



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 20, 1996

Mr. John G. Scholtens Vice President Craft Cleaners 1452 North Main Street Gainesville, Florida 32604

Dear Mr. Scholtens:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

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

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

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

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

Sincerely,

Potty Diltz Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Rick Banks, Northeast District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
	income and the second of the s					
2.	Site Name (For example, plant name or number):					
	PLANT A Hazardous Waste Generator Identification Number:					
3.	Hazardous Waste Generator Identification Number:					
	FLD 307151081					
4.	Facility Location:					
	Street Address: 1452 N. MAIN ST City: CALMERICE County: ALACHUL Zip Code: 3260 9					
	City: GAINES WLLE County: ALACHUL Zip Code: 3260 9					
5.	Facility Identification Number (DEP Use):					
	00/0072					
e (MEA)	的数据表现的数据表现是一种特别数据的数据的数据的数据,可以可以是对于一种的数据的数据的数据的数据的数据的数据的数据的数据的数据的数据的数据的数据的数据的					
	Responsible Official					
6.	Name and Title of Responsible Official:					
	JOHNGI, SCHOLTENS V.P.					
7.	Responsible Official Mailing Address:					
	Organization/Firm: CRAFT CLEANERS Street Address: 1952 N. MAIN ST					
	City: 7 in Code: 22 /4 @					
	City: GAINESVILLE County: ALACISUS Zip Code: 32209					
8.	<u>.</u>					
	Telephone: (351) 373 - 44 21 Fax: () -					
	Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):					
10	Facility Contact Address:					
10.	1 active Contact Addicss.					
	Street Address:					
	City: County: Zip Code:					
11	Facility Contact Talankana Namban					
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -					
	Telephone: () - Fax: () -					

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AUG 2 6 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	BI	29 MAY 9	16						* *
(1) w/ ref. condenser	x	1	Ī						
(2) w/ carbon adsorber	X								
(3) w/ no controls									
Washer Unit		. :.							•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	* :			1,11	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				.:
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	# F	. d.		511					
(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? [
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	et one classifi urce [ぱ]	cation only.) Ne	ew sn	nall area sour	rce []	3) of 	Part II?	
Existing large are	ca 501	nice []	IN 6	w Idl	rge area sour	LE [I		

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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	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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	[x]
(c) Refrigerated condenser temperature monitoring	[*]
(d) Carbon adsorber exhaust perc concentration mon	itoring [X
(e) Instrument calibration	[<u>X</u> .]
(f) Start-up, shutdown, malfunction plan	ليلا

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

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
<u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pron	Inptly notify the Department of any changes to the information contained in this notification.						

0010092

P.14
1.(a) place date in appropriate boxes
1.(c) should not be marked

3 New Small area Source Should be marked

P.15

4 new small r. c. Should be marked AIRS ID#: 0010092

Revised 10/10/9

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Craft Cleaners + Launa	Dry Inc.	DA1	re: <u> -12.99</u>
FACILITY LOCATION: 1952 D. Main St	7		
Gainesville, FL.		· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period: Nov. 97	19TO	Jou, 98	19
Based on each term or condition of the Title V general air permi 62-213.300, Florida Administrative Code (F.A.C.), during the po	•	~~ \	DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in	continuous complianc	e during the reporting p	eriod stated above:
Exact period of non-compliance: from	tu	o	
Action(s) taken to achieve compliance:		<u>.</u>	
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not been in	continuous complianc	e during the reporting	riod stated above:
Exact period of non-compliance: from	to_	C C C	1
Action(s) taken to achieve compliance:		Mobile Ni. My	130 O
Method used to demonstrate compliance:		Our Mind	
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furth upon rolling averages of purchase receipts, does not exceed 2,10 year for transfer or combination facilities.	er, my annual consumj	otion of perchloroethyle	ne solvent, based 1,800 gallons per
RESPONSIBLE OFFICIAL: John G. Schottens Name (Please Print)	Jelly 1	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.

BEST AVAILABLE COPY

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DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0010092

CRAFT CLEANERS & LAUNDRY INC JOHN G SCHOLTENS 1952 N MAIN STREET GAINESVILLE FL 32609 Bureau of Air Monitoring & Mobile Sources

CEIVED

Do NOT Remove Label

	_					
Annual Reporting Period:		19 <u>9</u> 7	то		12/31	_19 <u>97</u>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-			LZ.W	ith DEP Rule)
If NO, complete the following:						
#1. Term or condition of the general permit	that has not been	in continuous (compliance during	g the reporting	y period stated	-above:
Exact period of non-compliance: from			to		98	
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:			· 	· 		. <i>*</i>
#2. Term or condition of the general permit	that has not been	in continuous o	compliance 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, base notification are true, accurate and complete. Find does not exceed 2,100 gallons per year for dry-to-	urther, my annual c	consumption of 800 gallons per	perchloroethylene .	solvent, based i	upon purchase	
RESTURSIBLE OFFICIAL:/OHN	41. JU170 -11	- · · · · · 	TOTAL VIAL	alle	<i></i>	<u> </u>

Signature

Name (Please Print)

^{*}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.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Craft Cleaners + Laundry Inc.	DATE: 11/20/97
FACILITY LOCATION: 1952 N. Main 5t.	
Gaincsville, FL	
Annual Reporting Period: // 19 94 TO	// 1997
Based on each term or condition of the Title V general air permit, my facility has remained 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statem	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance du	ring the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	DEC 3 1997
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief formed after re made in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-year for transfer or combination facilities. RESPONSIBLE OFFICIAL: John G. Scholtens	of perchloroethylene solvent, based
Name (Please Print) Sig	nature 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.

AIRS ID#: 0010092

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CRAFT CLEANERS	DATE:
FACILITY LOCATION: 1952 NORTH MAIN ST	
GAINESVILLE, ALACHUA	
Annual Reporting Period: August 26 1996 TO Moves	ruber 19 1996
Based on each term or condition of the Title V general air permit, my facility has remained in compliant	ance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	YES UNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the re	eporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the re	eporting period stated above:
Exact period of non-compliance: fromtoto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable made in this notification are true, accurate and complete. Further, my annual consumption of perchi upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry fac year for transfer or combination facilities.	loroethylene solvent, based
RESPONSIBLE OFFICIAL: TOHN 6. SCHOLTENS July Signature Name (Please Print) Signature	11/7/96 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.

TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION		
TIME IN: 10:00	TIME OUT: 10:50	AIRS ID#: OO	0097		
TYPE OF FACILITY: Dr y	Cleaner		<u> </u>		
	CLEANERS AND LA	UNDRY INC.	DATE: 11/20/97		
l .	Ja N. Main St.	<u>-</u>			
Gaines	ille, FL.				
RESPONSIBLE OFFICIAL:	John G. Scholtens	PHONE NUMBER: 3	52-373-9922		
	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 REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED		
		• .			
•			•		
			·		
 	•				
			·		
COMMENTS:					
			,		
The Annual Compliance Certif	fication form has been properly certif	ied and submitted to the inspector.	YES NO NO		
DATE OF NEXT INSPECTI	on: 11/98	•			
	0.	proximate)			
INSPECTION CONDUCTED		ease Print)			
INSPECTOR'S SIGNATURE	E/III C. CH	(904) PHONE NUMBER: 2	148-4310 ext. 255		

Page___of___.

TYPE OF INSPECTION:	ANNUAL 🔀 COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:00	TIME OUT: 9: 43	AIRS ID#:_ 001	0092
YPE OF FACILITY: $\mathcal{D}_{L_{q}}$	Leaner	·	
ACILITY NAME: Croft	Cleaners + Laund	y lac,	DATE: 11/12/98
ACILITY LOCATION: 19.5			
	nesville, FL	•	
esponsible official: <u>Te</u>	sha G. Scholtens	PHONE NUMBER: 3	52-373-4422
	he compliance requirements evalua ule 62-213.300, Florida Administra	ative Code (F.A.C.).	ity is found to be in
Based on the results of the discrepancies were noted		ted during this inspection, the follo	owing compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			Δ
· · · · · · · · · · · · · · · · · · ·			- 7°
		Q	OF CE
			Adje Sources Taylo
OMMENTS:			
		,	
ne Annual Compliance Certifica	ation form has been properly certifi	ied and submitted to the inspector.	YES NO
HIL OF HEAT HOLECHO!		proximate)	
NSPECTION CONDUCTED I		ase Print)	
NSPECTOR'S SIGNATURE:	HALLST	phone number:9	<u>04-448-4310 x 25</u>

TYPE OF INSPECTION: ANNUA	AL CO	MPLAINT/DISCOVERY	RE-INSPECTION			
TIME IN: 1/15 TI	ME OUT: //	AIRS ID	#: <u>0010092</u>			
TYPE OF FACILITY: DRY (PLEANER		,			
FACILITY NAME: CRAF	T CLEANERS		DATE: 11/19/96			
FACILITY LOCATION: 1952	NORTH MA	IN ST.				
	- ,	LACHUA				
RESPONSIBLE OFFICIAL: JOHA (5. SCHOLTE	PHONE NUM	MBER: 352 373-4472			
Based on the results of the compliance with DEP Rule 62-213			, the facility is found to be in			
Based on the results of the compliand discrepancies were noted:	Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:					
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP	ACTION REQUIRED			
	•					
	,					
COMMENTS:						
·						
The Annual Compliance Certification form	has been properly cert	ified and submitted to the ir	nspector. YES NO			
DATE OF NEXT INSPECTION:		11/97				
	(A	pproximate)				
INSPECTION CONDUCTED BY:	K. A	Please Print)				
INSPECTOR'S SIGNATURE:	ZASou		MBER: <u>904 - 448-4310</u>			

Page____of____.



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	<u> </u>
	•	TIME IN: 10:00 TIME OUT:	
		•	
FACILITY LOCATION:/75	<u>52 N. M.</u>	ain St.	
_ <u> </u>	inesville, F	=L	
PART I: NOTIFICATION			-
(check appropriate box)			
1. Existing facility notified DARM	by 9/1/96		S
2. New facility notified DARM 30	days prior to startu	р	· •
3. Facility failed to notify DARM to	o use general permi	it	
PART II: CLASSIFICATION			
Facility indicated on notification f (check appropriate box)	orm that it is:		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	d tr be	. New small area source ry-to-dry only, x<140 gal/yr ransfer only, x<200 gal/yr oth types, x<140 gal/yr constructed on or after 12/9/91)	
2. Polodice lesson accompany	_	_	
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="" g="" gal="" only,="" td="" transfer="" types,="" y="" yr=""><td>al/yr d: yr tr bo</td><td>New large area source ry-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	al/yr d: yr tr bo	New large area source ry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, 100="" g<br="">transfer only, 200<x<1,800 gal="" y<br="">both types, 140<x<1,800 gal="" td="" yr<=""><td>al/yr d: yr tr bo (0</td><td>ry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" only,="" oth="" ransfer="" td="" types,="" yr="" yr<=""><td></td></x<2,></td></x<1,800></x<1,800></x<2,>	al/yr d: yr tr bo (0	ry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" gal="" only,="" oth="" ransfer="" td="" types,="" yr="" yr<=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, 100="" g<br="">transfer only, 200<x<1,800 gal="" y<br="">both types, 140<x<1,800 gal="" yr<br="">(constructed before 12/9/91)</x<1,800></x<1,800></x<2,>	al/yr d: yr tr bo (co	ry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,>	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classification="" correct="" facility="" for<="" g="" gal="" if="" is="" no,="" only,="" please="" qualified="" td="" the="" this="" transfer="" types,="" y="" yr=""><td>al/yr di yr tr br (c) on classification:</td><td>ry-to-dry only, 140<x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,></td></x<2,>	al/yr di yr tr br (c) on classification:	ry-to-dry only, 140 <x<2, 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" constructed="" gal="" on="" only,="" or="" oth="" ransfer="" td="" types,="" yr=""><td></td></x<2,>	

(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 scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY UN 1. Equipped all machines with the appropriate vent controls? אמרו מרו אכו 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 EY ON ONA 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 verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N	
	Is the temperature differential equal to or greater than 20° F?	ОУ ОИ	
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	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	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	□N/A
_			
PA	ART V: RECORDKEEPING REQUIREMENTS		
H	as the responsible official: heck appropriate boxes)		
H:	as the responsible official:	MO YM	
H (cl	as the responsible official: heck appropriate boxes)	MY ON	
H: (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	DY ON	
H: (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	DAY ON	
H: (cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY ON	
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DAY ON	DA N/A
H: (cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON	D N/A
H: (cl 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only)	OY ON OY ON OY ON OY ON	ON/A
H: (cl 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON OY ON	ØN/A
H: (cl 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON OY ON	™ N/A
H: (cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? **Gor direct reading instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	OY ON OY ON OY ON OY ON OY ON	
H: (cl 1. 2. 3. 4. 5. 6. 7.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? **Gor direct reading instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?		
H: (cl 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?		

<u> </u>	Which maked of description is and have	h	ailde afficial?			
2.	•	•				
	Visual examination (condensed s	olvent on	exterior surfaces)		a	
	Physical detection (airflow felt th	rough gas	skets)	•	a	
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	ition (FID	/PID/calorimetric	tubes)		
	If using direct-reading instrume	entation,	is the equipment	:		
	a. Capable of detecting	perc vapo	r concentrations is	n a range of 0-500 ppm?		N
	b. Calibrated against a s (PID/FID only)?	standard g	gas prior to and aft	ter each use		N
	c. Inspected for leaks an	d obvious	signs of wear on	a weekly basis?	OY O	N
	d. Kept in a clean and s	ecure area	when not in use?	•	OY O	N
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY O	и
3.	Has the facility maintained a leak log?				ØY o	и
4.	4. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	ØΥ	ΩΝ	Muck cookers	₽Ý	□и
	Door gaskets and seating		ПИ	Stills	Z Y	ПИ
	Filter gaskets and seating	ΩY	□и	Exhaust dampers	ØY	□и
	Pumps	⊠ Y	ПИ	Diverter valves	σÝ	□и
	Solvent tanks and containers	\(\sqrt{y}\)	□и	Cartridge filter housings	a Ý	ПИ
	Water separators	ďΥ	□и			
-						

John G. Scholtens Name of Responsible Official	
Christopher L. Scott Inspector's Name (Please Print)	Date of Inspection
Chill. let	11/98
Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	A	COMPLAINT/	DISCOVERY	۵
AIRS 1D#:00/009Z	DATE: <u>[7 9</u>	₹ TIME	in: 9:00	TIME OUT:	9:40
FACILITY NAME: Craft					
FACILITY LOCATION: 10	352 N. M	A.N 5T.			
<u>_</u> <u>C</u>	AINESUILLE	FC.			
RESPONSIBLE OFFICIAL:	John G. Sch	noltens	_ phone: <u>35</u> 2	-373-4427	<u> </u>
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION			-	<u>~</u>	
(check appropriate box)				<u></u>	
1. New facility notified DARM	30 days prior to start	tup	S. Os	5 1/2	
2. Facility failed to notify DAR	M to use general per	mit	Suresu Of	11/10	
			Way V	No.	
PART II: CLASSIFICATION	Y		-A	Sallito.	
Facility indicated on notificati (check appropriate box)	on form that it is:		□ No notificati □ Drop store/o	on form? ut of business/pe	troleum
A. 1. Existing small area sour 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 sour	ут	transfer only, a both types, x <	y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr n or after 12/9/91)		
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$,100 gal/yr 00 gal/yr	dry-to-dry only transfer only,	y, $140 \le x \le 2,100$ $200 \le x \le 1,800$ ga $0 \le x \le 1,800$ gal/y	Vyr	•

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was (a) 5 gallons.

facility qualified for a general permit as number _____ above

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

 $\Box Y$

(constructed on or after 12/9/91)

□Can not determine

 $\square N$

(constructed before 12/9/91)

5. This is a correct facility classification

If no, please check the appropriate classification:

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN MANA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD VO 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ON/A Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? VDY ON ON/A PART IV: PROCESS VENT CONTROLS In Part II-A: 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 100 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? DYY 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 condenser upon opening the door? DYY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after $\mathbf{Z}_{\mathbf{0}}$ Y \square N verifying that the coolant had been completely charged?

. . .

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	AL ON
2. Maintained rolling monthly averages of perc consumption?	V□ Y
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MANO NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND NO PRO
4. Maintained calibration data? (for applicable direct reading instruments)	אוא לא אם צם אות א
5. Maintained exhaust duct menitoring data on perc concentrations?	XY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	אומם אם צוע
Problem corrected?	אואם אם צול
8. Maintained compliance plan, if applicable?	אואם אם אמף

PART VI: LEAK DETECTION AND	REPAIRS		<u> </u>			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			MA DN			
2. Has the facility maintained a leak log?			MY DN			
3. Does the responsible official check the	following areas for lea	ks?				
Hose connections, fittings, couplings, and valves	AND NO Y	Muck cookers	ANO NO YD			
Door gaskets and scating	AND NO YOU	Stills	אואם אם צש			
Filter gaskets and seating	אואם אם צקלי	Exhaust dampers	אואם אם אוא			
Pumps	AND NO YOU	Diverter valves	AND NO YA			
Solvent tanks and containers	AMO NO YEA	Cartridge filter housings	AND NO Y			
Water separators	AINO NO Y					
4. Which method of detection is used by	the responsible official?	?	•			
Visual examination (condensed s	solvent on exterior surfa	aces)	Ø			
Physical detection (airflow felt the	rough gaskets)		P			
Odor (noticeable perc odor)			\$			
Use of direct-reading instrument	ation (FID/PID/calorim	netric tubes)				
Halogen leak detector						
If using direct-reading inst	rumentation, is the eq	uipment:	□N/A			
a. Capable of detecting	perc vapor concentration	ons in a range of 0-500 ppm?	DY DN			
b. Calibrated against a (PID/FID only)?	standard gas prior to as	nd after each use	OY ON			
c. Inspected for leaks a	nd obvious signs of wea	ar on a weekly basis?	DY DN			
d. Kept in a clean and	secure area when not in	usc?	□Y □N			
c. Verified for accuracy	by use of duplicate sar	mples (calorimetric only)?	DY DN			
\						
Inspector's Name (Please Pri	nt)	Date of Inspe	ection			
MIN a	1	2000 01 211070				
(htt-// htt	(htt - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
Inspector's Signature	 	Approximate Date of	Next Inspection			

ADDITIONAL SIT	E INFORMATION:
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Aerstech 480

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPEC	TION D
	00 TIME IN: 12:20 TIME OUT: 1:15
FACILITY NAME: <u>Craft Cleaners</u>	+ Laundry Inc.
	lain St.
Gainesville, 1	9. 32604
·	Schollens PHONE: 352-373-4422
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	<u>*</u>
(check appropriate box)	
1. New facility notified DARM 30 days prior to	o startup \square
2. Facility failed to notify DARM to use genera	l permit
<u> </u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it (check appropriate box)	is: No notification form Drop store/out of business/petroleum
	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \leq x \leq 2,100 gal/yr transfer only, 200 \leq x \leq 1,800 gal/yr both types, 140 \leq x \leq 1,800 gal/yr (constructed on or after 12/9/91) Pay \(\text{D}\) \(\text{D}\) \(\text{Can not determine} \) ssilication: a general permit as number \(\text{_above} \) above the limits and is not eligible for a general permit
	rc) purchased 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)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	AND NO YES
2. Examining the containers for leakage?	ANKO KO KA
3. Closing and securing machine doors except during loading/unloading?	אם א
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואפל אם אם A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	איאפּ אם עם
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 refri (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refri (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 DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY DN 52N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	אואם אם צבב
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	287. OK
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אואם אם אכל
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	אם	DN/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	□N -	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	אם	□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?			□N/A
	of expansion, and downstream from no other mice?	u 1	UN.	U:\/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ОИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	אם צובל		
2. Maintained rolling monthly averages of perc consumption?	æ å Di≀		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON S N/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 ES N/A		
4. Maintained calibration data? (for applicable direct reading instruments)	alvæg ko vo		
5. Maintained exhaust duct menitoring data on perc concentrations?	A\או בל אם צם		
6. Maintained startup/shutdown/malfunction plan?	JESO □N		
7. Maintained deviation reports?	איקאבל אם צם		
Problem corrected?	DY DN B N/A		
S. Maintained compliance plan, if applicable?	DY DN BONA		

PART VI: LEAK DETECTION AND	REPAIRS		PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection a	ind repair					
inspection?			NO YE					
2. Has the facility maintained a leak log	3?		ABA DN					
3. Does the responsible official check the	ne following areas for leaks	?	•					
Hose connections, fittings, couplings, and valves	158Y ON ON/A	Muck cookers	איאם אם ע פל					
Door gaskets and scating	AND NO YSS	Stills	אואם אם אוא					
Filter gaskets and seating	AINO NO YS	Exhaust dampers	SERY ON ON/A					
Pumps	אואם אם ע פצ	Diverter valves	ANNO NO VER					
Solvent tanks and containers	A/ACI NO YES	Cartridge filter housings	A/NO NO YES					
Water separators	אומם מם אם							
4. Which method of detection is used by	the responsible official?		•					
Visual examination (condensed	solvent on exterior surface	es)	3 2					
Physical detection (airflow felt	through gaskets)		35					
Odor (noticeable perc odor)			₽3.					
Use of direct-reading instrume	ntation (FID/PID/calorimet	ric tubes)						
Halogen leak detector								
If using direct-reading in	trumentation, is the equip	ment:	□N/A					
a. Capable of detection	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON					
b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	מט עם					
	and obvious signs of wear	on a weekly basis?	DY DN					
_	secure area when not in u	•	DY DN					
	by by use of duplicate samp		מם עם					
			· ·					
<u> </u>								
CI III III								
Inspector's Name (Please F	rint)	2-3- Date of Insp						
MAN . De	•	,						
Will le fit	-	Nov -2000	<i>)</i>					
Inspector's Signature		Approximate Date of	Next Inspection					

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ADDITIONAL SITE INFORMATION:	,	
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AIRS ID#: 00/009Z

Adl

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Cost Clegners	s + Launory	Inc.			date: <u>2</u>	3-00
facility location: <u>1952</u> N	9					
<u> </u>	, Fz. 3260°	1				
Annual Reporting Period: Nov	,	19 <u>79</u>	то	Nov	7000	-19_
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	- ,			1		NO Ne
If NO, complete the following:			•	.•		
#1. Term or condition of the general permit	that has not been	in continuous	complianœ o	during the report	ing period sta ·	ted above:
Exact period of non-compliance: from			ω_			
Action(s) taken to achieve compliance:	•			_		
Method used to demonstrate compliance:				•	· 	
#2. Term or condition of the general permit	that has not been	in continuous	compliance (during the report	ing period sta	ited 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, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Fu	rther, my annu	al consump!	ion of perchloro	ethylene solve	ent, 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.

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 TIME OUT: 10:11	AIRS ID#: 00/0092
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Craft Cleaners + Laundre	DATE: Z-3-00
FACILITY LOCATION: 1952 N. Main St.	· · · · · · · · · · · · · · · · · · ·
Gamesulle, FZ. 32604	
RESPONSIBLE OFFICIAL: John Schottens	PHONE NUMBER: 352-373-4422
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	
	:
<u> </u>	
COMMENTS:	
	•
· · · · · · · · · · · · · · · · · · ·	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Nov 00	proximate)
INSPECTION CONDUCTED BY: Christopher L.	Scott
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 904- 448- 4310 124

Page___of___.

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	COMPLAINT/DISCOVERY	
AIRS ID#: <u>OOIOO9</u> Z DATE: <u>II/I</u> FACILITY NAME: <u>CRAFT</u> O	18/96_ time in: <u> </u>	11:50
FACILITY LOCATION: 1952	·	
	SVILLE, ALACHVA	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		4
2. New facility notified DARM 30 days prior to	startup	٥
3. Facility failed to notify DARM to use general	l permit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it (check appropriate box)	is:	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only. 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><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	· 🗆 Y 🗆 N	
If no, please check the appropriate classification	n:	
facility qualified for a general facility exceeds above limits an	permit as number 2 above and is not eligible for a general permit	
B. The total quantity of perchloroethylene (percfacility was <u>ED</u> gallons.	c) purchased within the preceding 12 months by this di	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: NO PERC. STORED (check appropriate boxes) 1. Storing perchlorocthylene in tightly sealed and impervious containers? DY DNE MA 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 scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AMED NO YO 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? AVION 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 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 verifying that the coolant had been completely charged?

				-
B.	. Has the responsible official of an existing large or new large area source also:			-
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩΥ	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПИ	□N/A
	Is the pere concentration equal to or less than 100 ppm?	ΩY	ΠИ	
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	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟΥ	ИП	□N/A
_				
\mathbb{P}^{A}	ART V: RECORDKEEPING REQUIREMENTS			
	ACT V. RECORDRECTING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)			
(cl	as the responsible official:			
(cl	as the responsible official: heck appropriate boxes)		, NO	
(cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?			
(cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?			
(cl 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	DY UY		
(cl 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lrrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		ИО И	DNA
(cll 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? 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?		0	ONIA OF N/A
(cl 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? 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? Gor direct reading instruments only)			DN/A M//A
(cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? 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?		0	ON/A II H/A
(cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? *for direct reading instruments only*) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?			DAVIA ET HIJA
(cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? 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? **Gor direct, reoding instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?			ON/A ON/A
(cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? 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? **Gor direct, reading instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?			ON/A ON/A
(cl 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 lurs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct, reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?			ON/A W H/A

2.	Which method of detection is used by t	he respon	sible official?				
	Visual examination (condensed s						
	Physical detection (airflow felt th	(2)					
	Odor (noticeable perc odor)	<u> </u>					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	a. Capable of detecting		Ν				
	b. Calibrated against a (PID/FID only)?	OY O	И				
	c. Inspected for leaks ar	OY O	И				
d. Kept in a clean and secure area when not in use?						Ν	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						Ν	
3. Has the facility maintained a leak log?						OY ON	
4. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	DY	ПИ	Muck cookers	Ø4	ПИ	
	Door gaskets and seating	Φ¥ _	ПИ	Stills	d\f	ПИ	
	Filter gaskets and seating	WY.	ПИ	Exhaust dampers	₫Y	ΩИ	
	Pumps	by	ПИ	Diverter valves	DY	ПΝ	
	Solvent tanks and containers	βY	ПИ	Cartridge filter housings	4	ПИ	
	Water separators	MY	и				
			·			-	

Name of Responsible Official

R. A. BANKS

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

	RE21 WANITAD	LE CUPI
,	# 0010092	VED
	P.14 1.(a) place date in appropriate boxes Facility Owner	
	Facility Owner CRAFT Site Name (For	
3.	PLM17 3 New Small area Source Hazardous Was Should be marked	
4.	E(D)	
5.	Facility Location Street Address: 4. New Small r. C. City: GAIN Should be marked Facility Identific	2 60 9
6.	Name and Title of JOHN G1,	
7.	Responsible Offici Organization/Firm: CRAFT CLEANERS Street Address: 1452 N. MAIN S.T.	Code 22 4 s
	City: CAINOSVILLE County: ALACIAUL Zip	Code: 32605
8.	Responsible Official Telephone Number: Telephone: (352)373 - 44 22 Fax: ()	
	Facility Contact (If different from Responsible Official)	
0	Name and Title of Facility Contact (For example, plant manager):	

0. Facility Contact Address:		•		• ,
Street Address:	,		·	
City:	County:		Zip Code:	

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

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	10.00 110.00
2.	Site Name (For example, plant name or number):
	PLINI A Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 307151081
4.	Facility Location:
	Street Address: 1952 N. MAIN ST City: County: ALACHUL Zip Code: 3260 9
	City: GAINES HELE County: ALACHUL Zip Code: 32009
:5:	Facility Identification Number (DEP Use):
SHEET.	
	Responsible Official
	No. 1 CD. 11 OCC 11
0.	Name and Title of Responsible Official:
	TOHNG, SCHOCTENS V.P. Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm: CRAFF CLEANERS Street Address: 1952 N. MAIN ST
	CATIONS OF THE THEATHER
8.	Responsible Official Telephone Number:
	Telephone: (352)373 - 44 22 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	The same of a contract (a contract of cont
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	Facility Contact Talonhore Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	1 ax. ()

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date .	Date
		Machine	Control		Machine	Control	1	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	E1	29 MAY 9	7 W	_			-		
(1) w/ ref. condenser	×	211111194							
(2) w/ carbon adsorber	X	7							
(3) w/ no controls	_								
Washer Unit			·	J	<u>-</u>				_
(4) w/ ref. condenser									
(5) w/ carbon adsorber	,								
(6) w/ no controls									
Dryer Unit							•	•	<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber				_					
(9) w/ no controls									
Reclaimer Unit		.1		_	· 				
(10) w/ ref. condenser									
(11) w/carbon adsorber				•	-				
(12) w/ no controls									
(b) Control devices are(c) No control devices	are re	equired to be	installed [_	*	JW.				·
2.(a) What was the total of [127]	-		oroethylene (perc)	purchased in	n the latest 12	2 moi	nths?	
(b) If less than 12 month Check why it is less					_] New store	:: [] Did	not k	eep records:	<u> </u>
3. What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small ar	ea so	urce X (1 M . No	ew sn	nall area sou	rce [X]		
Existing large ar	ea soi	urce []	y Ne	ew lai	rge area sour	ce [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of P	art 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 [X]		
	•	
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	[文]	
·		
Equipment Monitoring a	and Recordkeeping Inforn	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		ليا
(b) Leak detection inspection and repair		_x_]
(c) Refrigerated condenser temperature monitoring		لغ
(d) Carbon adsorber exhaust perc concentration mon	itoring	- LX-JM
(e) Instrument calibration		W CX
(f) Start-up, shutdown, malfunction plan		الع

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

Surrender of Existing Air Permit(s)

Please indicate 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)				
[X]	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 facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its 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.				
Ja-	63 bleater 8/23/91				
Signature	Date .				

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

P 265 302 352

US Postal Service

Receipt for Certified Mail No Insurance Coverage Provided.

Do not use for International Mail (See reverse) Sent to

AIRS ID#: 0010092 **CRAFT CLEANERS & LAUNDRY INC** JOHN G SCHOLTENS 1952 N MAIN STREET GAINESVILLE FL 32609

	Certified Fee	
	Special Delivery Fee	
.0	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
ຕັ	Postmark or Date	
PS Form 3800,	2/14/97	

Z 570 PP5 933

US Postal Service

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

AIRS ID # 0010092001AG 10 JOHN G SCHOLTENS CRAFT CLEANERS PLANT A 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124

	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$

	ot adolawna to dot ravo anil	Fold at		
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 can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Rèturn Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
ADDRESS completed	AIRS ID#: 0010092 CRAFT CLEANERS & LAUNDRY INC JOHN G SCHOLTENS 1952 N MAIN STREET GAINESVILLE FL 32609	4a. Article Number 1 0 5 382 352 4b. Service Type Registered Express Mail Return Receipt for Merchandise 7. Date of Delivery		for using Return Re
your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X 3 Man A.A. 3 Mas	Addressee's Address (Only if requested and fee is paid)		Thank you
₽	PS Form 3811 , December 1994		Domestic Return Receipt	

ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 10 AIRS ID # 0010092001AG JOHN G SCHOLTENS	A. Received by (Please Print Clearly) B. Date of Delivery Agent Agent Agent Agent Tilde State Agent Agent
CRAFT CLEANERS PLANT A 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	3. Service Type Certified Mail Registered Insured Mail C.O.D. C.O.D. Restricted Delivery? (Extra Fee) Yes
Article Number (Copy from service label)	
S Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-17

0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361534

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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MAILED 2/20/99

AIRS ID # 0010092 CRAFT CLEANERS PLANT A JOHN G SCHOLTENS

2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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AIRS ID # 0010092

CRAFT CLEANERS PLANT A JOHN G SCHOLTENS 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124 DEC 3 0 1999 Dureau of All Mobile/Sources

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Z 333 613 051
US Postal Service
Receipt for Certified Mail

AIRS ID # 0010092

CRAFT CLEANERS PLANT A JOHN G SCHOLTENS 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
April 1995	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	

. P 174 052 262

US Postal Service Receipt for Certified Mail

AIRS ID # 0010092

CRAFT CLEANERS PLANT A JOHN G SCHOLTENS . 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	_
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
2 Form 3800 , April 1995	Postmark or Date	
\mathbf{n}		

	er top of envelope te	vo anil 1s b	0-1		
se side?	SENDER: Complete items 1 and/or 2 for accitional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	I also wish to receive the following services (for an extra fee):	_		
reverse	Attach this form to the front of the mailpiece, or on the back if spar permit.	ce does not	1. Addressee's Address	ᅙ	
ther	Write "Return Receipt Requested" on the mailpiece below the artic The Return Receipt will show to whom the article was delivered at		2. Restricted Delivery	Ser	
on th	delivered.	io ine date	Consult postmaster for fee.	ا ceipt Service	
3N ADDRESS completed o	AIRS ID # 0010092 ACRAFT CLEANERS PLANT A JOHN G SCHOLTENS 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124	4b. Service Registere Express Return Re 7. Date of De	Type ed SCertified Mail Insured ceipt for Merchandise COD ellivery	for using Return Re	
your Bi. UR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) Value 1. Signature: (Addressee or Agent)	Addressee's Address (Only if requested and fee is paid)		Thank you	
8	PS Form 3811 , December 1994)2595-97-B-0179	Domestic Return Receipt	ī	

	<i>_</i>			
is your RETURN ADDRESS completed on the reverse side?	SSOJOPE UJNJOJ OUL JO JUDIJ OUL OL GOODAND JO DOL JOAN OUL IS DIO J Complete items 1 and/or 2 for additional services. Complete items 3, 4g, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Altach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to rece following services extra fee): 1. Addresse 2. Restricted	e's Address
	AIRS ID # 0010092 CRAFT CLEANERS PLANT A JOHN G SCHOLTENS 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124	Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Registered Return Receipt for Methandar COD 7. Date of Delivery 1009		
	5. Received By: (Print Name) 6. Signature: [Addressee] or Agent) X	and fee is	As Andress Conivers	Tha
	PS Form 3811 , December 1994 102	595-97-B-0179	Domestic Retu	irn Heceipt

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30/501

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#0010092

CRAFT CLEANERS & LAUNDRY INC JOHN G SCHOLTENS 1952 N MAIN STREET GAINESVILLE FL 32609 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

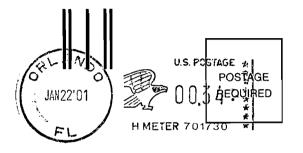
Do NOT Remove Label

AIRS ID# 0010092 CRAFT CLEANERS & LAUNDRY INC

JOHN G SCHOLTENS 1952 N MAIN STREET GAINESVILLE FL 32609 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 Oraft Cleaners III John G. Scholdens III 226 Estler SY E. Orlando, F. J. 32806



Please not along

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

32315+3070 99

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413458 JAN24 2002

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TOTAL AMOUNT DUE: \$50.00

X

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AIRS ID # 0010092

CRAFT CLEANERS PLANT A
JOHN G SCHOLTENS
2004 COUNTRY CLUB DRIVE
DAYTONA BEACH FL
32124

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

Craft Cleaners
1952 N-Main Street
Gainesville, FL 32609



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



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492767

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0010092

CRAFT CLEANERS PLANT A JOHN G SCHOLTENS 2004 COUNTRY CLUB DRIVE DAYTONA BEACH FL 32124 FOR GOVERNMENT USE ONES OF STREET OF