

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 27, 1996

Mr. Russell Powell Touch of Quality Cleaners #3 1194 South Broad Street Brooksville, Florida 34601

Re: Facility I.D. No. 0170039

Dear Mr. Powell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, 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. Louis Fernandez, Southwest District

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

#0170039

	Touch of Quality Cleaners #3
P./4	1.(a) add date control device
+ K	1.(c) mark out "X" and initial 5.(f) required
<i>P.13</i>	5.0710quite
	
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#3 In.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Russell N. Powell
2.	# 2
	Souch of Quality Cleaners #3
3.	Hazardous Waste Generator Identification Number:
	410 984 234 344
4.	Facility Location: Street Address: 1/28 Street Addr
	Facility Location: Street Address: 1/28 Sterling St City: Invervess County: Citrus Ha Zip Code: 32650
5.	racility Identification Number (DEP Use):
	0/70039
	Responsible Official
6.	Name and Title of Responsible Official:
,	Responsible Official Mailing Address: 1194 S. Wread Vt. Organization/Firm: Josephy quality Street Address:
7.	Responsible Official Mailing Address: 1194 S. Wread Vt.
	Street Address:
	Organization/Firm: Josephy quality Street Address: City: Junes Ville County: Nervando 7/ Zip Code: 34601
	Responsible Official Telephone Number:
	Telephone: (35 ₂) 796 - 7965 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVED AUG 30 1990
	AUG 30 1996
	•

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Control		Machine	Date 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		Feb.							-
(1) w/ ref. condenser	#1	2 95							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					_				
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls			_						
Dryer Unit									4 1
(7) w/ref. condenser									
(8) w/ carbon adsorber			_						
(9) w/ no controls									
Reclaimer Unit			•						y .
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (yerc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.) Ne	w sn	nall area sour	се [Х]		Part IĮ?	
e Existing large are	ea sou	irce []	Ne	w lai	ge area sour	Je [

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(Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
Start-up, shutdown, malfunction plan
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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
Z	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Date 8/21/96

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Perchloroethylene Dry Cleaning Facility Notification



Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Russell. H. Powl		
2. Site Name (For example, plant name or		# 9
Souch of Quali-	ty Cleaners	# 3
3. Hazardous Waste Generator Identification	on Number:	
410 984 234 344	!	
4. Facility Location: Street Address: 1/28 Sterling	g Ut	
4. Facility Location: Street Address: 1128 Sterling City: Invervess	County: Cetrus 7/a	Zip Code: 3 2650
5: Facility Identification Number (DEP Us	e):	
		-0170039
	Responsible Official	
6. Name and Title of Responsible Official:		owner x
Russell or Jandra	You'll	owner &
7. Responsible Official Mailing Address: Organization/Firm: Joseph Guar Street Address: City:	1194 S. Bras	Vt.
Street Address:	uy the	4,
City Sunks Ville	County: Nersando	4/ Zip Code: 34601
8. Responsible Official Telephone Number Telephone: (35) 796 - 798	r: —	
	6) Fax: ()	
Facility Contact	(If different from Responsible	Official)
9. Name and Title of Facility Contact (For	example, plant manager):	
10. Facility Contact Address:		
Street Address:		
City:	County:	Zip Code:
11. Facility Contact Telephone Number:		
Telephone: () -	Fax: () -
- · ·		RECEIVED
		1999 2 0 Jano
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Facility Information

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

		-	Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
			Initially	Device		Initially	Device		Initially	Device
	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
	Dry-to-Dry Unit		Feb.,					•		
	(1) w/ ref. condenser	#1	2/95	2/95					· · · ·	
	(2) w/ carbon adsorber		1-7-7-	1,75						_
	(3) w/ no controls									
	Washer Unit									
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber	_								,
	(6) w/ no controls						·			
I	Dryer Unit		1.				•			
	(7) w/ ref. condenser		1							
	(8) w/ carbon adsorber									
	(9) w/ no controls									
	Reclaimer Unit			•:					· .	
١	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls	_								
	(b) Control devices are (c) No control devices 2.(a) What was the total of	are re	equired to be	installed [_	BAN	_	n the latest 12	? mor	nths?	
	(b) If less than 12 mont Check why it is less	hs, ho	ow many? [_			_] New store	: [] Did	not k	eep records:	
	3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
	Existing small ar	ea soi	urce []	Ne	ew sm	nall area sour	rce 🔀]		
	Existing large are	ea sou	irce []	Ne	w lar	ge area sour	ce []]		

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4. What control technology is required (Indicate with an "X".)	ired on machines _l	oursuant 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	(\succeq)		
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such to	that all steam and		
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	l exclusively by no	ntural gas except for period	ls of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipmo	ent Monitoring a	nd Recordkeeping Inforn	nation
Check all logs which are required to	o be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent pu	ırchases		(\times)
(b) Leak detection inspection and re	epair		\succeq
(c) Refrigerated condenser tempera	ture monitoring		\succeq
(d) Carbon adsorber exhaust perc c	oncentration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction	n plan		(X)

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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)
\succeq	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 ication. 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.
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that th ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀 COI	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:	AIRS ID#:	017 0039
TYPE OF FACILITY: DC	•		
FACILITY NAME: Touch	of Quality Clas	ners #3.	DATE: 2/28/97
1	1128 Sterling St		
	Inverness Pr	32650	
RESPONSIBLE OFFICIAL:	Russell Howell	PHONE NUMBER	35 2-344-5377
لها	f the compliance requirements evalu Rule 62-213.300, Florida Administr		cility is found to be in
Based on the results of discrepancies were not	f the compliance requirements evalu	ated during this inspection, the fol	lowing compliance
•	UIREMENT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
			•
•			
·			•
		_	
			:
-			
	• .		-
COMMENTS:		1.	
			•
The Annual Compliance Certific	cation form has been properly certifi	ied and submitted to the inspector.	YES NOW
DATE OF NEXT INSPECTIO	C-0 '00		
DATE OF MEXICINSPECTIO	· · · · · · · · · · · · · · · · · · ·	proximate)	
INSPECTION CONDUCTED	,	ANGRO	
INSPECTION CONDUCTED INSPECTOR'S SIGNATURE:	Marganet Cara	ease Print)	0.2/70/1/ / .22
INSPECTOR'S SIGNATURE:	I vargant and	PHONE NUMBER:	813/ 144-6100 XISS
	Page	of	Peyised 10/06

PERCHLOROETHYLENE DRY CLEANERS E C E I V E D

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAR 5 177/

COM	PLIANCE IN	SPECIT	UN C	BECKLI	Э`Т		MAIN J
	NUAL INSPECTION		⊉	COMPI	AINT/DI	ISCÓVEI 8	æy of Air_Monite k Mobile Source
AIRS ID#: 017 003 9 DATE:	2/28/9	7 TI	ME II	N:	1	TIME OU	JT:
FACILITY NAME: Touch O	f Qual	ity (lei	axers	. 14	3	
FACILITY NAME: <u>FUCH</u> C FACILITY LOCATION: 1128	Sterle	rej 1	St.				
Inin	erness	12	3:	2650			
PART I: NOTIFICATION						_	
(check appropriate box)							
1. Existing facility notified DARM by 9	/1/96						赵
2. New facility notified DARM 30 days		מו					
3. Facility failed to notify DARM to use	-	-					_
PART II: CLASSIFICATION					15.15.		
Facility indicated on notification form (check appropriate box)	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 t: b	e. New so lry-to-dry ransfer on ooth types, constructe	only, x ly, x< x<14	x<140 gal 200 gal/y 0 gal/yr	/yr	Þ	
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>d tı b</td><td>. New la ry-to-dry ransfer on oth types, constructe</td><td>only, 1 ly, 200 140<</td><td>140<x<2, 0<x<1,80 x<1,800 g</x<1,80 </x<2, </td><td>100 gal/y O gal/yr ;al/yr</td><td>1</td><td></td></x<2,>	d tı b	. New la ry-to-dry ransfer on oth types, constructe	only, 1 ly, 200 140<	140 <x<2, 0<x<1,80 x<1,800 g</x<1,80 </x<2, 	100 gal/y O gal/yr ;al/yr	1	
This is a correct facility classification	Þ	S Y D	N				
If no, please check the appropriate class	ification:						

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 _

gallons.

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? A/MD MD 3. Equipped the condenser with a diverter valve so airflow will be directed away from the A'NO NO YÀ 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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY. ON
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	מם עם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	ØY □N
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	/ }
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	/ }
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	NO Y
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? (for direct reading instruments only)	MY ON MY MY ON MY MY ON M
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	

2. Which method of detection is used by the	ne respor	nsible official?				
Visual examination (condensed so		ď				
Physical detection (airflow felt thr	D					
Odor (noticeable perc odor)	77. 17	-				
•	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
If using direct-reading instrume				-		
			na r			
a. Capable of detecting p	_		_	ur c	או	
b. Calibrated against a st (PID/FID only)?	andard (gas prior to and an	ter each use	OY C	M	
c. Inspected for leaks and	l obviou	s signs of wear on	a weekly basis?		מנ	
d. Kept in a clean and se	cure are	a when not in use?	? .		IN	
e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	OY ON		
3. Has the facility maintained a leak log?				□Y □N		
4. Does the responsible official check the fo	ollowing	g areas for leaks?				
Hose connections, fittings, couplings, and valves	ψ¥	□N	Muck cookers	ΦÝ	□и	
Door gaskets and seating	ΦY	ПΝ	Stills	ak	□и	
Filter gaskets and seating	ÞΥ	ПN	Exhaust dampers	d _Y	ΩΝ	
Pumps	ÞΥ	מם	Diverter valves	ĹΥ	Ви	
Solvent tanks and containers	ÞΥ	□и	Cartridge filter housings	фу	Πи	
Water separators	ÞΥ	N		·		
Russeri Poweri						

Name of Responsible Official Inspector's Name (Please Print)

Wagaset Cargo

Inspector's Signature

Date of Inspection Feb 98
Approximate Date of Next Inspection



JUN 2 4 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

CC	MPLIANCE INS	SPECTION (CHECKLIST	Q MOS.	,
	ANNUAL RE-INSPECTION	Þ	COMPLAINT/DIS	COVERY	
AIRS ID#: 017 003 9 DAT					
FACILITY NAME: <u>buch</u>	Of Qual	ty Cle	axers #	3	
FACILITY LOCATION: //	28 Sterles	in St	•		
FACILITY NAME: <u>FOUCH</u> FACILITY LOCATION:	verness	T2 3	32650	·	
PART I: NOTIFICATION	·				
(check appropriate box)					
1. Existing facility notified DARM	by 9/1/96			,	A C
2. New facility notified DARM 30 d	ays prior to startup	•			a
3. Facility failed to notify DARM to	use general permi	t			
PART II: CLASSIFICATION					
Facility indicated on notification for (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)	dr tra bo	unsfer only, x th types, x<1	. x<140 gal/yr <200 gal/yr	ø(
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="" ga="" gal="" only,="" td="" transfer="" types,="" yr=""><td>l∕yr dr · tra bo</td><td>insfer only, 20 th types, 140</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	l∕yr dr · tra bo	insfer only, 20 th types, 140	rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classification	n)	Ý 🗆 N			
If no, please check the appropriate c	lassification:				
facility qualified for facility exceeds abo	-		above a general permit		

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 DY DN ÆN/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 (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/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?

R	Has the responsible official of an existing large or new large area source also:		
"	. Has the responsible official of all existing farge of new farge 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	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□ N .
ĺ	Is the temperature differential equal to or greater than 20° F?	ΠY	□N
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?	. □ Y	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПИ
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	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	□N □N/A
_			
	·		
P	ART V: RECORDKEEPING REQUIREMENTS		
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes)		
H (cl	as the responsible official:	 ∕∕¥	Пи
H (c)	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	MY MY	_ и _ и
H. (c)	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	My My	□и
H. (c)	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	MY MY	 □ N □ N
H. (c)	As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	. 10.	ОИ ОИ ОИ
H: (cl 1. 2. 3.	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	\$	
H: (cl 1. 2. 3.	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 □Y	□N :
H: (cl 1. 2. 3. 4. 5.	As the responsible official: neck 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)	DY □Y	UN MA
H: (cl 1. 2. 3. 4. 5. 6.	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?		ON MANA
H: (cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? 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?		nd dn/a dn // A dn
H: (cl 1. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?		ON MA ON MA ON ON ON ON
H: (cl 1. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? 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?		

1. Does the responsible official conduct a weekly leak detection and repair inspection?

	·			·		
2.	Which method of detection is used by the	e respo	nsible off	icial?	.1	
	Visual examination (condensed sol	vent o	n exterior	surfaces)	\not	
	Physical detection (airflow felt thro	ough ga	askets)	•	叉	
	Odor (noticeable perc odor)				又果果	
	Use of direct-reading instrumentati					
	If using direct-reading instrumen					
	a. Capable of detecting pe	ΠY	□N			
	b. Calibrated against a sta (PID/FID only)?	ndard	gas prior	to and after each use	ПY	חם
	c. Inspected for leaks and	obviou	is signs of	f wear on a weekly basis?	ПY	ПИ
	d. Kept in a clean and sec		_	•	QY	ИП
	-		•	e samples (calorimetric only)?	ΠY	DΝ
3.	Has the facility maintained a leak log?		-		YY	ΩN
	Does the responsible official check the fo	llowin	g areas fo	r leaks?	, _	
	Hose connections, fittings,					
	couplings, and valves	ÝÝ	ΠИ	Muck cookers	YK	ΩΝ
	Door gaskets and seating	фу	ПN	Stills		ПN
	Filter gaskets and seating	by	ПN	Exhaust dampers	dy	ПN
	Pumps	ÞΥ	ПN	Diverter valves	hy	ПN
	Solvent tanks and containers	ÞΥ	□и	Cartridge filter housings	фу	ПИ
	Water separators	ÞΥ	ПΝ			
	RUSSELL POWELL Name of Responsible Official					
A 1	tvanie or responsible official			E - 10	e /	· · · · · · · · · · · · · · · · · · ·
V	Inspector's Name (Places Print)	<u> </u>		Data of I	·8 /	7-/
-	Inspector's Name (Please Print) Date of Inspection					

Feb 98
Approximate Date of Next Inspection

RECEIVED APR 1 3 1998 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RUSSELL N POWELL
RUSSELL H POWELL
1194 S BROAD STREET
BROOKSVILLE FL 34601

Do NOT Remove Label

	D0 <u>NO 1</u>	Remove Label		
Annual Reporting Period:	N.	_19 <u>97</u> то	DEC	19_9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F			<u></u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in cor	atinuous compliance	during the reporting per	iod 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 con	tinuous compliance	during the reporting per	iod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	<u>. </u>			
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consum o dry facilities or 1,800 ga	nption of perchloroeth llons per year for trai	ylene solvent, based upon isfer or combination facili	purchase receipts, ties.
RESPONSIBLE OFFICIAL: Nan	ne (Please Print)	Saudi	a A Youtelf Signature	<u>3/98</u> 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#: 017003

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: TOUCH OF QUAL FACILITY LOCATION: 1128 Sterlin Inverses Pt	uty # 3 g St. 32650	DATE	:2/9/98
	<u> </u>		
Annual Reporting Period: 2-1-	19977 то	2-9	19_98
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	• •	\ ~ ~//	EP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not b	een in continuous complianc		
Exact period of non-compliance: from	t	onnon ha re	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Action(s) taken to achieve compliance:		Sannon May	182
Method used to demonstrate compliance:		Qba)	.173
#2. Term or condition of the general permit that has not b	een in continuous complianc	ce during the reporting peri	od stated above:
Exact period of non-compliance: from	to	<u> </u>	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	•		
As the responsible official, I hereby certify, based on informade in this notification are true, accurate and complete. upon rolling averages of purchase receipts, does not exceeyear for transfer or combination facilities.	Further, my annual consum	ption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL: RUSSell Power Name (Please Prin	7 /2000	MIZALULEA Signature	2/9/98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RF	NNUAL E-INSPECTION	COMPI	AINT/DISCOVERY	
RESPONSIBLE OFFICIAL: Res	n of Qu. 8 Sterling erness, F	ality # St. L 3265 PHONE	3 :: 352-796-7	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·			J
(check appropriate box) 1. New facility notified DARM 30 da 2. Facility failed to notify DARM to a				<u> </u>
PART II: CLASSIFICATION				
Facility indicated on notification for (check appropriate box) A.	m that it is:		otification form store/out of business/pet	roleum
1. Existing small area source		w small area sourc	/ \	
	dry-to transfe both t	w small area source dry only, x < 140 ger er only, x < 200 gal ypes, x < 140 gal/yr ructed on or after 1	al/yr · · · · · · · · · · · · · · · · · · ·	
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	dry-to transfe both ty (const 4. Ne al/yr dry-to yr transfe both ty	-dry only, $x < 140$ ger only, $x < 200$ galypes, $x < 140$ gal/yr	gal/yr /yr 2/9/91) e	
 Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr 	dry-to transfe both ty (const 4. Ne al/yr dry-to transfe both ty (const	-dry only, $x < 140$ ger only, $x < 200$ gallypes, $x < 140$ gal/yr ructed on or after 1: w large area source-dry only, $140 \le x \le 1$ or only, $200 \le x \le 1$ or only, $140 \le x \le 1$ or on or after 1:	gal/yr /yr 2/9/91) e	
 Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) This is a correct facility classific If no, please check the appropriacility qua 	dry-to transfer both ty (const.) 4. Ne al/yr dry-to transfer both ty (const.)	-dry only, $x < 140$ ger only, $x < 200$ gallypes, $x < 140$ gal/yrructed on or after 1: w large area source-dry only, $140 \le x \le 140$ gal/yr only, $140 \le x \le 140$ garden on or after 1: \[\begin{align*} \text{UN} & \begin{align*} Can results of the constraints of the c	al/yr //yr 2/9/91) e	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MA'NO NO YA 1. Storing perchloroethylene in tightly sealed and impervious containers? Y DN DN/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? ESY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DYN/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? AND NO YA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? MY 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:			
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	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ΩY	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ΠN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	מם	□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)	
Maintained receipts for perc purchased?	Mar dn
2. Maintained rolling monthly averages of perc consumption?	N□ Add
3. Maintained leak detection inspection and repair reports for the following:	`
a. documentation of leaks repaired w/in 24 hrs? or;	¥SY □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?	ZY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XXVA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WN/A
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	OY ON ATN/A
Problem corrected?	OY ON ZON/A
8. Maintained compliance plan, if applicable?	OY ON ANIA

Ā.	ART VI: LEAK DETECTION AND I	REPAIRS				
1.	Does the responsible official conduct a	weekly (for s	mall source	s, bi-weekly) leak detection as	nd rep	air
	inspection?				- \ \delta \text{Y}	□и
2.	Has the facility maintained a leak log?				र्ख्र	ПN
3.	Does the responsible official check the	following are	eas for leaks	?		
	Hose connections, fittings, couplings, and valves	AY ON	□N/A	Muck cookers	Y	□N □N/A
	Door gaskets and seating	אם צף	□N/A	Stills	þΥ	□N □N/A
	Filter gaskets and seating	dy ON	□N/A	Exhaust dampers	þΣ	□N □N/A
	Pumps	אם אם	□N/A	Diverter valves	фĀ	□N □N/A
	Solvent tanks and containers	אם צם	□N/A	Cartridge filter housings	фУ	□N □N/A
	Water separators	NO Y	□N/A			
4.	Which method of detection is used by t	he responsib	le official?			
	Visual examination (condensed s	olvent on ext	erior surface	es)	#	
	Physical detection (airflow felt th	rough gasket	s)		\$	
	Odor (noticeable perc odor)		B			
	Use of direct-reading instrumenta	ation (FID/PI	D/calorimet	ric tubes)		
	Halogen leak detector					
	If using direct-reading instr	umentation,	is the equip	oment:	#IN/	'A
	a Canable of detecting	nero vanor co	ncentration	s in a range of 0-500 ppm?	$\Box \mathbf{Y}$	Пи

MARGARET CANGRO Inspector's Name (Please Print)	2/9/98 Date of Inspection
h	Feb '99
Inspector's Signature	Approximate Date of Next Inspection

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

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

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

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

(PID/FID only)?

 \square Y \square N

 $\square Y \square N$

 \Box Y \Box N

 $\square Y \square N$

AIRS ID#: <u>0170039</u>

Mac

D.E.P.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Touch	of Quali	ty #3	DATE	: 2/18/99
FACILITY LOCATION: (128	terling &	E		
Inverne	_	32650		
	,			
Annual Reporting Period:	2-10-	19 <u>98</u> то	2-1	8 - 1999
Based on each term or condition of the Title	V general air permit, m	y facility has remained	in compliance with D	EP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period	I covered by this staten	nent. ZXES	\square NO
If NO, complete the following:			Pr-	
#1. Term or condition of the general permit	that has not been in con	tinuous compliance du	aring the reporting per	iod stated above:
Exact period of non-compliance: from		to	& MOF ATT 1999	\ <u>\</u>
Action(s) taken to achieve compliance:			Mobile Sources oring	·
Method used to demonstrate compliance:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,
#2. Term or condition of the general permit	that has not been in con	tinuous compliance du	uring the reporting per	iod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·		1.
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, by year for transfer or combination facilities.	nd complete. Further, i	my annual consumption	n of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL: Russe Nan	le (Please Print)	Brousself Sig	M Muself gnature	2/18/99 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	_ 	COMPLAINT/DISCO	OVERY	u
AIRS ID#: 0170039 D	PATE: 2/18/99	7 TIME	IN: 1:35 TIMI	E Ο υΤ: <u>/ ΄</u> <u></u>	50
FACILITY NAME: TOLLO	in of Qual	ety #	±3.		P
FACILITY LOCATION:		,		B .	
4	hvers	32.65	0	RESULTED LESS	M
RESPONSIBLE OFFICIAL :	Russ Por	vell	_PHONE: 352/	TEB 2 4 Monitor	
CONTACT NAME:			_PHONE:	Monitori Monitori	£ 7
PART I: NOTIFICATION					
(check appropriate box)	·				
1. New facility notified DARM 3	0 days prior to startup				
2. Facility failed to notify DARN	1 to use general permit				
PART II: CLASSIFICATION					======
Facility indicated on notification (check appropriate box)	n form that it is:	•	☐ No notification for ☐ Drop store/out of b		eum
A			•	K	
1. Existing small area source dry-to-dry only, x < 140 gal/y			area source [,] , x < 140 gal/yr	K	
transfer only, x < 200 gal/yr			< 200 gal/yr		
both types, x < 140 gal/yr		h types, x <		•	•
(constructed before 12/9/91)	(co	nstructed on	or after 12/9/91)		
3. Existing large area source			area source		
dry-to-dry only, $140 \le x \le 2,1$			x' , $140 \le x \le 2{,}100 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga		•	$0.00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	-		or after 12/9/91)		
5. This is a correct facility class	ssification	' □N	□Can not determine		
		_	,		
☐ facility	ppropriate classification qualified for a general q exceeds above limits a	permit as n	umber above gible for a general perm	it	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AYNO NO YÉ 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO VE 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DXN/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 (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MO AR 1: Equipped all machines with the appropriate vent controls? DAY 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 AND ND YK 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 BY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after YZY ON verifying that the coolant had been completely charged?

5	Y 41 11 .cg 11 .c		
∥₿.	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		
íl –	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ם צם	NI.
	on dry-to-dry, rectainer, and dryer machines on a weekly basis.		. •
_		4	
2.	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?		N □N/A
	1.00	D., D.	. جير
	Is the temperature differential equal to or greater than 20° F?	DY D	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?		N DN/A
	Is the perc concentration equal to or less than 100 ppm?		A/MD N
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,		
l,	or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	UY U	N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	OY O	N DN/A
	(
_	Pouted sirflow to the garbon adsorber (if wood) at all times?	חע חי	N 🗆 N/A
Ιο.	Routed airflow to the carbon adsorber (if used) at all times?	טיים,	N UNA
<u> </u>			

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	\mathcal{Q}_{A}	ПN			
2.	Has the facility maintained a leak log?	Q.Y	ПN			
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves DIY DN DN/A Muck cookers	βY	□N □N/A			
	Door gaskets and seating Stills	D.A	□N □N/A			
	Filter gaskets and seating TY ON ON/A Exhaust dampers	PY	□N □N/A			
	Pumps Diverter valves	ÆY.	□N □N/A			
	Solvent tanks and containers	${}^{\prime}\!$	□N □N/A			
	Water separators QY \(\square\) \(\square\) \(\square\) \(\square\) \(\square\)					
4.	Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)	(g)				
	Physical detection (airflow felt through gaskets)	, À				
	Odor (noticeable perc odor)	A 10 0				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	NA FEB.	A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ΟY	N□			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΩY	□N			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	\Box Y	□N			
	d. Kept in a clean and secure area when not in use?	\Box Y	ПN			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	\Box Y	ПΝ			

4 of 5

Inspector's Name (Please Print)

Wargard Carroys

Inspector's Signature

2-18-99 Date of Inspection

Feb 2000

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY D	
FACILITY NAME: Touch of a facility LOCATION: 1/18 S	100 time in: 10:30 time out: 10:55 heality # 3 terling St	<u>-</u>
RESPONSIBLE OFFICIAL:	a Pourlanne: 352/	_
CONTACT NAME:	PHONE:	-
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to st	tartup	
2. Facility failed to notify DARM to use general p	permit	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:		
(check appropriate box) A.	Drop store/out of business/petroleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)	* X
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)		7 7 7000
	ing	
B. The total quantity of perchloroethylene (perc) facility was gallons.	purchased within the preceding 12 months by this dry cleaning	3

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Øy □n
2. Maintained rolling monthly total of perc consumption?	DE ON
3. Maintained leak detection inspection and repair reports for the following:	- ,
a. documentation of leaks repaired w/in 24 hrs? or;	AINO NO TO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	איאם אם איא
4. Maintained calibration data? (for applicable direct reading instruments)	אואס אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DON'A
6. Maintained startup/shutdown/malfunction plan?	BY ON
7. Maintained deviation reports?	DY DN CANIA
Problem corrected?	DY ON DIXIA
8. Maintained compliance plan, if applicable?	DY DN DNA

PART VI: LEAK DETECTION AND REPAIRS

<u></u>				
1.	Does the responsible official conduct a	a weekly (for small sourc	es, bi-weekly) leak detection a	and repair
	inspection?			M2Y □N
2.	Has the facility maintained a leak log?		•	AY ON
3.	Does the responsible official check the	following areas for leak	s?	
	Hose connections, fittings,			d
	couplings, and valves	DY ON ON/A	Muck cookers	AND ND YA
	Door gaskets and seating	XY ON ON/A	Stills	AND NO YES
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	AY ON ON/A	Diverter valves	EY ON ON/A
	Solvent tanks and containers	ØY □N □N/A	Cartridge filter housings	QY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surfac	es)	Æ
	Physical detection (airflow felt the	hrough gaskets)		Ø.
	Odor (noticeable perc odor)			æ
	Use of direct-reading instrument	ation (FID/PID/calorimet	tric tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equi	pment:	Ø KYA
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	אם צם
		standard gas prior to and	after each use	
	(PID/FID only)?			□У □И
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	□Y □N
	d. Kept in a clean and	secure area when not in u	se?	□Y □N
	e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	OY ON

MARGARET CANGRO

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Y.C

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		הנישות	Francisco de la compansión de la compans
FACILITY NAME: 10uch of FACILITY LOCATION: 1/28 &	Iterling St	MAR South	PATE: 2/15/00 1 4 2000 TAMA
Annual Reporting Period:	219- 1999	то	2-15-2,000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F If NO, complete the following:	A.C.), during the period covered	by this statement.	YES NO
#1. Term or condition of the general permit	that has not been in continuous c	ompuance during the re	eporting period stated above:
Exact period of non-compliance: from		to	ireau o
Action(s) taken to achieve compliance:			2 bile
Method used to demonstrate compliance: #2. Term or condition of the general permit	that has not been in continuous c	compliance during the r	Sources Sources sources specification of the separate stated above:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·	to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Sandy Nat	and complete. Further, my annua	l consumption of perch	loroethylene solvent, based

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

Page ____ of ____.

INTEROFFICE MEMORANDUM

Date:

17-Mar-2000 07:53am

· From:

Jeff Winter winter@coj.net

Dept: Tel No:

To: rick.butler (rick.butler@dep.state.fl.us)

Subject: Jonfor Cleaners (ARMS # 0310414) purchased a new machine Dec., 1999. This will change their status f

Jonfor Cleaners (ARMS # 0310414) purchased a new machine Dec., 1999. This will change their status from existing large area source to new-small area source. Thanks.

Please fil

Touch of Quality Cleaners 1194 S. Broad St. Brooksville, FL 34601

General Permits Section BAMMS, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400 RECEIVED RESULTED TO SOURCES OF THE SOURCE O

February 1, 2000

Re: Change of Responsible Official

Effective immediately, the Responsible Official for the four (4) Touch of Quality Cleaners will no longer be Russell Powell. Please change your records to reflect **Sandra S. Powell** as the owner of these facilities.

0530052 Touch of Quality #1 0170038 Touch of Quality #2 0170039 Touch of Quality #3 0170354 Touch of Quality #4

Thank you for your prompt attention.

Sincerely,

Sangra S. Powell

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



RUSSELL H POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obi.: 002273

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

TOTAL AMOUNT DUE: \$50.00

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	2. Restricted Delivery	eceipt Service.
ADDRESS completed o	3. Article Addressed to: AIRS ID 0170039 RUSSELL N POWELL RUSSELL H POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601	4b. Service 1 Registere Express I Return Rec	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery	u for using Return Rec
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994		e's Address (Only if requested paid) Domestic Return Receipt	Thank yo



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FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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RN ADDRESS completed of	3. Article Addressed to: AIRS ID#: 0170039 RUSSELL N POWELL RUSSELL H POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601	7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
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BROOKSVILLE FL 34601

AIRS ID# 0170039 TOUCH OF QUALITY #1 DRY CLEANERS RUSSELL H POWELL 1194 S BROAD STREET

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0170039
TOUCH OF QUALITY CLEANERS #3
RUSSELL H POWELL
1194 S BROAD STREET
BROOKSVILLE FL 34601

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

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AIRS ID # 0170039 TOUCH OF QUALITY CLEANERS #3 SANDRA S POWELL 1194 S BROAD STREET BROOKSVILLE FL 34601

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
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600002641287218	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
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