

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 8, 1998

Mr. Keith Houston Crest Cleaners, Plant #2 1242 Dixon Boulevard Cocoa, Florida 32922

Re: Facility No.: 0090175

Dear Mr. Houston:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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



DEC 30 2002

Sureau or Air Mointorin.

Sources

0090175 de Insolvate 1/2/2003

December 26, 2002

Department of Environmental Protection Twin Towers Office Building 2600 Stone Road Tallahassee, Florida 32399-2400

Gentlemen:

Please be advised that our Drycleaning facility located at 450 N. Courtenay Parkway, Merritt Island, Florida, has been using Green Earth Solvent since November, 2001. It is our understanding that it is no longer necessary for us to have a Title V Air General Permit with this solvent.

Should you have any further questions concerning this matter, please do not hesitate to contact me.

Yours truly,

Keith L. Houston Crest Cleaners

cc: Title V Air General Permits

P. O. Box 3070

Tallahassee, FL 32315-3070



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December 26, 2002

Department of Environmental Protection Twin Towers Office Building 2600 Stone Road Tallahassee, Florida 32399-2400

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P. O. Box 3070

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Tallahassee, FL 32315-3070





Department of Environmental Protection Twin Towers Office Building 2600 Stone Road Tallahassee, Florida 32399-2400

### Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	The Glidewell Corp.  Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  The Glidewell Corp.  Site Name (For example, plant name or number):  Crest Cleaners - Plant #2  Hazardous Waste Concentral Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FL 0981028434
4.	Facility Location: 450 N. Courtonay Play Street Address:
	City: Merri H Island County: Brevard Zip Code: 32953
5.	Facility Identification Number (DEP Use):
To the	0910115
	Responsible Official
6.	Name and Title of Responsible Official:
	Keith Houston - V.P.
7.	Responsible Official Mailing Address:  Organization/Firm: Crest Cleaners Office  Street Address: 1242 Dixon Blvd
	City: Cocoa County: Breward Zip Code: 32922
8.	Responsible Official Telephone Number:
	Telephone: (407) 632-1007 Fax: (407) 639-8103
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Diane Brand OR Keith Houston
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: (467) 452 - 3900 Fax: ( ) -

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

#### 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 Machine	Date		Date	Date
	ł	Machine	Control			Control		Machine	Control
Type of Machine	,	Initially	Device Installed	''	Initially Purchased	Device Installed	, ID	Initially	Device
Type of Machine	ID	Purchased	msumed	טו	ruichased	ilistalled	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	7-22-85							
(1) w/ ref. condenser	2								
(2) w/ carbon adsorber	_								
(3) w/ no controls									
Washer Unit									-
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit								*	
(7) w/ ref. condenser									
(8) w/ carbon adsorber						-	T -		
(9) w/ no controls									
Reclaimer Unit		<u> </u>	•	_	•		•	•	<del></del>
(10) w/ ref. condenser		1							
(11) w/carbon adsorber							1		
(12) w/ no controls		-							<del>                                     </del>
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total (2000)</li> <li>(b) If less than 12 mon Check why it is les</li> </ul>	are r quant gallo	equired to be tity of perchloons ow many? [_	installed [_oroethylene (	X (perc)	] ) purchased i				
3. What is the facility's so (Indicate with an "X".  Existing small as	Selec rea so	ource []	ication only.)	) ew sr	nall area sou	rce [	(3) of	Part II?	
Existing large ar	ea so	urce 🖳	N	ew la	rge area soui	rce [	٢		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	at II of this houncaston form.
Existing large area source  Carbon adsorber  []  Refrigerated condenser	[X_]
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 unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur it	ods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
•	
·	
Equipment Monitoring and Recordkeeping Infor	mation
Equipment Monitoring and Recordkeeping Infor	
Check all logs which are required to be kept on-site in accordance with the rec	quirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the receipt (a) Purchase receipts and solvent purchases	uirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the rec  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair	uirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the rec  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	uirements of this general permit:

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
	<del></del>
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to it it it is an air pollution control equipment described above so as to it is and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	th Houston 8-11-98 Date

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

# BEST AVAILABLE COPY 0090175

Perc. P14 (a) Odd date control device installe	I.
1. Facility Owner/Comp (c) Should not be marked. Mark out The (d) and insteal.	
2. Site Name (For exam) p15  C(C) + (1) p 1 1 1 1	-
J. Hazardous Waste Gen	
4. Facility Location: 4. Responsible official sign and date Street Address: City: Merritt  for changes made	?
8/26/98 Spoke to Keith Houston and he stated that the dry to dry marling	, and the second
6. Name and Title of Resport Crest Cleaners - Plant #2 isnas a  Keith Ho:  7. Responsible Official Ma: refugliated Condinser and it was.	
Organization/Firm: Cr Street Address: 124 installed when the markine was City: Coosa	
8. Responsible Official Tele Telephone: (407) (  CONCELLO 10/15/98 8 8	REC
9. Name and Title of Facility.	EV
10. Facility Contact Address:	VED
Street Address: City: County:	
11. Facility Contact Telephone Number: Telephone: (407) 452 - 3900 Fax: ( ) -	

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South (make) Rt

South

# PKCK Alle 1 Jogg KNOTHOLING SOLICES OLICES Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): The Colidensell Corp. 2. Site Name (For example, plant name or number): Crest Cleaners Plant #2 3. Hazardous Waste Generator Identification Number: 4. Facility Location: 450 N. Courtonay Play Street Address: City: Merrit Island County: Brevard 5. Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: Keith Houston - V. P. 7. Responsible Official Mailing Address: Responsible Official Mailing Address: Organization/Firm: Crest Cleaners Office Street Address: 1242 Dixon Bird County: Brenaid Zip Code: 32722 City: Cocoa 8. Responsible Official Telephone Number: Fax: (%7) 639- 8/03 Telephone: (407) 632-1037 Facility Contact (If different from Responsible Official)

· 9.	Name and Title of Facility Contact (For e	example, plant m	nanager):				
1	Diane Brand o	R Keit	4 Hous	ton			
10.	Facility Contact Address:	<u> </u>	<u>,                                      </u>		•		
	Street Address:						
	City:	County:		Zip Code:			
11.	Facility Contact Telephone Number:				Bur		<b>₹</b>
	Telephone: (407) 452 - 3900		Fax: ( )		eau of Ai & Mobile	00)	E
						2	Ш
					r Monitoring Sources	0 1550	1
					itor, Ces	š	П
חבי	0. F N- (2. 212.000/2)	Dens 12 of 16			in <sub>R</sub>		
	P Form No. 62-213.900(2)	Page 13 of 16					

Effective: 6-25-96

#### 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	V.	Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
			Device		Initially	Device		Initially	Device
Type of Machine	מו	_	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Wachine	1.0	1 dicinated	mouned	1.2	1. 0.0	1.113141164		I dienased	Instance
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#1	7-22-85							
(1) w/ ref. condenser	1		7-22-85				Ī		
(2) w/ carbon adsorber									<u> </u>
(3) w/ no controls									<del> </del>
Washer Unit			· · · · · · · · · · · · · · · · · · ·						·
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									<u> </u>
Dryer Unit			<u> </u>						
(7) w/ ref. condenser		I -		Γ					
(8) w/ carbon adsorber									T
(9) w/ no controls							<u> </u>	<u> </u>	
Reclaimer Unit		L			<u> </u>				4
(10) w/ ref. condenser			<u> </u>		1	1			
(11) w/carbon adsorber									<u> </u>
(12) w/ no controls	-					<del> </del>	-	1	
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>				_	_	ı			
2.(a) What was the total ( 370			oroethylene (	perc)	) purchased i	n the latest 12	2 mo	nths?	
(b) If less than 12 mont Check why it is less					_] New store	:: [] D <sub>i</sub> id	not l	keep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (	3) of	Part II?	
Existing small a	rea sc	urce	N	ew sr	nall area sou	rce [	J		
Existing large ar	ea so	urce 🔼	No	ew la	rge area soui	rce [	J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	
Existing large area source  Carbon adsorber  Refrigerated condenser	( کے )
Ne:v 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 un exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for periduring which propane or fuel oil containing no more than one percent sulfur	ods of natural gas curtailment
All steam and hot water generating units exempt  No such units on-site	
•	
Equipment Monitoring and Recordkeeping Info	rmation
Equipment Monitoring and Recordkeeping Info	
Check all logs which are required to be kept on-site in accordance with the re	quirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the re  (a) Purchase receipts and solvent purchases	quirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the re  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair	quirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the re  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	quirements of this general permit:

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

#### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	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 tis made in this notification are true, accurate and complete. Further, I agree to operate and a 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.
comply	
	omptly notify the Department of any changes to the information contained in this notification.

TBD00439

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTI	ON
------	----	-------	-----	----

ANNUAL



COMPLAINT/DISCOVERY

Ø

RE-INSPECTION

AIRS ID#: 0090175 DATE: 2/24/97 TIME IN: 10:25 TIME OUT: 10:43
FACILITY NAME: Crest Clegners
FACILITY LOCATION: 450 N. Courtenay Pary
Merrit I Sland, Fl. 32953

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	₩

#### PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr 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<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) This is a correct facility classification $\square N$ If no, please check the appropriate classification: facility qualified for a general permit as number \_\_\_ 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 22 gallons.

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? none Stored Y N 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

#### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### 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)

(				
l.	Equipped all machines with the appropriate vent controls?	de la company	ПП	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	YY	И□	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	M <sub>N</sub>	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	<b>Y</b> Y	ПN	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	χÝ	□N	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>A</b> Y	ИП	•

DY DN DN/A

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?	□Y <b>0</b> /1
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	phi on or phy
	Is the temperature differential equal to or greater than 20° F?	QY QN
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 PANA
	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?	□Y <b>)</b> M
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AMA NO YO
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON PIN/A
PA	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	NO A
2.	Maintained rolling monthly averages of perc consumption?	ØYY □N
3.	Maintained leak detection inspection and repair reports for the following:	Ar o
	a. documentation of leaks repaired w/in 24 hrs? or;	<b>y</b> □n
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AY ON
4.	Maintained calibration data? (for direct reading instruments only)	AVAR NO YO
5.	Maintained exhaust duct monitoring data on perc concentrations?	מם אלם
6.	Maintained startup/shutdown/malfunction plan?	Ø¥ □N
7.	Maintained deviation reports?	άχλ □N
	Problem corrected?	MY □N
11	•	<b>'</b> • -

#### PART VI: LEAK DETECTION AND REPAIRS ИО У 1. Does the responsible official conduct a weekly leak detection and repair inspection?

2.	2. Which method of detection is used by the responsible official?							
	Visual examination (condensed so	lvent or	n exterior s	urfaces)	abla			
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)				¥			
	Use of direct-reading instrumentar	ion (FII	D/PID/calo	rimetric tubes)	<u> </u>			
	If using direct-reading instrume	ntation,	, is the equ	ipment:		·		
	a. Capable of detecting p	erc vap	or concent	rations in a range of 0-500 ppm?	$\Box Y$	ע□		
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard	gas prior t	o and after each use	ΠY	□и		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?							
	d. Kept in a clean and se	cure are	a when no	t in use?	ΠY	□и		
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	NO YO			
3.	Has the facility maintained a leak log?				<b>Y</b> Y	חח		
4.	Does the responsible official check the f	followin	g areas for	leaks?	,			
	Hose connections, fittings, couplings, and valves	$\chi_{\rm Y}$	ПN	Muck cookers	YY	ПN		
Door gaskets and seating		$\chi_{\rm Y}$	□и	Stills	ŶŶ	ПN		
	Filter gaskets and seating	$\not \!$	ΠN	Exhaust dampers	$\not \!$	ПN		
Pumps		$\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	□И	Diverter valves	XY	ПN		
Solvent tanks and containers		A <sub>A</sub>	ΠN	Cartridge filter housings	þý	ПИ		
	Water separators	XY	ИП					

Name of Responsible Official

Todd Sanchez

Inspector's Name (Please Print)

Odd Sandhay

Inspector's Signarure

2/d4/97 Date of Inspection

Approximate Date of Next Inspection



**DIANE BRAND** 

(407) 452-3900 450 No. Courtenay Pkwy. • Merritt Island, FL 32952

#### ADDITIONAL SITE INFORMATION:

Multimatic Shopstar 500
Safety Klean picks up waste
Containment pan
resin around machine

## PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	g 	COMP	LAINT/DISCO	VERY Que	D PK	CK
AIRS ID#: OOGOI75	DATE: 10/15/9 Crest C			: <b>60</b> time	OUE	2:30	
FACILITY LOCATION:	450 N. Meritt	Lour Isla	tney	9295	3	ices in 20	
RESPONSIBLE OFFICIAL	: Keith to				- 4 <i>5</i> ,	<i>9-31</i>	
PART I: NOTIFICATION							
(check appropriate box)  1. New facility notified DARS  2. Facility failed to notify DA						a a	
PART II: CLASSIFICATIO	N						
Facility indicated on notification (check appropriate box)	tion form that it is:			notification for op store out of		eroieum	
1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gai/both types, x < 140 gal/yr (constructed before 12/9/9	al/yr yr	dry-to-dry transfer on both types,	all area sou only, x < 140 ly, x < 200 g x < 140 gail d on or afte:	) gal/yt gal/yt /yt	۵		
3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types. 140 ≤ x ≤ 1.80 (constructed before 12/9/5	5 2,100 gal/ýτ ,800 gal/yτ 00 gal/yτ	porp ticks nanages or qri-to-qri	úy, 200 ≤ x	x ≤ 2,100 gal/y ≤ 1,800 gal/yτ 1,300 gal/yτ	<u>п</u>		
5. This is a correct facilit	y classification	QY C	ם סכי	ın not determin	le		
1 C fz	the appropriate classifi acility qualified for a go acility exceeds above li	eucun betun	t as number. ot eligible fo	aco or a general per	ve mit		,
B. The total quantity of per facility was 250 gall	chloroethylene (perc) ; ons.	purchased wi	thin the pre	ceding 12 mon	ths by this	dry cleanir	ıg

#### PART III: GENERAL CONTROL REQUIREMENTS

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

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

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

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

1. Storing perchloroethylene in tightly senled and impervious containers? & pumped GY ON XV/A

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

- A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)
- 1. Equipped all machines with the appropriate vent controls?

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

MY CH CHIA

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

□N □N/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated concenser on a weekly bis weekly basis AD+ awave.

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

Y ON ONA

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:	<u> </u>
	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? (WMCMS)	OA OX
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20° F?  The definition of the condenser inlet and the condenser inlet and outlet weekly?	
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 DAIA
	Is the perc concentration equal to or less than 100 ppm?	DY DN PANA
+	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 injet?	OY ON KNIA
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON TONIA
6	6. Routed airflow to the carbon adsorber (if used) at all times?	DY DUYDNA

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	Degy □n					
2. Maintained rolling monthly total of perc consumption?	Ø¥ □n					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or,	AND NO YE					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? NO WALS OF THE	OY ON DENIA					
4. Maintained calioration data? for applicable direct reading instruments)	GY ON ANA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DH DEWA					
6. Maintained startup/shutdown/malfunction plan?	Xtr dn,					
7. Maintained deviation reports?	AND ND AR					
Problem corrected?	פא פא אפאוץ					
8. Maintained compliance plan, if applicable?	AIN ON ONY					

Inspector's Name (Please Print)

Inspector's Signature

Date of Insterion

12198

Approximate Date of Next Inspection

Multimatic - 1982 large area source has pan + epoxy

Zerowaste => sufety clean evaporator for condensale Water

Safety clean takes out ha zardous waste

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔽	COMPLAIN	NT/DISCOVERY		RE-INSPE	CTION _
TIME IN: 10'00	TIME OUT:	10:60	AIRS I	D#:()(	090175	
TYPE OF FACILITY:	rea nura			<del></del>		
FACILITY NAME: Ve	St Cleaner	· 1		D	ATE: O	16/95
FACILITY LOCATION: 450		ney PMK	y		<del></del>	
- 100	ritt 18ans	di Di			1	
RESPONSIBLE OFFICIAL:	enth Houston	n	PHONE N	UMBER: L	107 - 4	<u>52-390</u>
Based on the results of the compliance with DEP Rule	•			n, the facility	is found to be	e in
Based on the results of the discrepancies were noted:	compliance requiremen	ts evaluated dui	ing this inspectio	n, the followi	ng complianc	e
COMPLIANCE REQUIR	REMENT/PROBL	EM _	FOLLOW-U	P ACTION	REQUIR	ED
	•				P	
				Ø	40	
				Bureau of Air	6103	
				is Sources	Monitoring	6
COMMENTS: Keeping Mi I3 installi	cords- ing New per	eing to	make C	enderser	more	eforeund
The Annual Compliance Certification	on form has been proper	ly certified and	submitted to the	inspector.	YES	иоМ
DATE OF NEXT INSPECTION:		LOJAS (Approxin	12/98 (ate)			· .
INSPECTION CONDUCTED BY	: maa	lla (Please Pr	) westri			
INSPECTOR'S SIGNATURE:	Sm		PHONE N	UMBER: <u>4</u>	07-893	3-3333

Page\_\_\_of\_\_\_.

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

FACILITY NAME: CYEST C FACILITY LOCATION: 450 N  Meritt  RESPONSIBLE OFFICIAL: Keith t	<b> 1</b>
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rauo .
2. Facility failed to notify DARM to use general per	
2. I destity leaves to hold, 2.120.10	
	□ 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ Y □ N □ Can not determine fication: eneral permit as number above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was <u>250</u> gallons.	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? | Descript Py ON XV/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 scaled containers for at least 24 hours prior to disposal?

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

DY DN OXYA

#### 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?

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

ΣΥΝΩ ΝΩ ΥΣΕ

3. Equipped the concernser 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 concenses on a weekly/oi-weekly basis / NO+ aware + Correcting

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

XOY ON ONA

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? ( WMWW)	OX OX
-	Mensured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Is the temperature differential equal to or greater than 20° F?  Mack	הקל מא מאוץ מא מא מאוץ
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Is the perc concentration equal to or less than 100 ppm?	OY ON OXIA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pert concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON YOU'S
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON KINIA
6	. Routed airflow to the carbon adsorber (if used) at all times?	DY DNY DNIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	λ <del>ε</del> γ □μ
2. Maintained rolling monthly total of perc consumption?	DA CH
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	AND ND Y
b. documentation of parts ordered to repair lenk and lenk repaired w/in 2 days and parts installed w/in 5 days of receipt?  **NO CAUS AS OF WITH	OY ON DENIA
4. Maintained califoration data? for applicable direct reading instruments)	AIVÉ NO YO
5. Maintained exhaust duct monitoring data on pert concentrations?	OY ON XWA
6. Maintained startup/shutdown/malfunction plan?	Xt. □N ,
7. Maintained deviation reports?	YND ND VÝ
Problem corrected?	ON CH ENIY
8. Maintained compliance plan, if applicable?	אואם אם אוא

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ПN 2. Eas the facility maintained a leak log? ПИ 3. Does the responsible official check the following areas for leaks? Ease connections, finings, DY DN DNA couplings, and valves Muck cookers ΦY CN CN/A Door gaskers and seating DA GN GMY Stills DY DN DNA Filter gaskets and senting DY CN CN/A Exhaust dampers ΦY CN CN/A $\Phi Y \square M \square MA$ Pumps Diverter valves DY ON ONA DAND ND YE Soivent tanks and containers Cartridge filter housings QY QN QN/A DY ON ONA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric mises) Ealogen leak detector If using direct-reading instrumentation, is the equipment □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN

Inspector's Name (Flease Print)

Inspector's Signature

Inspector's Signature

Inspector of Next Inspection

Approximate Date of Next Inspection

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

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

DY DN

ND YD

mutimatic - 1982 large area source has pan + epoxy

Zerowaste = safety chean eraporator for condensale Water

Stylety clean takes out hazardous waste

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛮	СОМ	PLAINT/DISCOVE	RY 🗌	RE-INSPE	CTION
TIME IN: 177' 570	TIME OUT:	10:50	)AI	RS ID#:	009017=	)
TYPE OF FACILITY:	Geaning,	•				
FACILITY NAME: C'E	st Cleaners	\$			DΛΤΕ: <u>; τ</u>	115/98
FACILITY LOCATION: 450		ney	Priky	· <u>-</u> -		<u>'                                    </u>
	witt 18 are	el.i F	<u> </u>		1 ;	1152 576
RESPONSIBLE OFFICIAL:	enth Houst	<u>}∙</u>	PHON	IE NUMBER:	407 - 4	<u> </u>
Based on the results of the compliance with DEP Rule			= :		ility is found to b	e in
Based on the results of the discrepancies were noted:	compliance requiremen	nts evalua	ted during this insp	ection, the foll	lowing complian	ce
COMPLIANCE REQUI	REMENT/PROBL	EM	FOLLOV	V-UP ACTI	ON REQUI	RED
				_	_	
			· · ·			
			. ,			
					<u> </u>	
	•		•			
COMMENTS: 1/2/2/2/2/	<del></del> ,					
Reping 1	cords-	ein	to make	under	scr move	Spread
CHAIRAN CL	379 . 300 1 .	· 0				00
The Annual Compliance Certificati	on form has been prope	rly certifi	ed and submitted to	the inspector	. YES	иом
DATE OF NEXT INSPECTION:		1-01	<del>198</del> 1219	74	_	_
	$\cap$	(Ap	proximate)	•		
INSPECTION CONDUCTED BY	i:;\ac	dia	Juesh			
INSPECTOR'S SIGNATURE:	Komi	(110	case Print) PHON	E NUMBER	: 407-89	<i>3-333</i> 3

Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	V 0	COMPLAINT/DISCO	OVERY VZ
FACILITY LOCATION:	est C	legner c Courte	nay Play	е оит: <u>10'<del>4</del>3</u>
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DAR	M by 9/1/96			
2. New facility notified DARM	30 days prior to start	tup		۰,
3. Facility failed to notify DARN	3. Facility failed to notify DARM to use general permit			
			-	
PART II: CLASSIFICATION	C. Alexandra			
Facility indicated on notification (check appropriate box)	n form that it is:			
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small dry-to-dry only transfer only, x both types, x<1 (constructed or	, x<140 gal/ут <200 gal/ут	· :.
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/ут al/ут ут</td><td>transfer only, 2 both types, 140 (constructed or</td><td>area source 7, 140<x<2, 100="" gal="" yr<br="">1:00<x<1,800 gal="" yr<br="">1<x<1,800 gal="" yr<br="">1: or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	0 gal/ут al/ут ут	transfer only, 2 both types, 140 (constructed or	area source 7, 140 <x<2, 100="" gal="" yr<br="">1:00<x<1,800 gal="" yr<br="">1<x<1,800 gal="" yr<br="">1: or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classific		<b>M</b> Y □N		
If no, please check the appropri	ate classification:			
	ed for a general perm s above limits and is			
B. The total quantity of perchlo facility was 22 2 gallons.	roethylene (perc) pu	rchased within	the preceding 12 month	s by this dry cleaning

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? none Storeday and Storeday a

#### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### 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)

ı.	Equipped all machines with the appropriate vent controls?	DA 1	⊐и	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	XY T	טא כ	A/AC
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY	Ди с	A/NC
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	<b>*</b>	□Ν	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Άγ	□и .	
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ψY	ПΝ	

DY ON DYNA

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?	□x p√n
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ph. on or ph
	Is the temperature differential equal to or greater than 20° F?	NO YO
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON DAVA
	Is the perc concentration equal to or less than 100 ppm?	אם צם
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY AN
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AVA NO YO
6.	Routed airflow to the carbon adsorber (if used) at all times?	AINT NO YO
P	ART V: RECORDKEEPING REQUIREMENTS	
1	as the responsible official: heck appropriate boxes)	
1. Maintained receipts for perc purchased?		

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	yy □n		
2. Maintained rolling monthly averages of perc consumption?	ØYY □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	y¥ □n		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AY ON		
4. Maintained calibration data? (for direct reading instruments only)	AVNE NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	מאַ פא		
6. Maintained startup/shutdown/malfunction plan?	אַם אַלָּ		
7. Maintained deviation reports?	ÅY □N		
Problem corrected?	MY ON		
8. Maintained compliance plan, if applicable?	AY ON ON/A		

Problem corrected?  8. Maintained compliance plan, if applicable?	MY ON ON/A
PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO. Y

2.	Which method of detection is used by the	ne respon	nsible offi			
	Visual examination (condensed so	olvent on	exterior	surfaces)	abla	
	Physical detection (airflow felt through gaskets)				Ϋ́	
	Odor (noticeable perc odor)				4	
	Use of direct-reading instrumenta	tion (FII	D/PID/cal	orimetric tubes)		
	If using direct-reading instrume	ntation,	is the eq	uipment:		
	-		-	rations in a range of 0-500 ppm?	□Y (	⊐N
	b. Calibrated against a s	tandard	gas prior	to and after each use		
	(PID/FID only)?				□Y (	⊐и
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON			
d. Kept in a clean and secure area when not in use?			OY ON			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			e samples (calorimetric only)?	OY ON		
3.	Has the facility maintained a leak log?				ÒYY (	ח⊏
4.	Does the responsible official check the	following	g areas for	r leaks?	<b>/</b> '	
	Hose connections, fittings, couplings, and valves	YY	□и	Muck cookers	YY	□N
	Door gaskets and seating	YY	ПИ	Sulls	Y	□и
	Filter gaskets and seating	XY	□N	Exhaust dampers	A <sup>A</sup>	□и
	Pumps	×Υ	.ПИ	Diverter valves	μY	□и
	Solvent tanks and containers	XY	□N	Cartridge filter housings	þý	□и
	Water separators	ΆχΥ	ПИ	<u> </u>		

Diane Brand
Name of Responsible Official
Todd Sanchez
Inspector's Name (Please Print)

Date of Inspection

Santhey

Approximate Date of Next Inspection



**DIANE BRAND** 

(407) 452-3900 450 No. Courtenay Pkwy. ● Merritt Island, FL 32952

#### ADDITIONAL SITE INFORMATION:

Multimatic Shopstar 500

Safety Klean picks up waste

Containment pan

resin around machine

#### PERCHLOROETHYLENE DRY CLEANERS ARMS UPDATED 🚯 TITLE V GENERAL PERMIZO COMPLIANCE INSPECTION CHECKCIST TYPE OF INSPECTION: ANNUAL T/DISCOVER **RE-INSPECTION** AIRS ID#: <u>0090175</u> DATE: <u>10-2</u>5-99 0 am TIME OUT: 11:30am TIME D FACILITY NAME: (185) FACILITY LOCATION: 450 N. COUITALY PKWY, Merritt Island, FL RESPONSIBLE OFFICIAL: Keith Houston PHONE: 407-452-3900 CONTACT NAME: Diane Brand PHONE: 407-452-3900 PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yTboth types, x < 140 gal/yrboth types, x < 140 gal/yr(constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, 140 < x < 1.800 gal/yr both types, $140 < x \le 1,800$ gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 5. This is a correct facility classification $\Box Y$ ΠN □Can not determine If no, please check the appropriate classification:

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

facility qualified for a general permit as number

facility was gallons.

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

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON TENA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DANA 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 AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser

A. Has the responsible official of all new sources and existing large area sources:

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

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

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

Conducted all temperature monitoring after an appropriate cooldown period and after

(complete A and B below).

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

(check appropriate boxes)

MU Y

KONY ON

₽YY DN

AY ON ON/A

XXY ON ON/A

SY ON ON/A

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?	<b>₽</b> Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	<b>⊠</b> N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ПИ	<b>B</b> 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	ПN	ØN/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПИ	<b>□</b> 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?			<b>26</b> N/A
	or expansion, and downsdeam from no other finet?	U I	UN	<b>Jac</b> (A.
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	<b>EN</b> /A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	<b>X</b> N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	, <del>M</del> Y □N				
2. Maintained rolling monthly averages of perc consumption?	<b>Ø</b> ¥Y □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or,	אואם אם צים				
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON ZAVA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN 🗫				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DKN/A				
6. Maintained startup/shutdown/malfunction plan?   ♠Y □N					
7. Maintained deviation reports?	AND ND YA				
Problem corrected?	A/א <b>אל</b> אם צם				
8. Maintained compliance plan, if applicable?	DATA ON ON/A				

$\overline{}$	<del></del>			<del></del>		===	
PA	ART VI: LEAK DETECTION AND	REPAIR	:S	_:			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?					<b>X</b> Y	ПN
2.	Has the facility maintained a leak log?					XY	ПИ
3.	Does the responsible official check the	following	g are	eas for leaks?			
	Hose connections, fittings, couplings, and valves	æsy c	מכ	□N/A	Muck cookers	Y	□N □N/A
	Door gaskets and seating	XY	ИС	□N/A	Stills	<b>Ø</b> Y	□N □N/A
	Filter gaskets and seating		NC	□N/A	Exhaust dampers	₽Y	□N □N/A
	Pumps	DY C	אכ	□N/A	Diverter valves	<b>M</b> Y	□N □N/A
	Solvent tanks and containers	XY C	NC	□N/A	Cartridge filter housings	<b>A</b> Y	□N □N/A
	Water separators	BAY C	NE	□N/A	·		
4.	Which method of detection is used by t	he respor	nsibl	le official?			
Visual examination (condensed solvent on exterior surfaces)							
Physical detection (airflow felt through gaskets)							
Odor (noticeable perc odor)							
	Use of direct-reading instrumenta	ation (FII	)/PI	D/calorimetric t	tubes)		
	Halogen leak detector					<b>*</b>	
	If using direct-reading instr	umentat	ion,	is the equipme	ent:	DN/	'A
	a. Capable of detecting	perc vapo	or co	oncentrations in	a range of 0-500 ppm?	ΠY	ПN
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard g	gas j	prior to and afte	er each use	ΩY	ПΝ
	c. Inspected for leaks ar	ıd obviou	ıs sig	gns of wear on a	weekly basis?	ΠY	DN
	d. Kept in a clean and s	ecure are	a wł	hen not in use?	·	ΩY	ПN
	e. Verified for accuracy	by use of	f dup	olicate samples	(calorimetric only)?	ΠY	□N

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

AIRS ID#: \_\_\_\_\_ 0090175

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Crest Cleaners	DATE: <u>1</u> U-25-89
FACILITY LOCATION: 450 N, Courtney Phwy	
Merritt Island; FL 32953	
Annual Reporting Period: October 1994 TO Octo	ber 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compeled and the Code (F.A.C.), during the period covered by this statement.	pliance with DEP Rule  YES  NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the	e reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonal made in this notification are true, accurate and complete. Further, my annual consumption of per upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 g combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	chloroethylene solvent, based

Page \_\_\_\_ of \_\_\_\_.

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DIS	COVERY	RE-INSPECTION
TIME IN: 00000000000000000000000000000000000	TIME OUT:	!30	AIRS ID#: <i>0 0</i>	90175
TYPE OF FACILITY: $\nu_{r_y}$	Lleaner			
FACILITY NAME: Crest	Cleane15			DATE: 10-25-99
FACILITY LOCATION: 450	N. Courtgey	PKWY.		
me	ritt Island, F	L 32953		
RESPONSIBLE OFFICIAL:	reith Houston		PHONE NUMBER:	407-452-3900
<del></del>	e compliance requirements le 62-213.300, Florida Adn			ty is found to be in
Based on the results of th discrepancies were noted	e compliance requirements	evaluated during thi	s inspection, the follow	wing compliance
COMPLIANCE REQU	REMENT/PROBLE	M FOL	LOW-UP ACTIO	ON REQUIRED
•				
COMMENTS: In Co	mplianca	l		
The Annual Compliance Certificate  DATE OF NEXT INSPECTION	1.0 > 20	0	tted to the inspector.	YES NO
INSPECTION CONDUCTED B	v: Randal	(Approximate)  (VNM f  (Please Print)	ngham	· 
INSPECTOR'S SIGNATURE:_	Mall 7		PHONE NUMBER:_	407-493-3333

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	UPDATED
DATE.	N-25-00
BY	RR

TYPE OF INSPECTION:

ANNUAL (INS1, INS2) 💢

COMPLAINT/DISCOVERY (CI) □

RE-INSPECTION (FUI) □

ALE-INST ECTION (101)	
AIRS ID#: 0090175 DATE: 250 W-LS-0 TIME IN: 250 TIME OUT: 2:30	
FACILITY NAME: Crest Cleaners	
	-
FACILITY LOCATION: 450 N. Courtney Phny,	-
Morritt Island, FL 32953	_
RESPONSIBLE OFFICIAL: Heith Houston PHONE: 407-452-3900	
·	
CONTACT NAME: Diane Brand PHONE: 407-452-3900	
PART I: NOTIFICATION	
(check appropriate box) Facility Compliance Status: IN	
1. New facility notified DARM 30 days prior to startup    (ARMS Data) MNC    MNC	
2. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	_
Facility indicated on notification form that it is:	
(check appropriate box) ☐ Drop store/out of business/petroleum	
A.  1. Existing small area source  2. New small area source	*
dry-to-dry only, x < 140 gal/yr  dry-to-dry only, x < 140 gal/yr	r
transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr	*
both types, x < 140 gal/yr both types, x < 140 gal/yr $\frac{1}{2}$	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
3. Existing large area source ⊈ 4. New large area source □ Ş S	4
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	T.
(constructed before 12/9/91) (constructed on or after 12/9/91)	
5. This is a correct facility classification	_
If no, please check the appropriate classification:	
facility qualified for a general permit as number above	
facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	
facility was \(\frac{425.0}{25.0}\) gallons.	]

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

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	dy on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN CHN/A
	Is the temperature differential equal to or greater than 20° F?	DY DN MYA
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 ZN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON DIN/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?	OY ON ZIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ØN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON PN/A
_		

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	<b>⊅</b> Y □N ·					
2. Maintained rolling monthly total of perc consumption?	AY ON					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □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 MY/A					
4. Maintained calibration data? (for applicable direct reading instruments)	A/N/A YOU YO					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ÓN/A					
6. Maintained startup/shutdown/malfunction plan?	<b>Z</b> IY □N					
7. Maintained deviation reports?	OY ON MIN/A					
Problem corrected?	OY ON ZN/A					
8. Maintained compliance plan, if applicable?	OY ON ZN/A					

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					ДY	C	וו⊏
2.	Has the facility maintained a leak log?					<b>Z</b> Y	C	מכ
3.	Does the responsible official check the f	ollow	ing ar	reas for leaks?				
	Hose connections, fittings, couplings, and valves	фү	□N	□N/A	Muck cookers	Q Y	ПN	□N/A
	Door gaskets and seating	фY	ΠN	□N/A	Stills	J'Y	ПN	□N/A
	Filter gaskets and seating	ф	ПΝ	□N/A	Exhaust dampers	ÞΥ	ПN	□N/A
	Pumps	ф	ПN	□N/A	Diverter valves	ÞΥ	ΠИ	□N/A
	Solvent tanks and containers	фү	ПN	□N/A	Cartridge filter housings	þγ	ПΝ	□N/A
	Water separators	dY	ΠN	□N/A		•		
4.	Which method of detection is used by th	e resp	onsib	ole official?				
	Visual examination (condensed sol	lvent	on ext	terior surfaces)				
	Physical detection (airflow felt thro	ough g	gasket	ts)	•			
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentati	ion (F	ID/PI	D/calorimetric t	tubes)			
	Halogen leak detector				•	X	-	
	If using direct-reading instru	menta	ation,	, is the equipme	ent:	ÉN/	Α	•
	a. Capable of detecting pe	erc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	ПΝ	
	b. Calibrated against a sta (PID/FID only)?	andard	gas	prior to and afte	r each use	ΠY	ПΝ	
•	c. Inspected for leaks and	lobvi	ous si	gns of wear on	a weekly basis?	·ΟY	ΠN	
d. Kept in a clean and secure area when not in use?						ΩY	ПN	
	e. Verified for accuracy b	y use	of du	iplicate samples	(calorimetric only)?	ΠY	ПΝ	
						-		

Randall	Conjugham
Inspector's Nat	me (Please Print)
MAL	
Inspector's	Signature

16-25-00
Date of Inspection

Approximate Date of Next Inspection

AIRS ID#: 0090175

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Crest Cleaners	DATE: (U-1500)
FACILITY LOCATION: 450 N. Louitney F	hwy,
	FL 32953
Annual Reporting Period: Detaber	TO October 2000
Based on each term or condition of the Title V general air permit; my	facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in conti	nuous compliance 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 conti	nuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and in this notification are true, accurate and complete. Further, my annupurchase receipts, does not exceed 2,100 gallons per year for dry-to a combination facilities.	al consumption of perchloroethylene solvent, based upon
RESPONSIBLE OFFICIAL: DIANE (Please Print)	Signature Date

<sup>\*</sup>This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 2:00	TIME OUT: 2:30	AIRS ID#: 009	0175	
TYPE OF FACILITY: D	ry Cleun			
FACILITY NAME: Cres	it Cleaners		DATE: 10-25-00	
	150 W. Courtney Prims	/		
<u> </u>	Merrit FS14nd, FL	32953		
RESPONSIBLE OFFICIAL:_	Keith Houston	PHONE NUMBER:_	407-452-3900	
<del></del>	f the compliance requirements evalu Rule 62-213.300, Florida Administ	nated during this inspection, the facilitative Code (F.A.C.).	ty is found to be in	
Based on the results o discrepancies were no		ated during this inspection, the follow	ving compliance	
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED	
	•			
· · · · · · · · · · · · · · · · · · ·				
:				
	·			
	•			
COMMENTS.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
In compliance				
The Annual Compliance Certification form has been properly certified and submitted to the inspector.				
DATE OF NEXT INSPECTION: 10-200				
INSPECTION CONDUCTED BY: Randall Conningham				
INSPECTOR'S SIGNATURE	MANH C	tease Print) PHONE NUMBER:_	407-893-3333	
	Page_	_of	Revised 10/96	

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

### **TOTAL AMOUNT DUE: \$50.00**

412251 DEC26 2891

Do NOT Remove Label

AIRS ID # 0090175 **CREST CLEANERS PLANT 2** KEITH HOUSTON 1242 DIXON BLVD COCOA FL 32780

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400080

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

AIRS ID # 0090175

TOTAL AMOUNT D

CREST CLEANERS PLANT 2 KEITH HOUSTON 1242 DIXON BLVD COCOA FL 32780

Do NOT Remove Label

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obi.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389415

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 # 0090175

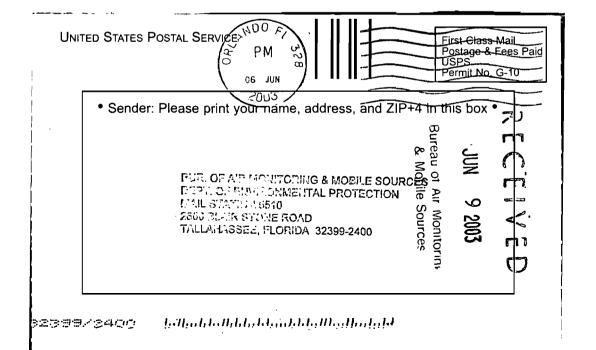
**CREST CLEANERS PLANT 2** KEITH HOUSTON 1242 DIXON BLVD COCOA FL 32780

FOR GOVERNMENT Org.: 37550101000 & Fund: 20-2-0339001 Obj.: 002273

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	Restricted Delivery Fee (Endorsement Required)		
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} ] 		S ID # 0090175001.	AG
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709	THE GLIDEWELL CORP		
17		FL 32780	
1	PS Form 38	Section of the sectio	

1		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery	
Article Addressed to:     Article Addre	D. Is delivery address different from item 1? Ses  If YES, enter delivery address below: No	
10. AIRS ID # 0090175001AG KEITH HOUSTON THE GLIDEWELL CORP		
1242 DIXON BLVD COCOA FL 32780	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
7099 3400 0000 1453 3327	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label)		
PS Form 3811, August 2001 Domestic Retr	urn Receipt 102595-02-M-1540	

### **BEST AVAILABLE COPY**



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421565 JAN102003

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



Do NOT Remove Label

**CREST CLEANERS PLANT 2** KEITH HOUSTON 1242 DIXON BLVD

COCOA FL 32780

AIRS ID#0090175 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 🖹 Fund: 20-2-035001

Obj.: 002273



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0359538

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 # 0090175 **CREST CLEANERS PLANT 2** KEITH HOUSTON 1242 DIXON BLVD

COCOA FL 32780

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

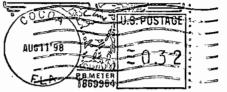
CREST CLEANERS 1242 Dixon Blvd. Cocoa, FL 32922

2 CPOSTAGE PB86439 9 PREQUIRED 0250 \$ 00. 03 FEB 32922 0 8 8 0 MAILED FROM COCOA FL

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







General Permits Section

Bureau of Air Monitoring and Mobile Sources,

Dept. of Environmental Protection Ms 5516

2600 Blue Stone Road

Talla Lassee, #1. 30399-2400

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