

Lawton Chiles

Governor

Department of Environmental Protection

1270111

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

Virginia B. Wetherell Secretary

August 26, 1996

Mr. Nicholas L. Bissell President Tomoka Plaza Coin-O-Magic 715 South Nova Road Ormond Beach, Florida 32174

Dear Mr. Bissell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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 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"

AIRS_ID	OWNER	FIRST NAME	LAST NAME?	存在学习中で ADDRESS ***********************************	CITY	ZIP4	Zee Comment: A See 1	
	0970062							
0970062	FORMOSA GARDEN CLEANER	PAU	PHU	7887 SAINT GILES PLACE	ORLANDO	32835	Does not exist	
1170073	RED BUG CLEANERS	JOONG	KIM	5275 RED BUG LAKE ROAD #101	WINTER SPRINGS		Spoke to owner - same RO	
1170359	CARRIAGE CLEANERS	PATRICK	SEBASTIAN	967 W HWY 434	LONGWOOD	32750	Facility was sold ·	
1170361	PROFESSIONAL DRY CLEANING	DAVID	CHAN	700 W SR 434	LONGWOOD	32750	Drop store	
1170391	FIFTH AVENUE CLEANERS	SEAN	NICHOLS	801 W STATE ROAD 436 STE 1001	ALTAMONTE SPRINGS	32714	Facility was sold	
1270111	TOMOKA PLAZA COIN-O-MATIC	NICHOLAS	BISSELL	715 S NOVA ROAD	ORMOND BEACH	32174	Facility was sold	
1270145	MONARCH DRY CLEANERS	EDWIN	CANDELARIA	1382 HOWLAND BLVD	DELTONA	32738	Facility was sold	Inac
		•					-	

, ,

•	
	1270111
p.15	(c) + (f) should be marked
	marked
	;
	1.
	
,	
	;
· ,	·
	; ; ; · · · · · · · · · · · · · · · · ·

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MARNIK / NC. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	To MOKA PLAZA COIN-O-MACIC Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLA CESOG
4.	FLD CFSQG Facility Location: Street Address: 715 S. NOVA RD.
	City: Of nows BEACH County: VOLVSIA Zip Code: 32174
	Chy. () I how BI Ach County. V & ZV 3 / 1/
5.	Facility Identification Number (DEP Use):
	1270111
500130-00-0	
	Responsible Official
6.	Name and Title of Responsible Official:
	NICHOLAS L. BISSELL - PRESIDENT Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: MARN/K INC. Street Address: 7/ S
	City: PAMOND BEACH County: VOLUSIA Zip Code: 32174
8.	Responsible Official Telephone Number:
0.	Telephone: $(904)677 - 0111$ Fax: () -
	Facility Contact (If different from Responsible Official)
	racinty 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
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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
T. CM. 1:	10	Initially	Device	ID	Initially	Device	ID	Initially	Device
Type of Machine	Щ	J	Installed	ID	Purchased	Installed	עו	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		*					:		
(1) w/ ref. condenser							_		
(2) w/ carbon adsorber									
(3) w/ no controls								"	
Washer Unit	·	The state of the s	-Mageri						
(4) w/ ref. condenser			l		T	Ì		1	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			and the second		1 V				the section
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	·	•	ta el		71 - 11 - 11				
(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 contr	are re quant galle	equired to be ity of perchloons ow many? [_	installed [perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nitions found nall area sour	ce [3) of	Part II?	
Existing large and	ta sul	ince [v_]	INC	w iai	ige area sour		j		

DEP Form No. 62-213.900(2)

Page 14 of 16

Effective: 6-25-96

4. What control technology is required on machines (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 []		
•		
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.		
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for periods of	natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	nd Recordkeeping Informatio	n
Check all logs which are required to be kept on-site	n accordance with the requirem	ents of this general permit:
(a) Purchase receipts and solvent purchases	[1	4
(b) Leak detection inspection and repair	[V	
(c) Refrigerated condenser temperature monitoring		」
(d) Carbon adsorber exhaust perc concentration mor	itoring [_ا
(e) Instrument calibration		<u>ا</u>
(f) Start-up, shutdown, malfunction plan		_]

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

Surrender of Existing Air Permit(s)

ease indica	te 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)
<u>~</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.

1	2	70	1	1	ı	
ı		7 ()	1	1	1	

p.15 (c) +(f) should be marked

> Corrections made

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Owner/Commons Name Olema of communition, agency, or individual asympty
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MARNIK INC., Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	To MUKA PLAZA COIN-O-MACIC Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FINCESOC
4.	F L D C F S Q G Facility Location:
	Street Address: 715 A/D/A VA
	City: OL nows BERCH County: VOLVSIA Zip Code: 32174
5.	Facility Identification Number (DEP Use):
	/270//
	Responsible Official
6.	Name and Title of Responsible Official:
	NICHOLAS L. BISSELL - PRESIDENT Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: MRENIK INC. Street Address: 7/5 S. NoVA RD
	City: PANONS BERCH County: VOLUSIA Zip Code: 32174
8.	Responsible Official Telephone Number: Telephone: (904) 677-011/ Fax: () -
	receptione. (707) 077 14x. ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	, and a second of the second o
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 1 9 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Scurces

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	lD	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			•						
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls			·						
Washer Unit			•						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					•				
(7) w/ ref. condenser		I							
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit				."		1. 1.4			
(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? [2+5] gallons (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's some (Indicate with an "X". Existing small are	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	Existing large area source [New large area source [

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) (Indicate with an "X".)	of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condens	er 🗹
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating 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 boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulfa	eriods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	formation
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	[/ pb 12-2-96
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[V]18 12.~-9L

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

Surrender of Existing Air Permit(s)

Please indica	te 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 notij statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	Smptly notify the Department of any changes to the information contained in this notification. Prof. 17 - 4 - 96 Cristle
Signatur	e Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	OVERY
AIRS ID#: 127011) FACILITY NAME:	MOKA Plan	- Coin	N: 3 3:60 TIM	TE OUT: 3:25
PART I: NOTIFICATION				
(check appropriate box) 1. Existing facility notified DA 2. New facility notified DARM 3. Facility failed to notify DAF	30 days prior to startup			&
PART II: CLASSIFICATION	N			
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	rce		x<140 gal/yr 200 gal/yr 0 gal/yr or after 12/9/91)	
3. Existing large area soundry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr di gal/yr tr l/yr bo</td><td>cansfer only, 20 oth types, 140< constructed on</td><td>rea source 140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,></td><td></td></x<2,>	00 gal/yr di gal/yr tr l/yr bo	cansfer only, 20 oth types, 140< constructed on	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,>	
			above above	
B. The total quantity of perchl facility was 24 6 gallons	oroethylene (perc) purcl	•	•	s by this dry cleaning

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

	
B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	NO YO
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	\□У □И
Is the temperature differential equal to or greater than 20° F? 3. Measured and recorded the perc concentration in the exhaust stream weekly	X ON VO
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?	NO YO
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	. 🗆 У 🗆 М
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AVAR NO YO
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN BN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
	Дуу □и
(check appropriate boxes)	M ON DA
(check appropriate boxes) 1. Maintained receipts for perc purchased?	
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
(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:	
 (check 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 anis) 	DY DN SN/A
 (check 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? That Putted Roll. 	DY DN SN/A
 (check 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? That Putted Roll. 	DY DN SN/A
 (check 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) 	MY ON MY MY ON MY MY ON M
 (check 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? Fust Ructed Roll. Maintained startup/shutdown/malfunction plan? TustRucted Roll. 	MY ON MY ON OY ON OY ON OY ON OY ON OY ON
 (check 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? Fust Ructed Roll. Maintained startup/shutdown/malfunction plan? Tust Ructed Roll. Maintained deviation reports? 	MY ON MY ON OY ON OY ON OY ON OY ON OY ON OY ON
 (check 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? That Rucked Roll. Maintained startup/shutdown/malfunction plan? That Rucked Roll. Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	MY ON MY
 (check 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? Further Roll. Maintained startup/shutdown/malfunction plan? Tustructed Roll. Maintained deviation reports? Problem corrected? 	MY ON MY ON MY ON MO Y ON

_							
2.	2. 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)						
	If using direct-reading instrum	entation,	, is the eq	uipment:			
	a. Capable of detecting	perc vap	or concen	trations in a range of 0-500 ppm?	ΠY	□N	
	b. Calibrated against a (PID/FID only)?	standard	gas prior		ΠY	□N	
	c. Inspected for leaks a	nd obviou	ıs signs of	f wear on a weekly basis?	ΠY	□и	
	d. Kept in a clean and s	secure are	ea when n	ot in use?	ΠY	□и	
	e. Verified for accuracy	by use o	f duplicat	e samples (calorimetric only)?	ΩY	□N	
3.	Has the facility maintained a leak log?				ΩY	□N	
4.	Does the responsible official check the	followin	g areas fo	r leaks? Yeo to All			
	Hose connections, fittings,			0 .			
	couplings, and valves	ΠY	ΠN	Muck cookers	ΠY	ПN	
	Door gaskets and seating	\Box Y	□N	Stills	ΠY	□N	
	Filter gaskets and seating	ПY	ΠN	Exhaust dampers	ΠY	ПN	
	Pumps	ΠY	□N	Diverter valves	ΠY	□N	
	Solvent tanks and containers	ΠY	ПИ	Cartridge filter housings	ΠY	□N	
	Water separators	ΠY	□и				
	Nicholas Bissell Name of Responsible Official						
	Shil Slip les			12/7/96			
_	Inspector's Name (Please Pri	nt)		Date of Inspec	tion		
	Spipe & Shail	Q A		12/96			
_	Inspector's Signature			Approximate Date of N	lext I	nspection	

ADDITIONAL SITE INFORMATION:	·
	·
·	
·	
,	
	·

. .

•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

ACC

TYPE OF INSPECTION:	annual X	COMPLAINT/DIS	COVERY	RE-INSPECTION
TIME IN: 2:00	TIME OUT: 2:	45	AIRS ID#:	1270111
TYPE OF FACILITY:	PRYCLEANING			
FACILITY NAME: TOY	noko Plaza	Coin-0-1	Matic	DATE: 12/19/97
FACILITY LOCATION:	715 5. NOVA	ROAD		<u> </u>
	RHOND STACK	H F2.		
RESPONSIBLE OFFICIAL:	1. Marzile		PHONE NUMBER	2: (904) 677011
	the compliance requirements Rule 62-213.300, Florida Adm			facility is found to be in
Based on the results of discrepancies were not	the compliance requirements	evaluated during th	nis inspection, the f	following compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M FOL	LOW-UP ACT	TION REQUIRED
	•			
			-	
•				
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
,				
				·
		į		,
				•
COMMENTS:	·	<u> </u>		
·				
			·	
The Annual Compliance Certi	fication form has been properl	y certified and subr	nitted to the inspec	ctor. YES NO
DATE OF NEXT INSPECTI	ON: 8 12	198		·
		(Approximate)	0.1	 _
INSPECTION CONDUCTE	D BY: SADIA	YURES	H 1	
INCOPOTODIC CLONATION	E. (anh)	(Please Print)	AHONE NUMBI	467-894-75FE
INSPECTOR'S SIGNATUR	L. Journall		EUONE MOMB	.k. ~ 1 0 1 1 1 00
	Pag	geof		Revised 10/96

CMARNS A

PERCHLOROETHYLENE DRY CLEANERS

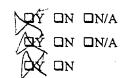
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

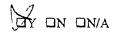
	ANNUAL RE-INSPECTION	COMITZANIII	DISCOVERY
AIRS ID#: 1270 1 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: CONTACT NAME:	Tomoko Pko 115 S. No Drmond Be "Marnik (ita Con-E	
PART I: NOTIFICATION			
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR			<u> </u>
PART II: CLASSIFICATION	N		
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal	rce 🖸 2. i	☐ No notificati ☐ Drop store/o New small area source -to-dry only, x < 140 gal/yr	on form ut of business/petroleum
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	. boti	nsfer only, x < 200 gal/yr h types, x < 140 gal/yr nstructed on or after 12/9/91)	multimatic
both types, $x < 140$ gal/yr	tree 4 ,100 gal/yr dry 00 gal/yr trar gal/yr both	h types, x < 140 gal/yr	gal/yr ll/yr T

PART III: GENERAL CONTROL REQUIREMENTS

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

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





ΠY	ΠN	DN/A
— I	\Box	CALLAN W

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

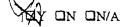
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

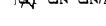
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

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















_				
В.	Has the responsible official of an existing large or new large area source also:			
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?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПИ	□N/A
3.	Measured and recorded the perc conceptration 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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠN	□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?	ПΥ	ΠN	□N/A
	or expansion, and normalization no valor finet:			
5.	TOTAL POST OF THE PARTY OF THE			
	condenser coils?	ΠY	ПN	ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A
Ľ.	A SOUTH OF THE PROPERTY OF THE PARTY OF THE			

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: 1. Maintained receipts for perc purchased? With the 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: XY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON DY/A and parts installed w/in 5 days of receipt? DY DN DYNA 4. Maintained calibration data? (for applicable direct reading instruments) ANDAC NO NO 5. Maintained exhaust duct monitoring data on perc concentrations? MO ME 6. Maintained startup/shutdown/malfunction plan? MAND NO YAR 7. Maintained deviation reports? AVIND NO YO Problem corrected? ÒΥ ON ÞÝ(/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?		,	XY DN			
2. Has the facility maintained a leak log	?		XX □N			
3. Does the responsible official check th	e following areas for leaks?	,	<i>/</i> `			
Hose connections, fittings,			i			
couplings, and valves	DY ON ON/A	Muck cookers	DY DN DN/A			
Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A			
Filter gaskets and seating	DY DN DN/A	Exhaust dampers	DY ON ON/A			
Pumps	OY ON ON/A	Diverter valves	TY ON ON/A			
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	OY ON ON/A					
4. Which method of detection is used by	the responsible official?					
Visual examination (condensed	solvent on exterior surfaces	s)	ø			
Physical detection (airflow felt	through gaskets)		Z .			
Odor (noticeable perc odor)		Ø				
Use of direct-reading instrumen						
Halogen leak detector						
If using direct-reading ins	□N/A					
a. Capable of detecting	in a range of 0-500 ppm?	OY ON				
b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	OY ON			
, , , , , , , , , , , , , , , , , , , ,	and obvious signs of wear o	on a weekly basis?	OY ON			
d. Kept in a clean and	secure area when not in us	e?	OY ON			
•	ry by use of duplicate sampl		OY ON			
		•				
			·			
Sama Wip 2544 12/18/97						
Inspector's Name (Please P	rint)	Date of Inspe	ection			
\mathcal{O}		12198				
Inspector's Signature		Approximate Date of	Next Inspection			

	ADDITIONAL SITE INFORMATION:
İ	

BEST AVAILABLE COPY

Revised 09/15/97

do L

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

man bull was	180 Tours	PLAZA COIN-PS.	M RGG no - 15	12.97
ACILITY NAME: MARVIK INC	• • • •		TOWARDATE: /)	11/2//
ACILITY LOCATION: 775	A · ,	<u>D</u>	······································	
PRNOND	BEACH, FAI	1-101-124		
	593	2 23 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000	
nmal Reporting Period:	19	16 to	Ec.	199
Nic (
ased on each term or condition of the Title V		:		
2-213.300, Florida Administrative Code (F A.	.C.), during the period co	vered by this statement.	XIYES L	NO
NO, complete the following:		1 (2) 1 (1)		
1. Term or condition of the general permit th	out has not been in continu	sous compliance during th	e renoming netical co	ated shore
1. Term or condition of the general permit in	i contra	The during di	e tebotang period st	aled acove.
and a second sec				
xact period of non-compliance, from		to		eas h
ction(s) taken to achieve compliance:		'	······································	in
fetived used to demonstrate compliance.	•			.;-,
ingers (see to demonstrate computation)				1
2. Term or condution of the general permit th	nat has not been in contin	uous compliance during th	e reporting period st	ated above:
1.			er y ip or ema p	
		1.	· - ******	
exact period of non-compliance: from		to		
action(s) taken to achieve compliance.		÷.		
Acthod used to demonstrate compliance:	. 230	61 1		
· -			<u> </u>	
The statement of the st				
is the responsible official, I hereby certify, be nade in this notification are true, accurate an yon purchase receipts does not exceed 2,100 combination facilities	id complete. Further, my	annual consumption of pe	rchloroethylene solv	ent, based
amononon joenmen	40	1. K	11.	100
responsible official: No BIS	SF 1-6-	- FINALL	<u> </u>	10/8/19
responsible official: No BIS	c (Please Print)	Signature	7)	Date

Page _____ of ____

IAN & ICOR

Burcau of Ait Moditoling

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM 3ureau of Air Monitoring & Mobile Sources AIRS ID 1270111

70

MARNIK INC *NICHOLAS L BISSELL AND THE TOTAL TO ORMOND BEACH FL 32174

Do NOT Remove Label

		_		
Annual Reporting Period:		19	то	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I	·		قبق	
If NO, complete the following:				
#1. Term or condition of the general permi	it that has not been in $lpha$	ontinuous	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 permi	it that has not been in co	ontinuous	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:	<u> </u>			
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-	Further, my annual consu	umption of	perchloroethylene solvent, ba	ased upon purchase receipts,
RESPONSIBLE OFFICIAL: Na	me (Please Print)		W. Brosile Signature	Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	MARNIK INC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174		MAR 1 8 1998 Bureau of Air Monitori & Mobile Sources	ECEIVE!
Annual Reporting Period:			ioring /	U 19 <u>Ĵ</u> ĝ
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F. If NO, complete the following: #1. Term or condition of the general permit	A.C.), during the period cov	ered by this statemen	at. XYES	□no
Exact period of non-compliance: from Action(s) taken to achieve compliance:		to		MARCE VEL
Method used to demonstrate compliance: #2. Term or condition of the general permit	that has not been in continue	ous compliance durin	g the reporting per	iod stated above;
Exact period of non-compliance: from Action(s) taken to achieve compliance:		to		·
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fi does not exceed 2,100 gallons per year for dry-to	urther, my annual consumption	n of perchloroethylene	solvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: <u>がらり</u> Nam	LAS SNSFLL ne (Please Print)	ni/selos Signa	<u>Brisell</u>	3-12,98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE C	F INSPE	ECTION:	ANN

IUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTIO	
AIRS ID#: 107011 DATE: 110190 FACILITY NAME: TOMORO Plazzo	TIME IN: 1/20 TIME OUT: 2/00
FACILITY LOCATION: 7150. N	
Or mond B	each, FL.
responsible official: M. Bissel	PHONE: 404-677-8111
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	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.	
 Existing small area source ☐ dry-to-dry only, x < 140 gal/yr 	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gaVyr}$ transfer only, $200 \le x \le 1,800 \text{ gaVyr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
If no, please check the appropriate classific	
G facility qualified for a general facility qualified fac	neral permit as number above
☐ facility qualified for a get☐ facility exceeds above lin	

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

condenser exceeded 45° F?

In Part II-A:

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

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

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

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

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

1.	Equipped all machines with the appropriate vent controls?
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?

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

condenser upon opening the door?

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

condenser on a weekly/bi-weekly basis?

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

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

MD AX

XY ON ON/A

NIND ND YE

AND NO AND

XY ON

_..__.

DY DN XVIA

DAY DN

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?	ΠY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser			
1	inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□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	`□א	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	¢γ ον
2. Maintained rolling monthly total of perc consumption?	Agy □N
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	□Y □N □N/A •
b. documentation of parts ordered to repair leak and leak repaired win 2 days	
and parts installed w/in 5 days of receipt?	OY ON On/a
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON SAWA
6. Maintained startup/shutdown/malfunction plan?	MO AN
7. Maintained deviation reports?	DY DN XN/A
Problem corrected?	AMAS NO YO
8. Maintained compliance plan, if applicable?	אואס אם אם

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?	=		Ser □n		
2. Has the facility maintained a leak log?	(up until a	Hober)	ØŸ □N		
3. Does the responsible official check the	following areas for leak	s?			
Hose connections, fittings,	OTY ON ON/A	Muck cookers			
couplings, and valves		Muck cookers	מאם אם אס		
Door gaskets and seating	CY CN CN/A	Stills	DY DN DNA		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אומם מם צים		
Pumps ·	DY ON ON/A	Diverter valves	DY DN DN/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	מ/אם אם צם		
Water separators	AND ND YO				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed s	olvent on exterior surfac	es)	Æ		
Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instruments	ation (FID/PID/calorimet	tric tubes)			
Halogen leak detector			<u> </u>		
If using direct-reading instr	rumentation, is the equi	pment:	□N/A		
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON		
b. Calibrated against a	standard gas prior to and	after each use			
(PID/FID only)?	4.1.1		OY ON		
c. Inspected for leaks a		-	□Y □N		
d. Kept in a clean and s			OY ON		
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON		
Jaada Gl	ereshi.	1/10/99			
Inspector's Name (Please Pri	nt)	Date of Inspection			
		1/00			
Inspector's Signature		Approximate Date of	Next Inspection		

ADDITIONAL SITE INFORMATION:

Multimatic lyr old 10/6/4m wgallyear

has pan for machene no pan for hazardorse waste wit get.

Own cover condensate water colledor.

D VSMg Calendar , new machenic
Very Small facility

Safety Kleen => 1 every couple months

no epoxy around machine just tike (to noting)

IN Complance WI Aviz rues

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/	DISCOVERY [RE-INSPECTION
TIME IN: (1:20	тіме оит: 2	:00	AIRS ID#:/ 2	270W
TYPE OF FACILITY: D	y Gearing			
FACILITY NAME: TO	noko Plaza CI	laners		DATE: 1/90/99
FACILITY LOCATION:	US S. NOVA	load.	-	
	Oxmono Bead	<u>'</u>		
RESPONSIBLE OFFICIAL:_	Mr. Bissell		PHONE NUMBER:	904-677-0111
	of the compliance requirements PRule 62-213.300, Florida Ada		•	lity is found to be in
Based on the results of discrepancies were no	of the compliance requirements oted:	s evaluated during	this inspection, the follo	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLE	CM FC	LLOW-UP ACTI	ON REQUIRED
	·			
COMMENTS: 1. Keep 2. Cover	teak logs bind For condensate	eckly water	onlyuse	28 109 al/year
s. pan 1	for hezardous wa	iste	Some Co	alendar
The Annual Compliance Certi	fication form has been properly	y certified and sub	mitted to the inspector.	YES NO
DATE OF NEXT INSPECT	ON:	12160 (Approximate	}	
INSPECTION CONDUCTE	D BY: <u>Saa</u>	Ola (Please Print)	Riveshi	
INSPECTOR'S SIGNATUR	E: ///		_phone number:	407-893-3333
		Pageof		Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	VIK 1	~			DATE: /	8.99
ACILITY LOCATION: 7/5			PAD			
OLMOND B						
						0.0
Annual Reporting Period:	AN.	1	9 <u>77</u> TO		JAN.	1999
Based on each term or condition of the 62-213.300, Fiorida Administrative Co						JNO gme
If NO, complete the following:			-			
#1. Term or condition of the general p	ermit that has n	ot b ee n in con	inuous compli	ance during the	reporting period s	tated 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 p	ermit that has n	not been in con	tinuous compl	iance during the	reporting period	stated above:
Exact period of non-compliance: from	1			to		
Exact period of non-compliance: from						
Exact period of non-compliance: from Action(s) taken to achieve compliance	ertify, based on curate and comp	lete. Further, is per year for	my annual co	totoed after reasona	rchloraeshylene sa	ilvent, 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.

n	_ &	
Page	of	

PERCHLOROETHYLENE DRY CLEANERS

	TITLE	V GE	NERAL	PER	MIT	
COM	PLIANC	E INS	PECTIO	ON CI	HECKL	ISI

ARMS	UPDATED:
DATE_	172-00

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

MPLAINT/DISCOVE	RY	RE
ı	2	

AIRS ID#: 1270111 DATE: 1-10-00 TIME IN: 11:30 TIME OUT: 1210 FACILITY NAME: To make Plaza Coin Cleaners FACILITY LOCATION: 715 5, Novo Rd. Olmond Beach, FL 3004 32174 responsible official : Mr. B. sct | PHONE: 964-677-01/1 CONTACT NAME: ______PHONE: ____

PART I: NOTIFICATION (check appropriate box) I. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrBureau of Air Monitoring transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91) (constructed on or after 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) מם □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number _____ 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 **Q** gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN FANA 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) AY DN 1. Equipped all machines with the appropriate vent controls? ANO 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YS condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the OSY ON ON/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?

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MD AF				
2. Maintained rolling monthly averages of perc consumption?	NO YES				
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?	איא אַ אם אם אם				
4. Maintained calibration data? for applicable direct reading instruments)	אומללא אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ZEN/A				
6. Maintained startup/shutdown/malfunction plan?	ASK DN				
7. Maintained deviation reports?	אוא אַק אם צם				
Problem corrected?	AVAÇÇA NO YO				
8. Maintained compliance plan, if applicable?	אא ק אם צם				

PA	ART VI: LEAK DETECTION AND REI	PAIRS			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		4	XX,	N
2.	Has the facility maintained a leak log?			DY	N
3.	Does the responsible official check the foll	owing areas for leaks?			
	Hose connections, fittings, couplings, and valves	A/NO NO YE	Muck cookers	-Y	אומם מם
	Door gaskets and seating	DY ON ON/A	Stills	фұ	מאמם אם
	Filter gaskets and seating	AVAO NO YE	Exhaust dampers	þΥ	ON ON/A
	Pumps	DY ON ON/A	Diverter valves	by	מאם אם
	Solvent tanks and containers	AVAC NO YE	Cartridge filter housings	ÞΥ	מאם אם
	Water separators	AVO NO YC			
4.	Which method of detection is used by the r	esponsible official?	•		
	Visual examination (condensed solve	nt on exterior surfaces)		ø	
	Physical detection (airflow felt through	gh gaskets)			,
	Odor (noticeable perc odor)			A	
	Use of direct-reading instrumentation	ı (FID/PID/calorimetric	tubes)		,
	Halogen leak detector				
	If using direct-reading instrum	entation, is the equipm	nent:	N/	Ā
	a. Capable of detecting perc	vapor concentrations i	n a range of 0-500 ppm?	ΠY	ПИ
	b. Calibrated against a stand (PID/FID only)?	dard gas prior to and af	ter each use	ΩY	□ N .
	c. Inspected for leaks and of	bvious signs of wear on	a weekly basis?	ΠY	מם
	d. Kept in a clean and secur	e area when not in use	?	ПY	מם
	e. Verified for accuracy by t	use of duplicate sample	s (calorimetric only)?	ΩY	א□
	0				·

Inspector's Name (Please Prine)

Date of Inspection

| 1-10-0|
| Inspector's Signature | Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
. •••	
	·
	·
	·
·	
	•
,	

1270·M

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

All

FACILITY NAME: Tomato Pla	79 Cleaners		DA	ATE: 1-10-00
FACILITY LOCATION: 7/5	S. Nava Rosa	1		
Ormpad	Beach, FL	32174		
Annual Reporting Period: Januar	Υ	19 <u>44</u> то	January	2000 198
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.				th DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in co	ontinuous complia	nce during the reporting	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	that has not been in co	ontinuous complia	nce during the reporting	g period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·	
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2,1 combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further 100 gallons per year fo	r, my annual const r dry-to dry facili	umption of perchloroeth	ylene solvent, based
Na	me (Please Print)		Signature	Date

Page ____ of ____.

^{*}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 🔼	COMPLAIN	NT/DISCOVER	Υ 🔲	RE-INSPECTION]
TIME IN: 1/130	TIME OUT: 12	:00	AIRS	SID#: 1270	(1)	
TYPE OF FACILITY: Dry C	leaning					
FACILITY NAME: Tome he	Plaza Cleaners	<u> </u>		D	ATE: 1-11-00	
FACILITY LOCATION: 715	5. Nava Rd.					_
O(mo	ad Beach, FL	32/74	<u> </u>		•	
RESPONSIBLE OFFICIAL: M.	Bisse 11		PHONE	NUMBER: 404	10-677-0111	
Based on the results of the compliance with DEP Rule	-		-	tion, the facility	is found to be in	
Based on the results of the discrepancies were noted:	compliance requirements of	evaluated du	ring this inspect	tion, the followi	ng compliance	
COMPLIANCE REQUIF	REMENT/PROBLEM	M	FOLLOW-	UP ACTION	REQUIRED	
		٠,				
:		·				
· · · · · · · · · · · · · · · · · · ·						
	·					
COMMENTS:	aliance.					
	nique				1	
The Annual Compliance Certification		certified and	submitted to th	e inspector.	YES NO	
DATE OF NEXT INSPECTION:	1-2001	(1				
INSPECTION CONDUCTED BY	Randall	(Approxin	ningi	h ces		
INSPECTOR'S SIGNATURE:	KAJULI	4	PHONE	NUMBER: 4	107-893-33	33
	Pa	ngeof	_[.		Revised	10/96

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	A. Received by (Please Print Clearly) B. Date of Delivery
so that we can return the card to you. Attach this card to the back of the mailplece, or on the front if space permits.	C. Signature Agent Addressee
1. Article Addressed to:	D. Is delivery address different from Item 1? If YES, enter delivery address below: No
AIRS ID # 1270111 TOMOKA PLAZA COIN-O-MATIC NICHOLAS L BISSELL	
715 S NOVA ROAD ORMOND BEACH FL 32174	3. Service Type Certified Mail Registered Insured Mail C.O.D.
<u>}</u>	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

					,
	Z 333 PI	67	255	1	o
İ	US Postal Service Receipt for Cerl No Insurance Coverage F	Provid nal Ma	ded.	verse)	11
	OMOKA PLAZA CON		MATIC		Ì
	ICHOLAS L BISSELL 5 S NOVA ROAD				
	RMOND BEACH FL	2174	1		
0.	MINORD BELLEVILLE		•		1
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
PS Form 3800 , April 1995	Postmark or Date				

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mallplece, or on the back if spac permit. Write "Return Receipt Requested" on the mallplece below the article The Return Receipt will show to whom the article was delivered an delivered.	e does not e number.	I also wish to recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address
completed	3. Article Addressed to:	4a. Article No. 202	<u> 302</u>	468 Return Rec
DDRESS con	AIRS ID#: 1270111 MARNIK INC NICHOLAS L BISSELL 715 S NOVA ROAD	☐ Registere	ed .	
RN ADD	ORMOND BEACH FL 32174	7. Date of De	20197	y you for the first of the firs
your BETU	5. Received By: (Prigit Name) 6. Signature (Addressee or Agent)	and fee is	o's A d dre'ss (Ønly i paid)	if requested Yugh
27 	PS Form 3811 , December 1994	<u></u>	Domestic Ret	urn Receipt

, P .265 302 458 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.

Do not use for International Mail (See reverse) AIRS ID#: 1270111 MARNIK INC **NICHOLAS L BISSELL** 715 S NOVA ROAD **ORMOND BEACH FL 32174** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

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

ot equievne to qot revo anii ta blo? segubbe minter edicto trigh arit	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 1270111001AG NICHOLAS L BISSELL TOMOKA PLAZA COIN-O-MATIC 715 S NOVA ROAD ORMOND BEACH FL 32174	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature 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)
2. Article Number (Copy from service label) Z 210 (662 910	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

X 510 PP5 410

US Postal Service Decaint for Certified Mail

10 AIRS ID # 1270111001AG NICHOLAS L BISSELL TOMOKA PLAZA COIN-O-MATIC 715 S NOVA ROAD ORMOND BEACH FL 32174

Postage	\$
Certified Fee	_
Special Delivery Fee	
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	
	Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees



Department of Environmental Protection

Jeb Bush

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407938 APR20 2081

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 # 1270111

TOMOKA PLAZA COIN-O-MATIC
NICHOLAS L BISSELL
715 S NOVA ROAD
ORMOND BEACH FL 32174

TOMOKA PLAZA COIN-O-MATIC
NICHOLAS L BISSELL
TIS S NOVA ROAD
ORMOND BEACH FL 32174

SENDER: COME 34014MR 40 401 24	HEMOLIS BOY W
 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: 	A. Received by folding Print Clearly) B. Date of Delivery 2 9-0/ C. Signature X
AIRS ID # 1270111 TOMOKA PLAZA COIN-O-MATIC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174	3. Sep/ice Type Certified Mail
2-Article Number (Copy from service label)	412 B 6947
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

447		Service) MAIL REC nly: No Insurence (2.334
64			
47.7	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here ·
7000 0600	Recipient's NICHOL	A PLAZA COIN-O-M AS L BISSELL DVA ROAD D BEACH FL 32174	AIRS ID # 1270111 ATIC
	PS Form 3300, February	2000	See Reverse for instructions



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

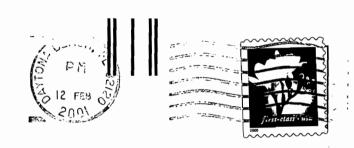
Do NOT Remove Label

AIRS ID # 1270111

TOMOKA PLAZA COIN-O-MATIC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1



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

32315+3070 h

Antini datima Nalahadi Abada Albada Abada



0392278

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

2 2 1 0 0

Do NOT Remove Label

AIRS ID # 1270111

TOMOKA PLAZA COIN-O-MATIC NICHOLAS L BISSELL 715 S NOVA ROAD

ORMOND BEACH FL 32174

FOR GOVERNMENT USE ONLE Org.: 37550101000 EO: BO

Fund: 20-2-035001

Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

Action

Do NOT Remove Label

AIRS ID#1270111

MARNIK INC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

303456

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 1270111

MARNIK INC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174 FOR GOVERNMENT USE ONLY

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

Оbj.: 002273

303456

FEB 24 Pool British Wetherell Secretary

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

TO: Holder of Title V Air General Permit

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

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

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

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32399-2400



(cut here)

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

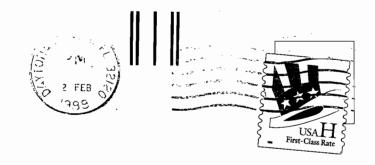
AIRS ID # 1270111

TOMOKA PLAZA COIN-O-MATIC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Bissey 4 Sea Chase Terr. Ormand Beach, Fl 32179



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

~32315-3070

 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 card to you. Attach this form to the front of the mailpiece, or on the back if sp permit. Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered delivered. 	ace does not icle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:		33 6 13 263
AIRS ID 1270111 MARNIK INC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174	4b. Service Register Express Retum Re 7. Date of D	ed Certifier Mail Insured ceipt for Merchandise COD
Received By: (Print Name) Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Only if requested paid)

Z 333 PJ3 5P3 US Postal Service Receipt for Certified Mail AIRS ID 1270111 MARNIK INC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

261121

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 21 97

Do NOT Remove Label

AIRS ID# 1270111

MARNIK INC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



0392265

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

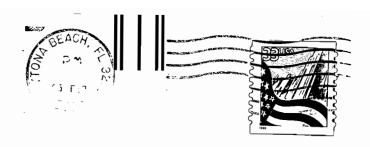
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1270111

TOMOKA PLAZA COIN-O-MATIC NICHOLAS L BISSELL 715 S NOVA ROAD ORMOND BEACH FL 32174 FOR GOVERNMENT USE OF LY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273 Mr. & Mrs. Nicholas Bissell 4 Sea Chase Terrace Ormond Beach FL 32176



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

32315X30?0