

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 4, 1996

Mr. Kirt Patel President Blanding Dry Cleaners 195-7 Blanding Boulevard Orange Park, Florida 32073

Re: Facility I.D. No. 0190046

Dear Mr. Patel:

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

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Rick Banks, Northeast District

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

#0190046

P.14 1. (c) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	DILKI INC.
2.	Site Name (For example, plant name or number):
1	BLANDING DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981 028 491
4.	Facility Location: Street Address: 195 -7 BLANDING BLUD,
	City: ORANGE PARK CLAY Zip Code: 32073
5.	Facility Identification Number (DEP Use): 0190046
	Responsible Official
6.	Name and Title of Responsible Official:
	KIRT PATEL (PRESIDENT)
7.	Organization/Firm: DILKI INC. BLANDING DRY CLEANERS Street Address: 195-7 BLANDING BLVD. City: - Tin Code: - Tin Code: -
0	•
8.	Responsible Official Telephone Number: Telephone: (904) 272 - 3548 Fax: (904) 264 - 8121
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Essility Contest Address
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVE

3 1990 SEP

Bureau of Air Monitoring & Mobile Sources

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	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
m 034 1:		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									
(1) w/ ref. condenser	# /	05-FER-90	05-FEB-90						
(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	<u> </u>								
(9) w/ no controls									
Reclaimer Unit			<u>' - </u>					•	4
(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 [104.6] (b) If less than 12 mont Check why it is less	are re quant gallo	equired to be ity of perchlons	oroethylene (perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	ication only.)		nitions found		3) of	Part II?	
Existing large are	ea sou	urce []	Ne	w laı	rge area sour	ce []	l		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines p (Indicate with an "X".) 	ursuant to section (5) of Pa	art II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser []		•
New large area source Refrigerated condenser		
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:		
All steam and hot water generating units on-site (1) h boiler HP or less), and (2) are fired exclusively by na- during which propane or fuel oil containing no more	tural gas except for perioa	ls of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	<u>×</u>	
Equipment Monitoring an	d Recordkeeping Inform	aation
Check all logs which are required to be kept on-site in	accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		<u> X </u>
(b) Leak detection inspection and repair		<u> </u>
(c) Refrigerated condenser temperature monitoring		×]
(d) Carbon adsorber exhaust perc concentration monit	coring	<u> </u>
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		×

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

Surrender of Existing Air Permit(s)

lease indica	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιXι	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Signature	the Patel (PRESIDENT) August 28 1996 Date

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	DILKI INC.
2.	Site Name (For example, plant name or number):
i	BLANDING DRY CLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 981 028 491
4.	Facility Location:
	Street Address: 195 -7 BLANDING BLUD: City: -2 Street Address: 195 -7 BL
	City: ORANGE PARK COUNTY: CLAY Zip Code: 32073
5.	Facility: Identification: Number: (DEP Use):
	10190046
	D
	Responsible Official
6.	Name and Title of Responsible Official:
	KIRT PATEL (PRESIDENT)
7.	Responsible Official Mailing Address:
	Organization/Firm: DILKI INC, BLANDING DRY CLEANERS
	Street Address: 195-7 BLANDING BLVD, City: ORANGE PARK City: CLAY Zip Code: 37073
	Shirt ELAY 32073
8.	Responsible Official Telephone Number:
	Telephone: (904) 272 - 3548 Fax: (904) 264 - 8121
	Facility Control (15 1) 55 and 5 and
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Charact Address.
	Street Address: City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVE
	and the first th

SEP - 1970

Burese of Ali Monitoring & Mottle Courses

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		Machine	Date Control
	Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
	Example	#]	1	12-NOV-93	#2	08-DEC-91	msuned	#3	02-MAR-92	
	Dry-to-Dry Unit	_								
	(1) w/ ref. condenser	#: /	25-FER-90	05-FEB-90		T -		T		
	(2) w/ carbon adsorber	<u> </u>		1 1 1 1						
	(3) w/ no controls									
	Washer Unit		'	•		'	'		•	
	(4) w/ ref. condenser								T	
	(5) w/ carbon adsorber									
	(6) w/ no controls	_								
	Dryer Unit		•			•	•		•	
٠	(7) w/ ref. condenser									
	(8) w/ carbon adsorber								_	
	(9) w/ no controls									
I	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 the control of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				
	3. What is the facility's so (Indicate with an "X". Existing small an Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour	ce [3) of]	Part II?	
	5 5		•			_		•		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
· · · · · · · · · · · · · · · · · · ·	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	(X)
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	×
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	×

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

		Surrence of Existing All Terminals
Ple	ease indicat	e with an "X" the appropriate selection:
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	ι <u>X</u> ι	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	this notifi statement 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 is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
	I will pro	mptly notify the Department of any changes to the information contained in this notification.
	Signature	to Patel (PRESIDENT) August 28 1996 Date

AIRS ID#: <u>090046</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: <u>BLANDING</u> D	RY CLEANERS	DATE:
FACILITY LOCATION: 195-7 B	LANDING BLVD.	
	IRK, CLAY, FL 3	
Annual Reporting Period: 3 Sapa	19 <i>96</i> TO _	16 Die 1996
Based on each term or condition of the Title V ger 62-213.300, Florida Administrative Code (F.A.C.)	• • •	
If NO, complete the following:		
#1. Term or condition of the general permit that h	as not been in continuous complian	ce 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 h	as not been in continuous complian	ce during the reporting period stated above:
Exact period of non-compliance: from	to)
Action(5) taken to achieve compliance:		
Method used to demonstrate compliance:	•	
As the responsible official, I hereby certify, based made in this notification are true, accurate and coupon rolling averages of purchase receipts, does nyear for transfer or combination facilities. RESPONSIBLE OFFICIAL:	mplete. Further, my annual consum	nption of perchloroethylene solvent, based
Name (Pl	ease Print)	Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:55 TIME OUT: 10:3	5AIRS ID#: 6190046
TYPE OF FACILITY: DRY CLEANER	·.
FACILITY NAME: BLANDING DRY CLE	ANERS DATE: 12/16/96
FACILITY LOCATION: 195-7 BLANDING !	SLVD
ORANGE YARK, CLAY	FL 32073
RESPONSIBLE OFFICIAL: KIRI PAIREL	PHONE NUMBER: (904) 272-3548
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12/9	7
INSPECTION CONDUCTED BY:	DANKS ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 272-3548

Page___of___.

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-IN	JAL ISPECTION		COMPLAINT/DISC	COVERY	
AIRS ID#: <u>OIG DO46</u> DATE:	1116- D -7 BLK	DRY CL	EANERS	VARD	<i>0:35</i>
PART I: NOTIFICATION					
(check appropriate box)		<u> </u>			
1. Existing facility notified DARM by 9/	1/96				
2. New facility notified DARM 30 days p	orior to startup				ם
3. Facility failed to notify DARM to use a	general permit				Ö
PART II: CLASSIFICATION					
Facility indicated on notification form t (check appropriate box)	hat 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)	dry trai bot	New small and to-to-dry only, so the structed on the structed	x<140 gal/yr 200 gal/yr		
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>dry trai bot</td><td>nsfer only, 20 h types, 140<</td><td>rea source 140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,></td><td></td><td></td></x<2,>	dry trai bot	nsfer only, 20 h types, 140<	rea source 140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" yr<br="">x<1,800 gal/yr or after 12/9/91)</x<1,800></x<2,>		
This is a correct facility classification		ON			
If no, please check the appropriate classis	fication:				
☐ facility qualified for a g☐ facility exceeds above li	mits and is not	eligible for a	general permit		
B. The total quantity of perchloroethylen facility was 100 gallons.	e (perc) purcha	ised within th	e preceding 12 montl	hs by this dry	cleaning

1 of 4

1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON DAMA 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 DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? UA DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
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?	חם אם
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	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	dry DN
Has the responsible official: (check appropriate boxes)	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	DY 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:	
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	
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?	OY ON DONA
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)	OY ON DAVA OY ON NO NO
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?	OY ON DONA OY ON TO NAS
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?	OY ON DAVA OY ON NO NO
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?	OY ON DONA OY ON TO NAS
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere 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 pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON DONA OY ON TO NAME OY ON OY ON OY ON

_					
2.	Which method of detection is used by	the respon	nsible offic	cial?	
	Visual examination (condensed	b			
	Physical detection (airflow felt t				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumen	tation (FII	D/PID/calc	primetric tubes)	
	If using direct-reading instrun	nentation,	, is the equ	uipment:	
	a. Capable of detecting	g perc vapo	or concent	rations in a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard	gas prior t	o and after each use	OY ON
	c. Inspected for leaks a	ınd obviou	s signs of	wear on a weekly basis?	OY ON
	d. Kept in a clean and	secure are	ea when no	ot in use?	מם עם
	e. Verified for accurac	y by use of	f duplicate	samples (calorimetric only)?	אַם צם
3.	Has the facility maintained a leak log	?			DY ON
4.	Does the responsible official check the	e following	g areas for	leaks?	
	Hose connections, fittings, couplings, and valves	ĠÝ	ОИ	Muck cookers	D Y ON
	Door gaskets and seating	Qy-	ИП	Stills	teg on
	Filter gaskets and seating	q)X	ND	Exhaust dampers	DA ON
	Pumps	DY	ND	Diverter valves	dy on
	Solvent tanks and containers	dy	ОИ	Cartridge filter housings	OY ON
	Water separators	DY	ПИ		
	KIRT PATEL				
	Name of Responsible Offic	ial			
_	K.A. BANKS			12/16/96	
	Inspector's Name (Please Pr	rint)		Date of Inspec	ction
	Komlas	_		12/97	
	Inspector's Signature			Approximate Date of N	Vext Inspection

AIRS ID#: 0/90046

acc

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Blanding Dig Cleaners	DATE: 12/5/97
FACILITY LOCATION: 195-7 Blanding Blue	<u> </u>
Orango Park, FL 3207	7.3
Annual Reporting Period: Dec	19 <u>96</u> то <u>Dec</u> 19 <u>97</u>
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in con	tinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	JAN 5.1998
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
#2. Term or condition of the general permit that has not been in con	tinuous 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 made in this notification are true, accurate and complete. Further, nupon rolling averages of purchase receipts, does not exceed 2,100 go year for transfer or combination facilities.	ny annual consumption of perchloroethylene 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COM	PLAINT/DISCOVERY	RE-INSPECTION			
TIME IN: 9:45 TIME OUT: 1	0:20	AIRS ID	#: <u>0190046</u>			
TYPE OF FACILITY: Dry Cleaner			·			
FACILITY NAME: Rlanding Dry Cleaner			date: <u>/2/5/97</u>			
FACILITY LOCATION: 195-7 Blanding 1						
Orange Park, FL	320	73	10. 1000 2-11-			
RESPONSIBLE OFFICIAL: KIT Potel		PHONE NU	MBER: (904) 272-35-48			
Based on the results of the compliance requireme compliance with DEP Rule 62-213.300, Florida A			, the facility is found to be in			
Based on the results of the compliance requireme discrepancies were noted:	nts evalua	ted during this inspection	, the following compliance			
COMPLIANCE REQUIREMENT/PROBI	LEM	FOLLOW-UP	ACTION REQUIRED			
•		•				
			•			
· .						
			<u> </u>			
<u> </u>			<u> </u>			
COMMENTS:						
The Annual Compliance Certification form has been prop	erly certifi	ed and submitted to the in	nspector. YES NO NO			
DATE OF NEXT INSPECTION: $\frac{12/98}{}$	(Apr	proximate)				
INSPECTION CONDUCTED BY: Christopher	L. 5	10th				
		ase Print)	(904)			
NSPECTOR'S SIGNATURE: 444-4310 y 255						

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISC	OVERY D
AIRS ID#: <u>0190046</u> DATE: <u>12/5/</u> FACILITY NAME: <u>Blanding Dry</u> FACILITY LOCATION: <u>195-7</u> Blanding	Cleaners	TE OUT: <u>/0:20</u>
Orange Par	k, FL. 32073	
PART I: NOTIFICATION		
(check appropriate box)		-
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to sta	тир	· a
3. Facility failed to notify DARM to use general pe	rmit	ا م
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box)		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	te ·
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	⊠ Ý ON	
If no, please check the appropriate classification:		
facility qualified for a general per facility exceeds above limits and in		
B. The total quantity of perchloroethylene (perc) pu facility was 35 gallons.	urchased within the preceding 12 months	s by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
ls the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DAY
2. Examining the containers for leakage?	אם עם אם אם
3. Closing and securing machine doors except during loading/unloading?	אם אמ
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MO NO
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאם אם אס
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber me installed prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	_
1. Equipped all machines with the appropriate vent controls?	אם יאם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AINO NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON DNA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ØY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	NO Y
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

WAS THE STATE	* A SECTION	

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	מם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	מם	
	Is the temperature differential equal to or greater than 20° F?	ΠY	א□	
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	Пи	□N/A
ľ	Is the perc concentration equal to or less than 100 ppm?		_•	JIVA
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,		_ <u>-</u> .	
	or expansion; and downstream from no other inlet?	DΥ	מם	
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?	DΥ	מם	□N/A

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?

PART V: RECORDKEEPING REQUIREMENTS

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	NO NO

NO AN

DY ON

DY ON ONIA

2.	. Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)	D	
	Physical detection (airflow felt through gaskets)	2	
	Odor (noticeable perc odor)		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
	If using direct-reading instrumentation, is the equipment:		
,	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	מם צם	
	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?	מם עם	
	d. Kept in a clean and secure area when not in use?	DY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY ON	
3.	. Has the facility maintained a leak log?	מם עם	
4.	Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves Muck cookers	מם עם	
	Door gaskets and seating DY DN Stills	ey on	
	Filter gaskets and seating DY DN Exhaust dampers	ro Ye	
	Pumps Diverter valves	DY ON	
	Solvent tanks and containers BY DN Cartridge filter housings	אם אס	
	Water separators		

Name of Responsible Official	
Christopher L. Scott	
Inspector's Name (Please Print)	Date of Inspection
Cho O. Ch	
Inspector's Signature	Approximate Date of Next Inspection

A	DDITIONAL SITE INFOI	RMATION:				
				•	÷	
				*		<u>:,</u>
			v			

The control of the co

O DR	Y CLEANER AI ANNUAL COMP	•		N FORM		z
	DILKI INC KIRK PATEL 195-7 BLANDIN ORANGE PARI	K FL 32073			Bureau of Air Monitoring & Mobile Sources	MAR D Z SOCI
		Do <u>NOT</u> Remove La	ibel			\cup
Annual Reporting Period:	JAN	19 <u>97</u> :	то	<u>D</u>	EC	_19 <u>97</u>
Based on each term or condition of 62-213.300, Florida Administrative If NO, complete the following: #1. Term or condition of the general	c Code (F.A.C.), during the	he period covered by	y this statement	YES	□nc	
Exact period of non-compliance: fr	om		to			
Action(s) taken to achieve complian	ice:					
Method used to demonstrate compli	ance:	_				
#2. Term or condition of the genera	al permit that has not bee	en in continuous cor	npliance during	; the reporting pe	riod stated	above:
Exact period of non-compliance: fr	om		to			
Action(s) taken to achieve compliar	ıce:	•				
Method used to demonstrate compli	ance:					
As the responsible official, I hereby ce notification are true, accurate and con does not exceed 2,100 gallons per year	nplete. Further, my annua	al consumption of per	rchloroethylene s	solvent, based upoi	n purchase i	
responsible official:	CIRT PATE	<u> </u>	Kirti"	Patel	2/26/	'98
	Name (Please Print))	' Signati	ure	Dat	te

^{*}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

•				√	Ó
PEROTYPE OF INSPECTION:	CHLOROETH TITLE V COMPLIANCE I ANNUAL	GENERAL P	ORY CLEAD	NERS	KCK17K1
TITE OF ENSILECTION.	RE-INSPECTIO	,	COMPLAIN	This contract of	19 C
AIRS ID#: <u>/090046</u>	DATE: 12/8/	78 TIM	E IN: 9:00	TIME OUT:	9.35
FACILITY NAME: <u>Mar</u>	iottis Laundi	y + Dry	Cleaners		
FACILITY LOCATION: _3	314 Ponce De	Leon			
	St. augustine	, FC 32	084		
RESPONSIBLE OFFICIAL	: DAVID Maria	,#:	рноне: <u>9</u> 0	4-829-97	184
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					_
New facility notified DARN	• •	•	•		
2. Facility failed to notify DA	RM to use general per	rmit			
PART II: CLASSIFICATIO	N				
Facility indicated on notifica (check appropriate box)			□ No notific	cation form e/out of business/j	petroleum
A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	Vyr r	dry-to-dry on transfer only both types, x	ll area source lly, x < 140 gal/yr , x < 200 gal/yr < 140 gal/yr on or after 12/9/9		
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91	2,100 gal/yr 300 gal/yr 9 gal/yr	dry-to-dry on transfer only both types, 1	c area source $1 \cdot y$, $140 \le x \le 2, 10$, $200 \le x \le 1,800$ $40 \le x \le 1,800$ ga on or after $12/9/9$	gal/yr l/yr	
5. This is a correct facility	classification	P ON	□Can not de	etermine	
	c appropriate classific lity qualified for a gen lity exceeds above lim	neral permit as			
B. The total quantity of perch facility was 130 gallon		archased within	n the preceding 12	2 months by this o	iry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	AND NO YA
2. Examining the containers for leakage?	אומם מם עש
3. Closing and securing machine doors except during loading/unloading?	ablaи РФ $ abla$
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	€DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	AND NO NÍA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part \	√.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimaled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	₩y □N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	PY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	BY ON ONIA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ar on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AY ON ONA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY DN

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Åλ	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	φλ	DИ	□N/A
	ls the temperature differential equal to or greater than 20° F?	A	Ωи	□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?	南入	DИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ØΥ	Ωи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	⊑ {Y	DИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÞΥ	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	1 Y	אם	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ADY ON				
2. Maintained rolling monthly averages of pere consumption?	\mathcal{A} Y \square N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	AND NO YOR				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND NO YOU				
4. Maintained calibration data? (for applicable direct reading instruments)	ANA MO YO				
5. Maintained exhaust duct menitoring data on perc concentrations?	אאם אם ע∰ע באיאם				
6. Maintained startup/shutdown/malfunction plan?	У ВУ 🗆 Р				
7. Maintained deviation reports?	AND ND YA				
Problem corrected?	AND NO PAR				
8. Maintained compliance plan, if applicable?	AND ND Y				

				- 			
PA	ART VI: LEAK DETECTION AND F	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			Ф Y □и			
2.	Has the facility maintained a leak log?		·	N□ Y Ø			
3.	Does the responsible official check the	following areas for	leaks?				
	Hose connections, fittings, couplings, and valves	· • • • • • • • • • • • • •	Muck cookers	AY ON ON/A			
	Door gaskets and scating	AVA UN LA	Stills	A/N DN DN/A			
	Filter gaskets and seating	₽ Y □N □N/A	Exhaust dampers	AND NO PA			
	Pumps	אואם אם צו	Diverter valves	N/A N □ N/A			
	Solvent tanks and containers	SY ON ON/A	Cartridge filter housings	Y ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by t	he responsible offic	al?				
	Visual examination (condensed se	olvent on exterior st	ırfaces)	T)			
	Physical detection (airflow felt th	rough gaskets)	•	8			
	Odor (noticeable perc odor)			B			
	Use of direct-reading instrumenta	tion (FID/PID/calo	rimetric tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the	equipment:	□N/A			
	a. Capable of detecting	perc vapor concentr	ations in a range of 0-500 ppm?	מם עם			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to	and after each use	מם עם			
	c. Inspected for leaks an	d obvious signs of v	vear on a weekly basis?	DY DN			
	d. Kept in a clean and se	ecure area when not	in use?	מם עם			
	e. Verified for accuracy	by use of duplicate	samples (calorimetric only)?	OY ON			

Chastopher L. Scott	12/8/98
Inspector's Name (Please Print)	Date of Inspection
Attl. It	17/99
Inspector's Signature	Approximate Date of Next Inspection

F	ADDITIONAL SITE INFORMATION:
	Vic manufacturing
	Hoyt Solvomiser

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT.

TYPE OF INSPECTION:	ANNUAL 💋	COM	PLAINT/DIS	SCOVERY		RE-INSPEC	TION [
TIME IN: 9:00	TIME OUT: <i>9-</i> _	35		AIRS I	D#: /09	10046	
YPE OF FACILITY: Dry	Cleaner						
ACILITY NAME: MACON	tis Laundry +	- De	y Clean	ers		ATE: /Z/	8/98
ACILITY LOCATION: 3/							
5t.	Augustine, FL	. 3					
ESPONSIBLE OFFICIAL: DA	VID Manoth			PHONE N	JMBER. <u>90</u>	<u>4-929-9</u>	789
	ne compliance requirements ale 62-213.300, Florida Ad				on, the facilit	y is found to b	e in
Based on the results of the discrepancies were noted	ne compliance requirements	s evalua	ated during th	nis inspectio	n, the follow	ring compliand	ce ·
COMPLIANCE REQU	IREMENT/PROBLE	M	FOL	LOW-UI	ACTION	REQUIR	ED
			<i>,</i>				
· · ·			<u>. </u>				
OMMENTS:							
he Annual Compliance Certifica		٠.	ied and subm	nitted to the	inspector.	YES	МО
DATE OF NEXT INSPECTION	I:	199				1 `	
NSPECTION CONDUCTED B	Y: Christopher	L.	proximate) ScaTT gase Print)				
NSPECTOR'S SIGNATURE: <u>(</u>	atel L.		/_//	PHONE N	jmber: <u>4</u>	04-448-	4310 XZ

Page___of_

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:00 TIME OUT: 9:35	AIRS ID#: 0190046
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Blanding Dry Cleaners	DATE: 12-21-98
FACILITY LOCATION: 195-7 Blanding Blvd	·
Orange Park, FL 32073	GALL A.70.7540
RESPONSIBLE OFFICIAL: Kirt Patel	PHONE NUMBER: 904-272-3548
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
COMMENTS:	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Dec 19	99 proximate)
INSPECTION CONDUCTED BY: Christopher L.	Scott pass Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 104-448-4310 V 255

Page___of_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL INSPECTION	ja D	COMPLAINT/DISCOVERY	
AIRS ID#: <u>0190046</u> DATE: FACILITY NAME: <u>Blanding</u>			N: <u>9:00</u> time out:	9:35
facility location: <u>/95-7</u>	Blanding	Blvd	· · · · · · · · · · · · · · · · · · ·	
Drange	2 Park, F	2 32073	· · · · · · · · · · · · · · · · · · ·	
RESPONSIBLE OFFICIAL: K .	rt Patel		PHONE: <u>904-272 - 35</u>	48
CONTACT NAME:			PHONE:	·
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM 30 day	s prior to startu	р		
2. Facility failed to notify DARM to us	e general perm	it		
PART II: CLASSIFICATION				
Facility indicated on notification form (check appropriate box) A.	n that it is:		☐ No notification form☐ Drop store/out of business/	petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	d tr b	. New small as lry-to-dry only, ransfer only, x sooth types, x < 1 constructed on constructed on the constru	x < 140 gal/yr	·
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal transfer only, $200 \le x \le 1,800$ gal/y both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	l/yt d r ti b	ransfer only, 20 oth types, 140 s	rea source \square 140 \le x \le 2,100 gal/yr $0 \le$ x \le 1,800 gal/yr \le x \le 1,800 gal/yr or after 12/9/91)	
5. This is a correct facility classification	ition X	AY ON	□Can not determine	
	fied for a gener	ral permit as nu	mber above ible for a general permit	
B. The total quantity of perchloroethyl facility was gallons.	ene (perc) purc	hased within th	e preceding 12 months by this	dry cleaning

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

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

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	NO Y						
2. Maintained rolling monthly averages of perc consumption?	MO YE						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם על						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם אוא						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON 🎘 N/A						
5. Maintained exhaust duct menitoring data on perc concentrations?	אואם אם צאָן						
6. Maintained startup/shutdown/malfunction plan?	NO Y						
7. Maintained deviation reports?	ANO NO YE						
Problem corrected?	KAVO NO YK						
8. Maintained compliance plan, if applicable?	אלאם אם צואף						

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?					¥ΊΥ	[אכ	
2.	Has the facility maintained a leak log?					ØY		אכ	
3.	Does the responsible official check the	follow	ing aı	reas for leaks?					
	Hose connections, fittings, couplings, and valves	(DY	□N	□N/A	Muck cookers	(D)Y	מם	□N/A	
	Door gaskets and scating	ψY	ΠN	□N/A	Stills	Ϋ́PΥ	ΩΝ	□N/A	
	Filter gaskets and seating	Y	ПΝ	□N/A	Exhaust dampers	Y	ΩΝ	□N/A	
	Pumps	\$YY	ПN	□N/A	Diverter valves	Y	ПN	□N/A	
	Solvent tanks and containers	Y	ΠN	□N/A	Carridge filter housings	βX	ПΝ	□N/A	
	Water separators	A Y	מם	□N/A					
4.	Which method of detection is used by t	he resp	onsit	ole official?					
Visual examination (condensed solvent on exterior surfaces)						<i>d</i> 0			
Physical detection (airflow felt through gaskets)									
	Odor (noticeable perc odor)					4			
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)									
Halogen leak detector									
If using direct-reading instrumentation, is the equipment:									
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							DИ	,	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							ПN		
c. Inspected for leaks and obvious signs of wear on a weekly basis?							DИ		
d. Kept in a clean and secure area when not in use?							ΠN		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?							מם		

Christopher L. Scott	12-21-98
Inspector's Name (Please Print)	Date of Inspection
atal lot	12-99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL	SITE INF	ORMA	TION:
------------	----------	------	-------

Columbia by USA

Turbo to Dri 931

And

AIRS ID#: 0190046

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Blanding Dry Cleaners	QUITE: 12-21-98
FACILITY LOCATION: 195-7 Blanding Blad.	
Orange Park	ODE TO SE MY
J .	
Annual Reporting Period: Dec 97	19_ то Дес 9 в б
Based on each term or condition of the Title V general air permit 62-213.300, Florida Administrative Code (F.A.C.), during the pe	1
If NO, complete the following:	<u>.</u>
#1. Term or condition of the general permit that has not been in	continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in	continuous 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 made in this notification are true, accurate and complete. Furth upon rolling averages of purchase receipts, does not exceed 2,10 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Kirt Pate1	er, my annual consumption of perchloroethylene solvent, based
Name (Please Print)	Signature Date
·	

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303939

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

RECEIVED MAIL ROOM

Do NOT Remove Label

AIRS ID 0190046

DILKI INC KIRK PATEL 195-7 BLANDING BLVD ORANGE PARK FL 32073 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

50.00

FLORIDA DEPT. OF ENVIRONMENT PROTECTION

Checking

This function must deal faciled to remit famee function had

AIRS # 0190046 ANNUAL OPERATION FEE

50.00

2/8/97

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

FEB 10 97 **TOTAL AMOUNT DUE: \$50.00**

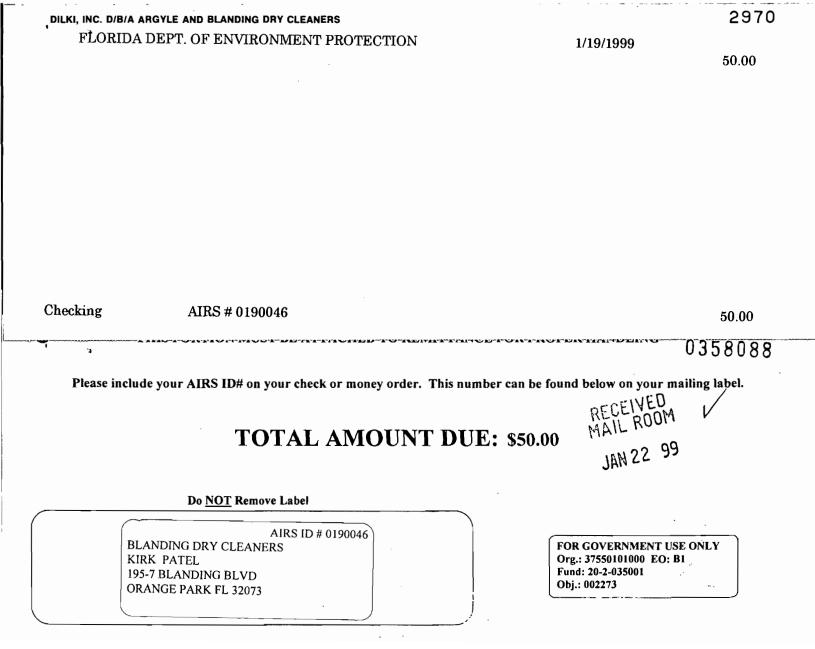
Do NOT Remove Label

AIRS ID# 0190046 **DILKI INC** KIRK PATEL 195-7 BLANDING BLVD **ORANGE PARK FL 32073**

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

	Z 333 I	PPO 593	
	US Postal Service Receipt for Cer	tified Mail	
	DILKI INC KIRK PATEL 195-7 BLANDING BLV ORANGE PARK FL 320		
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
40	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

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 the card to you. Attach this form to the front of the mailpiece, or on the back if permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.	space does not 1. Addressee's Address article number. 2. Restricted Delivery
3. Article Addressed to: AIRS ID 0190046 DILKI INC KIRK PATEL 195-7 BLANDING BLVD ORANGE PARK FL 32073	2 333 660 283 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811 , December 1994	Domestic Return Receipt



01/18/2000

50.00

50.00

0397306

1681

A First Union

AIRS ID# 0190046

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Do NOT Remove Label

AIRS ID # 0190046

BLANDING DRY CLEANERS KIRK PATEL

195-7 BLANDING BLVD ORANGE PARK FL 32073 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 D	COMPLAINT/DI	SCOVĒŖĶo. V	
AIRS ID#: <u>0/90046</u>				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
facility name: <u><i>Blod</i></u>	• •				
FACILITY LOCATION:	195-7 Blanding	Blud			<u> </u>
-	Orange Park	k, FL3207.	3		·
RESPONSIBLE OFFICIAL	: Kit Patel		_phone: <u>904-2</u>	172-3548	
CONTACT NAME:		·	PHONE:		· .
PART I: NOTIFICATION					
(check appropriate box)			<u></u>		
1. New facility notified DARN	ત્ર 30 days prior to startા	up			
2. Facility failed to notify DA	RM to use general perm	nit			
PART U: CLASSIFICATIO					<u>_</u>
Facility indicated on notifica (check appropriate box)	tion form that it is:		☐ No notification☐ Drop store/out		eum
A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yτ (constructed before 12/9/91)	Уут (1 1	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr	B	
3. Existing large area soudry-to-dry only, $140 \le x \le 1$, wansfer only, $200 \le x \le 1$, both types, $140 \le x \le 1$,800	2,100 gal/yr 300 gal/yr	transfer only, 20 both types, 140	$140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ gaVy}$ $\le x \le 1,800 \text{ gaVy}$		
(constructed before 12/9/91	1)	(constructed on	or alter 12/9/91)		,
(constructed before 12/9/91) 5. This is a correct facility	•	(constructed on	Or after 12/9/91) Can not determ	ine	,
5. This is a correct facility If no, please check th faci	•	tion: cral permit as nu	□Can not determ	ove.	

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	AND NO YES
2. Examining the containers for leakage?	אואים אם אוס
3. Closing and securing machine doors except during loading/unloading?	ADV DN
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AVE NO YO
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN BNIA
PART IV: PROCESS VENT CONTROLS	

In Part II-A	٠.	

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 helow).

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).

Α.	Has the respor	isible off	icial of al	l new	sources	and	existing	large	area source	es:
(ch	eck appropriate b	oxes)						•		

		d
1.	Equipped all machines with the appropriate vent controls?	אם אם

MC AB

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ADY DN
2. Maintained rolling monthly averages of perc consumption?	אָם ץ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אאס אם צם
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	איום אם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	אאם אם אס
5. Maintained exhaust duet menitoring data on perc concentrations?	אאפּ אם עם אס אס
6. Maintained startup/shutdown/malfunction plan?	√0 Y □N
7. Maintained deviation reports?	אאם אם צעב
Problem corrected?	איאם אם צו פ א
8. Maintained compliance plan, if applicable?	אואם אם צל

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	and repair
inspection?		•	AD NO
2. Has the facility maintained a leak log	3?		ADY □N
3. Does the responsible official check the	ne following areas for leak	s?	
Hose connections, fittings, couplings, and valves	אואם אם צו	Muck cookers	ANO NO YO
Door gaskets and scating	AND NO YES	Stills	AND NO ANA
Filter gaskets and scating	AND NO YOU	Exhaust dampers	אואם אם אלא
Pumps	AINO NO Y	Diverter valves	AINO NO YO
Solvent tanks and containers	אומם מם צק	Cartridge filter housing	AINO NO YO
Water separators	AND NO YOU		
4. Which method of detection is used by	y the responsible official?		
Visual examination (condensed	solvent on exterior surfa-	ces)	75
Physical detection (airflow felt	through gaskets)		S S S
Odor (noticeable perc odor)			De
Use of direct-reading instrume	ntation (FID/PID/calorime	etric tubes)	
Halogen leak detector		•	
If using direct-reading in	strumentation, is the equ	ipment:	□N/A
a. Capable of detection	g perc vapor concentratio	ns in a range of 0-500 ppm?	DY DN
b. Calibrated against (PID/FID only)?	a standard gas prior to an	d after each use	מם עם
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	usc?	OY ON
c. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	מם עם
Christopher 1 Sott	·	: _/	4-00
Christopher L. Scott Inspector's Name (Please F	rint)	Date of Insp	
MA. L. Ist	H		
Inspector's Signature	- · · · · · · · · · · · · · · · · · · ·	Approximate Date o	f Next Inspection

DITIONAL SITE INFORMATION:		
		•
	•	
	• •	
•		
•		

Revised 10/10/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Blanding Dry Cleaners		_
FACILITY NAME. SIGNAMO - 9 STORMES		DATE:
FACILITY LOCATION: 195-7 Blanding Blud.		
Orange Park, fl 32073		
Annual Reporting Period: <u>Dec</u> 1999	то Дес	Z000 45
Based on each term or condition of the Title V general air permit, my facility 62-213.300, Florida Administrative Code (F.A.C.), during the period covered	/# /	
If NO, complete the following:		·
#1. Term or condition of the general permit that has not been in continuous c	ompliance during the rep	porting period stated above:
Exact period of non-compliance: from	ω	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has not been in continuous c	ompliance during the rep	porting period stated above:
Exact period of non-compliance: from	to	
Action(5) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information and belief for made in this notification are true, accurate and complete. Further, my annual upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Kit Patel	l consumption of perchlo	proethylene solvent, based
Name (Please Print)	Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [X] CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:40	TIME OUT:/0 ? /	5AIRS ID#:0/ ^C	10046
TYPE OF FACILITY: Dry	Cleaner		·
FACILITY NAME: Black	ding Dry Cleaners		DATE: 1-14-00
FACILITY LOCATION:	195-7 Blanding Blu		
<u> </u>	Drange Park, FL 32		201 270 25710
RESPONSIBLE OFFICIAL:	Kirt Patel	PHONE NUMBER:	904-272-3548
	the compliance requirements eval Rule 62-213.300, Florida Adminis	uated during this inspection, the fact trative Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were not		uated during this inspection, the foll	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			<u>.</u>
	· · · · · · · · · · · · · · · · · · ·		·
· · ·			
COMMENTS:			
· .	·		·
The Annual Compliance Certification form has been properly certified and submitted to the inspector.			
DATE OF NEXT INSPECTION: Dec Oo (Approximate)			
INSPECTION CONDUCTED BY: Chastopher L. Scott (Please Print)			
INSPECTOR'S SIGNATURE: Language Phone number: 904-948-4310 x240			

Page___of___.

Revised 10/96

345-D BLANDING BLVD. ORANGE PARK FLORIDA 32073 BUS (904) 272-3548 FAX (904) 272-3540

DILKI INC.

Bureau of Air Monitoring

BLANDING DRY CLEANERS

June 29 2000

Dept of Environmental Protection Title V General Permitting Office Bureau Of Air Monitoring and Mobile Services MS 5510 2600 Blairstone Rd. Tallahassee FL 32399-2400

#0190046

DEP/EPA ID# FLD 981 028 491 FLA DEPA # 38396

To Whom It May Concern:

This letter is to inform the department of our change of address. The new address is:
Blanding Dry Cleaners

345 Blanding Blvd. Suite D Orange Park FL 32073 904-272-3548 904-272-3540 Fax

Please advise if there is any other documentation that needs to be revised.

Sincerely

Kirt Patel

President

Blanding Dry Cleaners 345-D Blanding Blvd. Orange Park FL 32073





DEPT. OF ENVIRONMENTAL PROTECTION

TITLE V GENERAL PERMITTING OFFICE

BUREAU OF AIR MONITORING & MOBILE SERVICES

2600 BLAIRSTONE RD.

TALLAHASSGE FL 32399-2400

32399+6542 - հմիուհերկերինովիակակակներկերկեր

Z 570 PP5 94P US Postal Service Receipt for Certified Mail AIRS ID # 0190046001AG KIRK PATEL BLANDING DRY CLEANERS 345-D BLANDING BLVD ORANGE PARK FL 32073 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees \$ Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items, 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 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 Agent Addressee		
Article Addressed to:	D. Is delivery address different from fitter ?		
10 AIRS ID # 0190046001AG KIRK PATEL	JUN 1 3 2001		
BLANDING DRY CLEANERS 345-D BLANDING BLVD	3. Service Type 9. Mabile Courses		
ORANGE PARK FL 32073	Certified Mail Mobile Sources Express Mail		
-	Registered Return Receipt for Merchandise C.O.D.		
2210662 896	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) 000 000 000 000 000 000 000 000 000 0			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-17			



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405099 FEB122001

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

0.00

Do NOT Remove Label

AIRS ID # 0190046

BLANDING DRY CLEANERS KIRK PATEL 345-D BLANDING BLVD

ORANGE PARK FL 32073

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

	U.S. Postal : CERTIFIE (Domestic Mail C	MAIL REC	EIPT Coverage Provided)
74	Article Sent To:		4
<u> </u>	22101	062 896	OLD
12	Postage	\$	9
P 56	Certified Fee		Partment
7 2	Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsement Required)		
0600	Total Postage & Fees	\$	
100	Name (Please Print Clearly	(to be completed by maile	er)
	Street, Apt. No.; or PO Bo	X No. TURE	
7000	City, State, ZIP+4	046001	<u>49</u>
	PS Form 3800, July 1999	70-40-1-1	See Reverse for Instructions

~	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
Lu		Maria de la composición del composición de la co		
6.5				
41.26	Postage	\$		
7	Certified Fee		Postmark	
9200	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)			
AIRS ID # 0190046				
0600	BLANDING DRY C			
í	KIKK FAICL		:	
7000	ORANGE PARK FL 32073			
	PS Form 3800, February 2	000	See Reverse for Instructions	

SENDER: COV AT DOTTED LINE AT DOTTED LINE AT DOTTED LINE	TO THE RIGH	IVERY
■ Complete items 1,-2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0190046 BLANDING DRY CLEANERS KIRK PATEL 345-D BLANDING BLVD ORANGE PARK FL 32073	A. Received by (Please Print Clearly) C. Signature X D. Is delivery address different from ite If YES, enter delivery address belo 3. Service Type X Certified Mail Express Mail Registered Return Recolor Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	w: 🗆 No
2. Article Number (Copy from service label) 7000 0600 0026 4 PS Form 3811, July 1999 Domestic Re	126 6527 eturn Receipt	102595-99-M-1789