (F. If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous	compliance during the repo	rting period stated above:
Exact period of non-compliance: from	-	to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		•	
#2. Term or condition of the general permit	t that has not been in continuou	s compliance during the repo	orting period starpabove:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·	to	BU ME CE
Action(s) taken to achieve compliance:			30 2 Z
Method used to demonstrate compliance:		- -	Sunday Service
As the responsible official. I hereby certify made in this notification are true, accurate upon purchase receipts, does not exceed 2 combination facilities.	e and complete. Further, my an	nual consumption of perchlo	rceshylene 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.

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY N	
AIRS ID#: 170076 DATE: 2123/9 FACILITY NAME: Toffany clear FACILITY LOCATION: 670 E. S Cosselbe RESPONSIBLE OFFICIAL: M. R. M. CONTACT NAME:	erry Fi. 30-707 \$20 ctha PHONE: 407-83/	11:15 CC 1909
PART I: NOTIFICATION		
(check appropriate box)		
New facility notified DARM 30 days prior to start		
2. Facility failed to notify DARM to use general pe	rmit	
PART II: CLASSIFICATION		ll ll
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/pe	troleum
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)	Drop store/out of business/pe 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)	troieum
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	☐ Drop store/out of business/pe 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	troieum
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	☐ Drop store/out of business/pe 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	
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 If no, please check the appropriate classification facility qualified for a general facility qualified facility qualified facility q	□ Drop store/out of business/pe 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 on or after 12/9/91) □ Y □ N □ Can not determine	

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

PART IV: PROCESS VENT CONTROLS

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т_	$D_{\alpha} \rightarrow$	17	
חו			

If classification & 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 offici	al of all new	sources	and existin	g large area	sources:
(check appropriate boxes)					

(c	heck appropriate boxes)			
1.	Equipped all machines with the appropriate vent controls?	ΩY	ПΝ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ΩN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QΥ	ПN	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ΩИ	
5	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	ПN	□N/A
6	. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	QΥ	ΩN	

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?	QY QX	,
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	A/ND 1
	Is the temperature differential equal to or greater than 20° F?	OY ON	i □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 machine are emissed with a corbon adsorber?	OV OV	ı □N/A
	if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?		I UN/A
∔ .	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ים אם	I □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	I □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY Q1	I □N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ZY DN			
2. Maintained rolling monthly total of perc consumption?	ZY DN			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or,	ANO NO YES			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ZY ON ON/A			
4. Maintained calioration data? (for applicable direct reading instruments)	AWA אים צים			
5. Maintained exhaust duct monitoring data on perc concentrations?	אואם אם אם			
6. Maintained startup/shutdown/malfunction plan?	NO YE			
7. Maintained deviation reports?	AY ON ON/A			
Problem corrected?	OY ON ANIA			
8. Maintained compliance plan, if applicable?	אואס אם אם			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ПN 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A couplings, and valves Muck cookers OY ON ON/A AMD ND YD Door gaskets and seating Stills AMO NO YO DY DN DN/A Filter gaskets and seating Exhaust dampers AND NO YO DY ON ON/A Pumps Diverter valves DY ON ONA DY DN DN/A Solvent tanks and containers Cartridge filter housings DY DN DN/A DY ON ONA 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 If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? ND YD b. Calibrated against a standard gas prior to and after each use (PID/FID only)? UA ON 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? ND YD

Jaspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

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

ND YD

MCE haz waste

1986 mathere, less than 100 gal/year.

PERMAC FEXIBLE 430

Jan yes

epoxy yes

plans on staying under 140.

believes he dresnt have a condenses

haz waste on machinipan. Condensati water shipped out.

good record keeping.

IN compliance.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

3/15/45Q

A-S

TYPE OF INSPECTION:

facility was gallons.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1170076 DATE: 310/98 TIME IN: 10.20 TIME OUT: 11:15
FACILITY NAME: Tiffany Cleaners
FACILITY LOCATION: 670 East Semoran Blvd.
Cassellam Fr. 32707
RESPONSIBLE OFFICIAL: Manhar Metha PHONE: 831-3131
CONTACT NAME: PHONE:

PART I: NOTIFICATION	PECEIVED
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	TUP DEC 1 4 1999 -
2. Facility failed to notify DARM to use general per	mit \square
	Russau of Air Monitoring
	& Mobile Sources
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
facility exceeds above lin	neral permit as number above nits and is not eligible for a general permit

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A.	Has the responsible	official of	all new	sources	and	existing	large	area	sources:
(ch	eck appropriate boxes)				•				

1.	Equipped all machines with the appropriate vent controls?	ΟY	ПΝ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПИ	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ΩИ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	QY	ПИ	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	ПN	

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?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	□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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QY	ПΝ	□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?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	ΣΑΛ ΩΝ				
2. Maintained rolling monthly total of perc consumption?	XY DN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	XY ON ON/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY ON ONIA				
4. Maintained calibration data? (for applicable direct reading instruments)	מאַבו מם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	אואלם אם אם				
6. Maintained startup/shutdown/malfunction plan?	प्रद्र 🗆 प्र				
7. Maintained deviation reports?					
Problem corrected?	ON ON DANY				
8. Maintained compliance plan, if applicable?	AND NO AND				

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, אואם אם צם couplings, and valves Muck cookers DY ON ON/A Door gaskets and seating AVAD ND YC Stills DY ON ONA DY DN DN/A Filter gaskets and seating Exhaust dampers DAND NO YED AINO NO YO Diverter valves DY ON ONA Pumps DY ON ON/A Solvent tanks and containers 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 If using direct-reading instrumentation, is the equipment: □N/A ND YD 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

(PID/FID only)?

Inspector's Name (Please Print)

Inspector's Signature

3 | 10 | 98

Date of Inspection

Approximate Date of Next Inspection

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

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

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

ND YD

NO YO

ND YD

DY DN

Permac Flexible"H30"

1986-1987 Jold machine

cpoxy?yes
pan?yes

IN COMPLIANCE

Previously thought condenser was needed but checked logs / receipts of percuses less than 140 gal/year

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMP	LAINT/DIS	COVERY	RE-INSPECTIO	NAZ
TIME IN: 10.20 TIME OUT	r: <u> 11/15</u>	4 13001-1100		0076	J'
TYPE OF FACILITY: Dryg-eans	ng			· <u> </u>	
FACILITY NAME: TO Havy Or	e a nevs		_	DATE: 3/10/	98
FACILITY LOCATION: 670 - 2	East Sen	novan	Blwd.		
Oass bern	4 IL 36	2707			
RESPONSIBLE OFFICIAL: Manhay	Metha	1	PHONE NUMBER:_	<u>831-313</u>	1
Based on the results of the compliance requirements of the compliance with DEP Rule 62-213.300, Fig.	iirements evaluat orida Administrat	ed during th tive Code (F.	is inspection, the faci .A.C.).	ility is found to be in	'
Based on the results of the compliance required discrepancies were noted:	urements evaluat	ed during th	is inspection, the foll	owing compliance	
COMPLIANCE REQUIREMENT/PR	OBLEM	FOL	LOW-UP ACTION	ON REQUIRED	
				·	
	<u> </u>	•	·		
			1		
	<u>!</u>				
	į				
COMMENTS:					
		11/11/2	d11 xx 2. 1/1/2	/	
The Annual Compliance Certification form has been	n properly certifi	ied and subn	nitted to the inspecto	r. YES	NO
DATE OF NEXT INSPECTION:	3199				
	ÞĮ	proximate)			
INSPECTION CONDUCTED BY:	ADIA GU	RESIT			
	(Ple	ease Print)		Q07-7	コココ
INSPECTOR'S SIGNATURE:			PHONE NUMBER	: <u>893-3-</u>	<u>5.≺⊃</u>
	Page	of		F	levised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 4-24-00
BY Re

TYPE OF INSPECTION:

ANNUAL

de

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 17076 DATE: 4/24/00 TIME IN: 10!00	TIME OUT: 10:30
FACILITY NAME: Tiffany Cleaners	元
FACILITY LOCATION: 670 E. Simeran Blud,	Building St.
Casselberry, FL 32707	E No of
RESPONSIBLE OFFICIAL: M.R. Metha PHONE:	407 831-3131
CONTACT NAME:PHONE:	Nonilo ourcos
	<u> </u>

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	۵
	

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Can not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pu facility was 9 5 gallons.	archased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZNA 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 OY ON DAVA 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). 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) 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/oi-weekly basis? DY DN 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 Verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

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?	ΟY	אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПИ	□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?	ΩY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПΝ	□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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟΥ	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	Ø¥ □N			
2. Maintained rolling monthly averages of perc consumption?	ØY □N			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired win 24 hrs? or;	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 ØN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON Z N/A			
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?				
Problem corrected?	DY ON ZNA			
8. Maintained compliance plan, if applicable?	OY ON ANIA			

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПΝ 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, DY ON ON/A Muck cookers DY ON ONA couplings, and valves DY ON ON/A Stills Door gaskets and seating DY ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A DY DN DN/A Pumps Diverter valves DY DN DN/A DY DN DN/A Solvent tanks and containers Cartridge filter housings \(\Pi Y \) \(\Pi N \) A Water separators DY DN DN/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **Z**N/A If using direct-reading instrumentation, is the equipment: DY DN 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 (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? NO YO NO YO d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

ADDITIONAL SITE INFORMATION:			
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AIRS ID#: 1170076

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ti Flany (184	0165		DATE:	4124100
FACILITY LOCATION: 670 F S	engina Di	/		11-2-11-2
FACILITY LOCATION: 670 E. S.	CONTRACT STA	7.7		
	14,16 32	10/		
Annual Reporting Period: April	1449	то	pril	2000
Based on each term or condition of the Title V gener	ral air permit, my facility	has remained in com	pliance with DEP	Rule
62-213.300, Florida Administrative Code (F.A.C.),	during the period covered	d by this statement.	YES	□NO
If NO, complete the following:				
#1. Term or condition of the general permit that has	s not been in continuous	compliance during the	e reporting period s	stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	· 		· 	
#2. Term or condition of the general permit that has	s not been in continuous	compliance during the	e reporting period s	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 in this notification are true, accurate and complete. purchase receipts, does not exceed 2,100 gallons per combination facilities.	Further, my annual con-	sumption of perchloro	ethylene solvent, b	ased upon
RESPONSIBLE OFFICIAL: M· Q . Name (Plea		M 7 (Le M Signature	Date	129/02

^{*}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 COMPLAINT/DISCOVERY RE-INSPECTION						
TIME IN: 10:00	TIME OUT: 10,30	AIRS ID#:	10 76			
TYPE OF FACILITY: Drycl						
FACILITY NAME: TIFFAL			DATE: 4-24-00			
FACILITY LOCATION: 670		d	·			
<u> </u>	sselberry, FL 37	2707				
RESPONSIBLE OFFICIAL:	M.R. Metha	PHONE NUMBER:	407 = 831-313)			
	ne compliance requirements evalu ule 62-213.300, Florida Administr	ated during this inspection, the facility ative Code (F.A.C.).	is found to be in			
Based on the results of the discrepancies were noted		ated during this inspection, the follow	ing compliance			
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED			
			<u> </u>			
. :						
In Comp	In Compliance					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: 4-200 (Approximate)						
INSPECTION CONDUCTED BY: Randall Conningham						
INSPECTOR'S SIGNATURE: PAUL (Flease Print) PHONE NUMBER: 407-893-3333						

Page___of___.

Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

305967

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

RECEIVED TOTAL AMOUNT DUE: \$50.00L ROOM

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Do NOT Remove Label

AIRS ID 1170076

TIFFANY CLEANERS INC MANHHER R MEHTE 670 E SEMORAN BLVD CASSELBERRY FL 32707

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-0350010

Оы.: 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

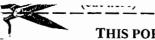
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AIRS ID # 1170076

TIFFANY CLEANERS MANHHER R MEHTE 670 E SEMORAN BLVD CASSELBERRY FL 32707 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT PUFE \$50.00

Do NOT Remove Label

AIRS ID # 1170076

TIFFANY CLEANERS
MANHHER R MEHTE
670 E SEMORAN BLVD
CASSELBERRY FL 32707

AIRS ID # 1170076

Bureau of Air Monito FOR GOVERNMENT USE ONLY
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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

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TIFFANY CLEANERS INC MANHHER R MEHTE 670 E SEMORAN BLVD CASSELBERRY FL 32707 AIRS ID#1170076

FOR GOVERNMENT USE ONLY, Org.: 37550101000 EO: B1

Obj.: 002273

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

RECEIVED MAIL ROOM

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1170076

TIFFANY CLEANERS
MANHHER R MEHTE
670 E SEMORAN BLVD
CASSELBERRY FL 32707

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

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CYZZELBERRY FL 32707 670 E SEMORAN BLVD MANHHER R MEHTE TIFFANY CLEANERS

AIRS ID # 1170076

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Z 333 613 291

US Postal Service Receipt for Certified Mail

AIRS ID 1170076

TIFFANY CLEANERS INC MANHHER R MEHTE 670 E SEMORAN BLVD CASSELBERRY FL 32707

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	Postage	\$
	Certified Fee	
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_	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
Aprii	Return Receipt Showing to Whom, Date, & Addressee's Address	
3	TOTAL Postage & Fees	\$
PS Form 3600, April 1995	Postmark or Date	

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 mallpiece, or on the back if spapermit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered a	ce does not cle number.	I also wish to receive following services extra fee): 1. Addresse 2. Restricte Consult postmass	e's Address	Receipt Service.
DDRESS completed on		4b. Service Register Express	336150 Type ed	Certified Insured COD	r using Return
I NOW BETHIRN ADDR	5. Received By: (Print Name) MALLO L. 6. Signature: (Addressee or Agent)	7. Date of D	Pelivery L 14 18 L ee's Address (Only is paid)	if requested	Thank you fo

U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only) No Insu	RECEIPT rance Coverage Provided)
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here
TIFFANY CLEANER Recipient's MANHAR R MEHTA Street, Apt. 670 E SEMORAN BI CASSELBERRY FL City, State, 32707 PS Form 3800, February 2000	A LVD
SSENDER: GOIVIPLETE TRIS SECTION 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. Aricle Addressed to: AIRS ID # 1170076 TIFFANY CLEANERS MANHAR R MEHTA 670 E SEMORAN BLVD	C. Signature X. M. M. Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
CASSELBERRY FL 32707 70000000000000000000000000000000	3. Service Type Certified Mail

Domestic Return Receipt

102595-00-M-0952

PS Form 3811, July 1999

UNITED STATES POSTAL SERVICE



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

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

DARW/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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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. Article Addressed to: AIRS ID#1170076 TIFFANY CLEANERS MANHAR R MEHTA 670 E SEMORAN BLVD CASSELBERRY FL 32707	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2 Article Number (Transfer from service label) 7001 0320 0	001 7975 5793
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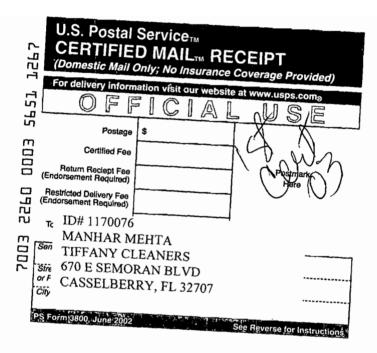
UNITED STATES POSTAL SERVICE



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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2509

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



■ 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: IID# 1170076 MANHAR MEHTA TIFFANY CLEANERS 670 E SEMORAN BLVD CCASSELBERRY, FL 32707 3. Service Type □ Certified Mail □ Express Mail	PLACE STICKER T DETTO THE HIGHT (IT SO STATE DIVE	
Certified Mail	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: IID# 1170076 MANHAR MEHTA TIFFANY CLEANERS 670 E SEMORAN BLVD	B. Received by (Printed Name) C. Date of Delivery 2-6-84 D. Is delivery address different from item 1? Yes
	CASSELBERRY, FL 32707	Certified Mail
	2 Article Number	4. Restricted Delivery? (Extra Fee)

UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10 Sender: Please print your name, address, and ZIP+4 in this box BUR. OF AIR MONITORING & MOBILE SOURCES
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AIRS ID# 1170076 1stC TIFFANY CLEANERS 670 E Semoran Blvd -CASSELBERRY, FL 32707	3. Service Type Certified Mall				
	4. Restricted Delivery? (Extra Fee)				
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UNITED STATES POSTAL SERVICE OF AIR MONITORING & MODILE SOURCES

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2800 BLAIK STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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CASSELBERRY FL 32707	3. Service Type			
	Certified Mail			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
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10 AIRS ID # 1170076001AG MANHHER R MEHTE TIFFANY CLEANERS 670 E SEMORAN BLVD CASSELBERRY FL 32707	3. Service Type Certified Mail			
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CASSELBERRY FL 32707

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Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

Postmark or Date

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Certified Fee

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