

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 1, 1997

Mr. Khawar S. Qureshi Neighborhood Cleaners & Supply, Inc. 1101 Blanding Boulevard, Suite 123 Orange Park, Florida 32065

Re: Facility No.: 0190051

Dear Mr. Qureshi:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 22, 1997.

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. Rick Banks, Northeast District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Khawar S. Qureshi.
2. Site Name (For example, plant name or number):
Neighborhood Cleaners & Supply Ne. 3. Hazardous Waste Generator Identification Number:
4. Facility Location: 101- Blanding Blod, Sult 123. Street Address:
City: Orange Park County: Clay Zip Code: 32 065
5. Facility Identification Number (DEP Use):
OI400SI
Responsible Official
6. Name and Title of Responsible Official:
Khawar Qure Shi, Owner. 7. Responsible Official Mailing Address: 1101-13 Landing Blod, Stuff 23
Street Address:
City: Orange Parle. County: Chay, Zip Code: 32065
8. Responsible Official Telephone Number: Telephone: (904) 272 - 5884. Fax: (904) 272
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

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	iD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#]		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit		-							
(1) w/ ref. condenser	7	1-MAY-93	01-11144-93						I
(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									
(9) w/ no controls									
Reclaimer Unit					•				
(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 q (b) If less than 12 montations are to the control devices	are re uanti gallo	equired to be ity of perchloons ow many? [_	installed [perc)	_] purchased in				·
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec ea soi	t one classific	cation only.) Ne	w sm	nitions found all area sour ge area sour	ce 🔟	6) of 1	Part II?	
	- 500		, , ,	141	S- 11.54 3001	~~			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (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 pursuan 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
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:	
	I hereby surrender all existing air permits at facility indicated in this notification form; s	
	No air permits currently exist for the operation this notification form.	ion of the facility indicated in
	Responsible Official	Certification
this notific statement maintain	sication. I hereby certify, based on information is made in this notification are true, accurate to the air pollutant emissions units and air pollu	ed in Part II of this form, of the facility addressed in and belief formed after reasonable inquiry, that the and complete. Further, I agree to operate and tion control equipment described above so as to mit as set forth in Part II of this notification form.
-	amptly notify the Department of any changes to	the information contained in this notification.
Signature	hemor Dens	10/20197 Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

スリ DRY CLEANER AIR QUALITY GENERAL PERMI uzeau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM Mobile Sources AIRS ID#0190051 KHAWAR S QURESHI KHAWAR QURESHI 1101 BLANDING BLVD SUFFE 123 **ORANGE PARK FL 32065** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. \square NO If NO, complete the following: #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 Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

Signature

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🗹 CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:50TIME OUT: 1:40	AIRS ID#:_019005
TYPE OF FACILITY: DRY CLEANER	
FACILITY NAME: NEIGHBORHOOD CLEANERS	+ SUPPLY DATE: 24 Apr 98
FACILITY LOCATION: 1101 BLANDING BLVD,	SUITE 123
ORANGE PARK, FL. 3200	
RESPONSIBLE OFFICIAL: KHAWAR QURESHT	PHONE NUMBER: 904-272-5568
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
•	A ROCK
	& Modific Surrey Court of the Source of the
	Ources of the control
·	
COMMENTS:	
	•
·	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: $4/99$	pproximate)
INSPECTION CONDUCTED BY: $CHRISTOPIHER L$.	≤Co iT lease Print)
INSPECTOR'S SIGNATURE:	H PHONE NUMBER! 904- 448- 4310 X255

Page___of_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	72	COMPLAINT/DISC	COVERY	
	RE-INSPECTION				
					P_
AIRS ID#:0190051	DATE: 24 APR 9	g TIME	IN: 12:50 TIM	ME OUT: _/	:400
FACILITY NAME: <u>NEIG</u>	HBORHOOD CLI	EANERS 7	- SUPPLY	Sur .	By A
FACILITY LOCATION:/	101 BLANDING	G BLVD	SUITE 123	ANO.	- N
	TANGE PARK,	FL. 320	065		39
RESPONSIBLE OFFICIAL :	KHAWAR Q	DRESHI	_phone: <u>904~ </u> 2	72-556	NO.
CONTACT NAME:					
		-			
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	I 30 days prior to startup)			
2. Facility failed to notify DAR	M to use general permi	t			
PART II: CLASSIFICATION	N				
Facility indicated on notificat			☐ No notification fo		
Facility indicated on notificate (check appropriate box)			☐ No notification fo		roleum
Facility indicated on notificat	ion form that it is:	New small a	☐ Drop store/out of		roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal	ion form that it is: rce	y-to-dry only,	☐ Drop store/out of area source x < 140 gal/yr	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 galatransfer only, x < 200 gal/yr	ion form that it is: ree	y-to-dry only, ansfer only, x	☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 galatransfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: ree 2. /yr dr tra bo	y-to-dry only, ansfer only, x oth types, $x \le x$	☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	ion form that it is: rce	y-to-dry only, ansfer only, x oth types, x < onstructed on	☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour	ion form that it is: ree	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a	☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only,	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/y}$	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/y}$	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 20 oth types, 140 onstructed on	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility call of the constructed before 12/9/91) 5. This is a correct facility call for the constructed before 12/9/91)	ion form that it is: rce 2. /yr dr tra bo (c) rce 4. ,100 gal/yr dr 200 gal/yr tra gal/yr bo classification appropriate classification ity qualified for a genera	ry-to-dry only, ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 onstructed on Y	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not determine above	business/peu	roleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility call of the constructed before 12/9/91) 5. This is a correct facility call for the constructed before 12/9/91)	ion form that it is: rce	ry-to-dry only, ansfer only, x oth types, x < onstructed on New large a ry-to-dry only, ansfer only, 20 oth types, 140 onstructed on Y	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not determine above	business/peu	roleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN / DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON DNA 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? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DN DN/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) MD YE 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ANO NO YA 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? MO AZ 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? MY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MC AC verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY □N
2. Maintained rolling monthly averages of perc consumption?	ØY □N
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?	MY ON ONA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PANA
5. Maintained exhaust duct monitoring data on perc concentrations?	איא אל אם צם A/A
6. Maintained startup/shutdown/malfunction plan?	My On
7. Maintained deviation reports?	A/NO NO YES
Problem corrected?	אוס אם אס אס
8. Maintained compliance plan, if applicable?	A/M M TAG

PART VI: LEAK DETECTION AND REPAIRS

_						
ì.	Does the responsible official conduct	a weekly (for	small sources, t	oi-weekly) leak detection ar	nd rep	pair
	inspection?				ØŶ	⊓א
2.	Has the facility maintained a leak log	.?			D Y	א□
3.	Does the responsible official check the	e following a	reas for leaks?	i		
	Hose connections, fittings, couplings, and valves	ØY ON	□N/A	Muck cookers	₽ Y	ON ON/A
	Door gaskets and seating	NO YO	ON/A	Stills	ØY.	ON ON/A
	Filter gaskets and seating	ØY □N	□N/A	Exhaust dampers	(Z)Y	□N □N/A
	Pumps	₩Y □N	□N/A	Diverter valves	ØΥ	ON ON/A
	Solvent tanks and containers	фY □и	□N/A	Cartridge filter housings	Y	□N □N/A
	Water separators	A DN	DN/A			
4.	Which method of detection is used by	the responsit	ole official?			
	Visual examination (condensed	solvent on ex	terior surfaces)		Ø	
	Physical detection (airflow felt t	.hrough gaske	:ts)		和	
	Odor (noticeable perc odor)				A	,
	Use of direct-reading instrument	tation (FID/P	ID/calorimetric	tubes)		
	Halogen leak detector					
	If using direct-reading inst	trumentation	, is the equipm	ent:	DN/	/A
	a. Capable of detecting	g perc vapor c	oncentrations in	n a range of 0-500 ppm?	ΩY	□N
	b. Calibrated against a (PID/FID only)?	standard gas	prior to and afte	er each use	ΩY	ПN
	c. Inspected for leaks a	and obvious si	igns of wear on	a weekly basis?	ΠY	□N
	d. Kept in a clean and	secure area w	when not in use?		ΩΥ	חם
	e. Verified for accuracy	y by use of du	iplicate samples	(calorimetric only)?	ΟY	מם
						l l

CHRISTOPHER L. SCOTT	24 APR 98		
Inspector's Name (Please Print)	Date of Inspection		
140 1 14	-		
- alst & less	4/99		
Inspector's Signature	Approximate Date of Next Inspection		

ADDITIONAL SITE INFORMATION:

Fluormatic EC

T931XZ

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u> </u>			·•	
FACILITY NAME: NEIGHBUR HO	DOD CLG	MCPS 1	-SUPPLY DA	TE: 4/19/09
FACILITY LOCATION: 1101 BL AND	DING BLV	n SU	11=123	
ORANGE PI	ARK FL	320	65	
				
Annual Reporting Period: April	1998	то	April	19 89
Based on each term or condition of the Title V general a	air permit, my facili	ty has remain	ned in compliance wit	h DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), duri	ing the period cover	ed by this sta	tement YES	□ио́
If NO, complete the following:				
#1. Term or condition of the general permit that has no	ot been in continuou	s compliance	during the reporting	period stated above:
	• •			
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:			· 	
#2. Term or condition of the general permit that has no	t been in continuou	s compliance	during the reporting	period stated above:
Exact period of non-compliance: from		to_		<u> </u>
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				<u>•</u>
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not expear for transfer or combination facilities.	te. Further, my ann	ual consump	tion of perchloroethy.	lene solvent, based
RESPONSIBLE OFFICIAL: KHAWAR G	PURESITI	Shawa	- Que S.	4/19/99
Name (Please F	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	COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1/:30 TIME OUT	: //25	AIRS ID#: (2)	90051
TYPE OF FACILITY: DRY CI GAYO	<u>K</u>		, , , , , , , , , , , , , , , , , , , ,
FACILITY NAME: NETGITBOR HOU	DD CC	GANGAS + SUPPLY I	DATE: 4/19/99
FACILITY LOCATION: 10 13 L ATVOING			
ORANGE PA		-L 32065	(44) 2-2 05(6)
RESPONSIBLE OFFICIAL: LA AWAR	QURESP	PHONE NUMBER 9	04) 272-5568
Based on the results of the compliance requi compliance with DEP Rule 62-213.300, Flor			y is found to be in
Based on the results of the compliance requidiscrepancies were noted:	rements evalua	ated during this inspection, the follow	ving compliance
COMPLIANCE REQUIREMENT/PRO	OBLEM	FOLLOW-UP ACTION	N REQUIRED ·
			,
			·
·	-		- . :
			•
		<u></u>	
			•
·			_
·			
00) 0 (F) TP0			
COMMENTS:			
·		•	
The Annual Compliance Certification form has been	properly certif	fied and submitted to the inspector.	YESX NO
DATE OF NEXT INSPECTION:	-pail	2000	<u> </u>
	(An	proximate	
INSPECTION CONDUCTED BY:			, 448-42 /
Disposition of the Control of the Co	(Ple	ease Print) (975)	1) VT DOW
INSPECTOR'S SIGNATURE:	HLVI	4/CC _PHONE NUMBER:_	<u> </u>
	Page /	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT TANCE INSPECTION CHECKLISTE

ΤY	PE	OF	INSP	EC	TT:	O	۷:
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RE-INSPECTION

AIRS ID#: () 190051 DATE: 4/19/99 TIME IN: 11:30 TIME OUT: 1 FACILITY NAME: NEIGHBOR HOOD CLEANERS + SUPPLY FACILITY LOCATION: 101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065 RESPONSIBLE OFFICIAL: WHAWAR QURESITY PHONE: (904) 272-5568 CONTACT NAME: _____ PHONE: ____

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	٥
2. Facility failed to notify DARM to use general permit	۵

PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box) A.	☐ 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)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		
5. This is a correct facility classification	Y ON OCan not determine		
	neral permit as number above nits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) per facility was 30 gallons.	urchased within the preceding 12 months by this dry cleaning		

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 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? 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? אם עבל 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ANNO NO YØ Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? AVAD AD Y 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?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПΝ	□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?	υY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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	Ū. N□	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS 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: ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? AYMO MO YO DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct menitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DY DN QN/A 7. Maintained deviation reports? אאו אם אם אם Problem corrected? אואם אם אַעַ 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection ar	nd repair		
	inspection?			Jak an		
2.	Has the facility maintained a leak log	?	•	DA ON		
3.	Does the responsible official check th	e following areas for leaks	?	1		
	Hose connections, fittings, couplings, and valves	אאם אם אא	Muck cookers	אואם אם צק		
	Door gaskets and scating	אואם אם ציק	Stills	אואם אם צק		
	Filter gaskets and seating	AVA ON ONA	Exhaust dampers	AND NO YO		
	Pumps	אואם אם צק	Diverter valves	אומם מם צק		
	Solvent tanks and containers	אואם אם אלא	Cartridge filter housings	אומם מם צף		
	Water separators	אואם אם אא		\		
4.	Which method of detection is used by	the responsible official?		•		
	Visual examination (condensed	solvent on exterior surfac	es)	Ø		
	Physical detection (airflow felt	through gaskets)		0/		
	Odor (noticeable perc odor)			D.		
	Use of direct-reading instrumer	ntation (FID/PID/calorimet	ric tubes)	D.		
	Halogen leak detector			DZ.		
	If using direct-reading ins	trumentation, is the equi	pment:	'QN/A		
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	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	אם צם				
 	c. Verified for accurac	cy by use of duplicate samp	oles (calorimetric only)?	אם אם		
_						

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL	SITE	INFOR	MATION

FLUO MATIC EC

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

(i)	CCESS
W	

COMPLIA	ANCE INSPEC	TION C	HECKLIST	00	
TYPE OF INSPECTION: ANNUA RE-INSE	L PECTION		COMPLAINT/DI	SCOVERY	٥
AIRS ID#: <u>019005/</u> date: 5	1/27/00	TIME IN	N: <u>1,40</u> TI	ME OUT: 🕏	2:00
FACILITY NAME: NEIGHA	OPHOOD	i	CAMERS		
facility location:	/ \			576 1	23
ORAN	GE PI	ARK	PL 3	2065	
RESPONSIBLE OFFICIAL: KITAU	IAR QUI	CES 147	PHONE: (90	4) 27	2-5568
CONTACT NAME:		 	PHONE:		
	म रः				
PART I: NOTIFICATION				·	
(check appropriate box)			The same of the sa		
1. New facility notified DARM 30 days price	or to startup				
2. Facility failed to notify DARM to use gen	ieral permit				
					
PART II: CLASSIFICATION			·		
Facility indicated on notification form tha	t it is:	-	☐ No notification		
(check appropriate box)			☐ Drop store/out	of business/pe	troleum
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-to- transfe both ty	-dry only, er only, x < ypes, x < 1	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	×	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	dry-to- transfe both ty	dry only, or only, 20 ypes, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	•	
5. This is a correct facility classification	Y	ПN	☐Can not determi	ne	į
If no, please check the appropriate of					

facility was 55 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 beds according to the manufacturer's specifications?

) YO	ΠN	□N/A
yeg -	ΩN	□N/A
JOY.		
/QY	ПN	□N/A
(QY	QΝ	□N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

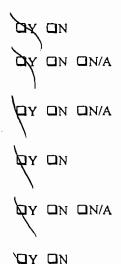
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

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

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

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



B.	Has the responsible official of an existing large or new large area source also:			
ĩ.	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	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	□n I	⊐N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ח וו	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	□N I	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ו אם	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY .	ו אם	⊐Ň/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y (ו אם	⊐N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ו אם	⊐N/A

PART V: RECORDKEEPING REQUIREMENTS	PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DA ON				
2. Maintained rolling monthly total of perc consumption?	DY ON				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	AA ON ON/V				
4. Maintained calibration data? (for applicable direct reading instruments)	אימעל מם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A				
6. Maintained startup/shutdown/malfunction plan?	מם עם				
7. Maintained deviation reports?	DY DN DN/A				
Problem corrected?	□Y □N □N/A				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

P	ART VI: LEAK DETECTION ANI	REPAIRS				
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			Дх ши		
2.	Has the facility maintained a leak log	3?		ΦY □N		
3.	Does the responsible official check to	he following areas for leaks?	,	\		
	Hose connections, fittings, couplings, and valves	A/NO NO Y	Muck cookers	OY ON ON/A		
	Door gaskets and seating	AND NO YA	Stills	MY ON ON/A		
	Filter gaskets and seating	AVA NO YO	Exhaust dampers	AA ON ONIV		
	Pumps	AVA ON ON/A	Diverter valves	אומם מם אַק		
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	DY ON ON/A		
	Water separators	AND NO YOU	•	`		
4.	Which method of detection is used b	y the responsible official?				
	Visual examination (condensed	d solvent on exterior surface:	s)			
	Physical detection (airflow felt	through gaskets)		4		
	Odor (noticeable perc odor)			6		
	Use of direct-reading instrume	ntation (FID/PID/calorimetr	ic tubes)	o Î		
	Halogen leak detector		•	_a		
	If using direct-reading in	strumentation, is the equip	ment:	DANTA		
	a. Capable of detection	ng perc vapor concentrations	in a range of 0-500 ppm?	OY ON		
	b. Calibrated against (PID/FID only)?	a standard gas prior to and a	fter each use	OY ON		
	c. Inspected for leaks	and obvious signs of wear of	on a weekly basis?	OY ON		
	d. Kept in a clean and secure area when not in use?					

Inspector's Name (Please Print)

Inspector's Signature

4/27/00

Date of Inspection

Approximate Date of Next Inspection

□Y □N

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

ADDITIONAL SITE INFORMATION	N:
	FLUOMATIC

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1.40 TIME OUT: 2:00 TYPE OF FACILITY: DRY CLEANER	AIRS ID#: 019005/
FACILITY NAME: NEIGHBORHOOD	CLGAMOLS DATE: 4/27/00
FACILITY LOCATION: 1/0/ BLANDING	BLYD STE 123
OLANGE PARK	FC 32065
RESPONSIBLE OFFICIAL: KILAWAR YURES	PHONE NUMBER: 904) 272-5568
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administ	
Based on the results of the compliance requirements evaluation discrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	Burgu of A
	Pir Monitor
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: APRIL	2001
	oproximate)
	PLUALEZ Lease Print) 2 448-4310
INSPECTOR'S SIGNATURE:	PHONE NUMBER: X 7 254
Page	of / Revised 10/96

AIRS ID#: 0190051



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NEIGH	30R HOOD	LLE	ANC	925	DATE:	4/27/00
FACILITY NAME: NEIGH:	123 136	ANDIM	(B	LYD		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				· ·
				······································		
Annual Reporting Period:	-1	19 <u>99</u>	TO _	AIR	2000	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	•				<u>-</u>	P Rule
If NO; complete the following:		•				•
#1. Term or condition of the general permit	that has not been in	n continuous	compliar	nce during t	he reporting perio	d 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	n continuous	complia	nce during t	he reporting perio	d stated above:
Exact period of non-compliance: from			1	to		
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:			·			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Furt	her, my annu	al consu	mption of p	erchloroethylene .	solvent, based
RESPONSIBLE OFFICIAL: Na.	AWAR (JUA) me (Please Print)	ESHT	Jua.	Signatur	Le S	Z 4/27/00 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:	ANNUAL		COMPLAINT/DISCOVERY	
	RE-INSPECTIO	N		
				-
AIRS ID#: <u>0190051</u> I				9:10
FACILITY NAME:	REMIER C	LEANER.	S	
FACILITY LOCATION:	•			
	ORANGE	E YARK	, FL 32065	
RESPONSIBLE OFFICIAL :	GLEN	PHILIP	phone: <u>904–27</u> 2-	0105
CONTACT NAME:			_ PHONE:	
		· · · · · · · · · · · · · · · · · · ·		
PART I: NOTIFICATION			<u> </u>	
(check appropriate box)				_
1. New facility notified DARM 3	· •	-		
2. Facility failed to notify DARM	1 to use general per	mit		
				
PART II: CLASSIFICATION				
PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box)	n form that it is:		☐ No notification form ☐ Drop store/out of business/p	petroleum
Facility indicated on notificatio (check appropriate box) A.		2 Naw emall	☐ Drop store/out of business/p	petroleum
Facility indicated on notificatio (check appropriate box)	e 🗅	2. New small a	☐ Drop store/out of business/parca source	petroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗅	dry-to-dry only, transfer only, x	Drop store/out of business/parca source x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notification (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	e 🗅	dry-to-dry only, x both types, x <	Drop store/out of business/parea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	petroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗅	dry-to-dry only, x both types, x <	Drop store/out of business/parca source x < 140 gal/yr < 200 gal/yr	petroleum
Facility indicated on notification (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	e 🗅 r	dry-to-dry only, x both types, x <	Drop store/out of business/parca source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	petroleum
Facility indicated on notificatio (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,14	e □ c c u o o o o o o o o o o o o o o o o o	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only,	Drop store/out of business/parca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) arca source $140 \le x \le 2.100 \text{ gal/yr}$	petroleum
Facility indicated on notificatio (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,16 transfer only, 200 ≤ x ≤ 1,800	c c c 00 gal/yr gal/yr	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2	Drop store/out of business/parca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2.100 \text{ gal/yr}$ $140 \le x \le 1.800 \text{ gal/yr}$	petroleum
Facility indicated on notificatio (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,14	c c c 00 gal/yr gal/yr	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	Drop store/out of business/parca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) arca source $140 \le x \le 2.100 \text{ gal/yr}$	petroleum
Facility indicated on notification (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gallyst series.	c	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140	Drop store/out of business/parca source $x \le 140 \text{ gal/yr}$ $\le 200 \text{ gal/yr}$ $\le 200 \text{ gal/yr}$ or after $12/9/91$) area source $140 \le x \le 2.100 \text{ gal/yr}$ $00 \le x \le 1.800 \text{ gal/yr}$ $\le x \le 1.800 \text{ gal/yr}$	petroleum
Facility indicated on notificatio (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class	c	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on DN	Drop store/out of business/parca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2.100 \text{ gal/yr}$ $00 \le x \le 1.800 \text{ gal/yr}$ or after $12/9/91$)	petroleum
Facility indicated on notificatio (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximate to the source of the sourc	c c c c 00 gal/yr gal/yr al/yr ssification	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on DN ation:	Drop store/out of business/parca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2.100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	petroleum
Facility indicated on notification (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gar (constructed before 12/9/91) 5. This is a correct facility class of the property of the pr	e c c 00 gal/yr gal/yr al/yr ssification ppropriate classification qualified for a gen	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on DN)	Drop store/out of business/parca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2.100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	petroleum
Facility indicated on notification (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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gar (constructed before 12/9/91) 5. This is a correct facility class of the property of the pr	e c 00 gal/yr gal/yr al/yr ssification ppropriate classification qualified for a gen	dry-to-dry only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on DN) ation: heral permit as no dits and is not clip	Drop store/out of business/parca source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) arca source 140 ≤ x ≤ 2.100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □Can not determine amber above gible for a general permit	•

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DŃ **Ż**ŃA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN KIN/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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (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? M/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 □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/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
	ls the temperature differential equal to or greater than 20° F?	\Box Y	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	\Box Y	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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 applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on pere concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable? 9. No. N/A 9. No. N/A

P.	ART VI: LEAK DETECTION AND	REPAIRS					
l.	Does the responsible official conduct a	weekly (for sm	nall sources, bi	-weekly) leak detection as	nd rep	air	
	inspection?				B (Y		אנ
2.	Has the facility maintained a leak log?	1			A Y		. מנ
3.	Does the responsible official check the	following area	s for leaks?		`		
	Hose connections, fittings, couplings, and valves	ם אם עלי	IN/A	Muck cookers	P Y	ΩΝ	□N/A
	Door gaskets and seating	XY ON O	IN/A	Stills	MY	ПN	□N/A
	Filter gaskets and seating	QY ON O	IN/A	Exhaust dampers	F YY	ПΝ	□N/A
	Pumps	JAY ON O	IN/A	Diverter valves	M Y	ПΝ	□N/A
	Solvent tanks and containers	BAY ON O	IN/A	Cartridge filter housings	Z ^Y Y	ПΝ	□N/A
	Water separators	AIY ON O	N/A				
4.	Which method of detection is used by	the responsible	official?		_		
	Visual examination (condensed s	solvent on exter	ior surfaces)				
	Physical detection (airflow felt th	rough gaskets)		•			
	Odor (noticeable perc odor)				OZI_		
	Use of direct-reading instrument	ation (FID/PID/	calorimetric t	ubes)			
	Halogen leak detector						

If using direct-reading instrumentation, is the equipment:

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

(PID/FID only)?

RICK BANKS	6-15-00
Inspector's Name (Please Print)	Date of Inspection
TRanka	6-01
Inspector's Signature	Approximate Date of Next Inspection

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

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

ØN/A

NO YO

DY DN

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 \Box Y \Box N

 $\square Y \square N$

SUPREMA PREMIER 2000



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PREMITE	R CLEANERS	DATE:0/15/00
FACILITY LOCATION: 950 - 9	BLANDING BLUD	
ORANG	TE PARK, FL 32065	
L		
Annual Reporting Period: Annual Reporting Period:	1999 то	APRIL 2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		
If NO, complete the following:		•
#1. Term or condition of the general permit	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:		· P
#2. Term or condition of the general permit	that has not been in continuous compliance	dirring the reporting period stated above:
Exact period of non-compliance: from	· to	Sour Non No.
Action(s) taken to achieve compliance:		Sources Sources
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Nat	and complete. Further, my annual consump	tion 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 🔀	COMPLA	NT/DISCOVERY	RE-INSPECTION		
TIME IN: 8:45	TIME OUT:	5:10	AIRS ID#:	0190052		
TYPE OF FACILITY:	RY CLEANER					
FACILITY NAME: P	REMIER OLI	EANER.	5	DATE: 6-15-00		
FACILITY LOCATION:	750-4 BLAN	1DM6	BLVD			
	ORANGE PA	RK F	2 32065	001/ 07/ 01/0		
RESPONSIBLE OFFICIAL:	GLIZA PI	1147	PHONE NUMB	ER: <u>904 - 272 - 0105</u>		
	the compliance requirementule 62-213.300, Florida A			e facility is found to be in		
Based on the results of t discrepancies were note	the compliance requiremend:	nts evaluated o	uring this inspection, th	e following compliance		
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP A	CTION REQUIRED		
·				·		
COMMENTS:				· ·		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTIO	N:	6-0	1	<u> </u>		
INSPECTION CONDUCTED BY: (Approximate) (Approximate) (Please Print)						
INSPECTOR'S SIGNATURE: PHONE NUMBER: 904-448-43/0						

Page___of_

Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 497394 JAN19207

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

AIRS ID# 190051
NEIGHBORHOOD CLEANERS SUPPLY
1101 Blanding Blvd Suite 123
ORANGE PARK, FLORIDA

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

HAWAL QURESHI NEW PRONET Printed on recycled paper.

khawara@gmail.com

OVERGHBORHOOD DRY CLEANERS & SUPPLY
1101 Blanding Blvd Suite 123
0 P. FL, 32065

17 JAN 2007 PM 1 L

Delastment of Envisonmental Protection
Twin tower's office Building
2600 Blair Stone Road.
Tallahasee, FL, 32399-2400

3239988542

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459923 MAR16206 Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

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AIRS ID# 190051 NEIGHBORHOOD CLEANERS & SUPPLY INC 1101 Blanding Blvd Suite 123 ORANGE PARK, FL 32065

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FLAIR ACCT. CODE 372020350013755010000 BENIFITEING OBJECT CODE 002000 BENIFITHING CATEGORY 000200

> FOR GOVERNMENT USE ONLY ORG.:37550101000 (EG: A1 FUND 20-2-035001 **OBJECT: 002273**

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TOTAL AMOUNT DUE: \$56.00V E D. S. C. AUG 2 4 2005

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AIRS ID# 190051 10 NEIGHBORHOOD CLEANERS & SUPPLY INC 1101 Blanding Blvd Suite 123 ORANGE PARK, FL 32065

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273

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U.S. Postal Service™ U.S. Postal Service CERTIFIED MAIL. RECEIPT (Pomestic Mail Only; No Insurance Coverage Provided) CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 57 S 770! 9 For delivery information visit our website at w m 38 m _0 \$ Postage Postage П # Certified Fee ō **Certified Fee** ᆸ Postmark Postmark Return R&ceipt Fee $\overline{\Box}$ Return Receipt Fee Here Here (Endorsement Required) (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) 22 57 n ru AIRS ID# 190051 3rd Cert04 Total Postage & Fees \$ AIRS ID#0190051.....2nd Cert 05 NEIGHBORHOOD CLEANERS & 100 Sent To NEIGHBORHOOD CLEANERS & SUPPLY SUPPLY INC 1101 Blanding Blvd Suite 123 Street, Apt. No.: 1101 Blanding Blvd Suite 123 or PO Box No. ORANGE PARK, FL 32065 City, State, ZIP+4 ORANGE PARK, FL 32065 PS Form:3800, 0 PS Form 3800r June 2002

	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 Signature Agent Addressee Bi Beceived by (Printed Name) C. Date of Delivery 3-4-0.5			
Article Addressed to:	D. Is delivery address different from item 1?			
AIRS ID#01900512 nd Cert 05 NEIGHBORHOOD CLEANERS & SUPPLY'' INC				
ORANGE PARK, FL 32065	3. Service Type Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
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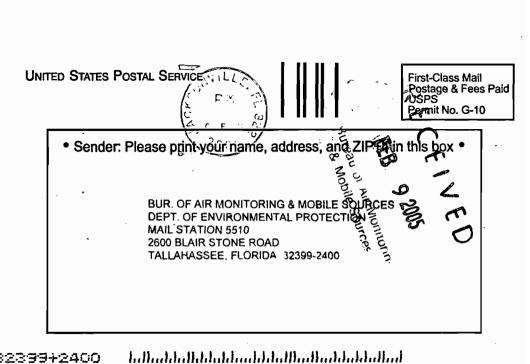
Sender: Please print your name, address, and ZIP+4ser this box

BUR. OF AIR MONITORING & MOBILE SQURCES DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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0125 400	(Endorsement Required) AIRS ID# 190051 1stC Total Pos NEIGHBORHOOD CLEANERS &					
75	1101 Blanding Blvd Suite 123 Street, Api. or PO Box City, State, PS Form 3800 June 2002 See Reverse for June 2002	ctions				

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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. Article Addressed to: 	A. Signature X Addressee B. Received by (Printed Name) C. Date of Delivery Core Cores Work D. Is delivery address different from item 1? Yes
F AIRS ID# 190051 1stC NEIGHBORHOOD CLEANERS & SUPPLY INC	if YES, enter delivery address below:
ORANGE PARK, FL 32065	3. Service Type Certified Mail
7004 2510 0002 3939 349	₹ itricted Delivery? (Extra Fee)
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PS Form 3811 August 2001 Domestic Ret	turn Receipt 2ACRRI 03 R 4091





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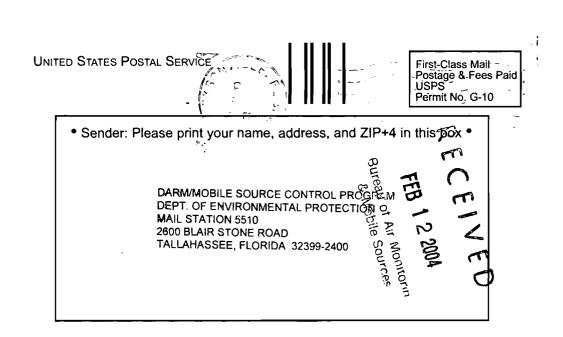
/ID#190051 KHAWAR QURESHI NEIGHBORHOOD CLEANERS & SUPPLY INC 1101 BLANDING BLVD SUITE 123 ORANGE PARK, FL 32065

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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ū	_ ID# 190051
m	KHAWAR QURESHI
	NEIGHBORHOOD CLEANERS &
700	SLIPPLY INC
	or 1101 BLANDING BLVD SUITE 123
	Cit. ORANGE PARK, FL 32065
	PS(Form 3800, June 2002

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NEIGHBORHOOD CLEANERS &	The second section of the second section secti			
SUPPLY INC	3. Service Type			
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	4. Restricted Delivery? (Extra Fee)			
2. Article Number (Transfer from service label)	2260 0003 5650 7611			
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540			



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Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
426415 MAR24 2003

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0190051 NEIGHBORHOOD CLEANERS & SUPPLY INC KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL

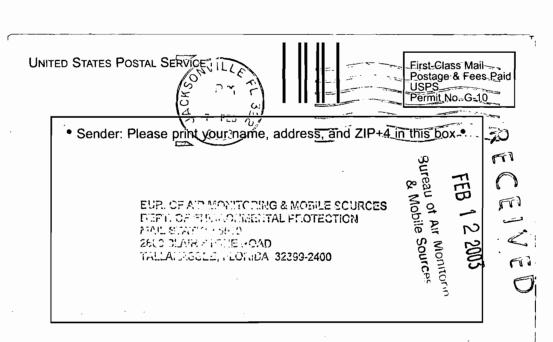
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273

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1101 BLANDING BLVD SUITE 123 ORANGE PARK FL	_	3. Service	Туре		
32065	1.	☐ Reg	ified Mail istered red Mail	☐ Express Mai ☐ Return Rece ☐ C.O.D.	l ipt for Merchandise
		4. Restrict	ted Delivery	r? (Extra Fee)	☐ Yes
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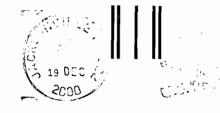
AIRS ID # 0190051 NEIGHBORHOOD CLNERS & SUPPLY INC KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065

Bureau of Air Monitoric & Mobile Sources 10 MI

FOR GOVERNMENT USEFONLY Org.: 37550101000 EO: AT Fund: 20-2-035001

Obj.: 002273

Neighborhood Cleaners wd





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

32315%3070

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AIRS ID # 0190051 NEIGHBORHOOD CLEANERS & SUPPLY

INC

KHAWAR QURESHI

1101 BLANDING BLVD SUITE 123

ORANGE PARK FL 32065

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Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0190051

NEIGHBORHOOD CLEANERS & SUPPLY

INC

KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123

ORANGE PARK FL 32065

DEC 2 8 1995

Bureau of Air Monitoring & Mobile Sources

DEC 21 2

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

PS Form Postmark of Dale	TOTAL Postage & Fees	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	 Special Delivery Fee	Certified Fee	KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065	AIRS ID # 0190 NEIGHBORHOOD CLEANERS & SUPPLY	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)	P 174 052
	49				O SUITE 123)65	AIRS ID # 0190051 EANERS & SUPPLY	tified Mail Provided. nal Mail (See reverse)	2 540

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AIRS ID#0190051

KHAWAR S QURESHI KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

· Z 333 660 288 US Postal Service Receipt for Certified Mail AIRS ID 0190051 KHAWAR S QURESHI KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065 \$ 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 Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date \$

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the 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.	I also wish to recomposition following services extra fee): 1. Addresse 2. Restricte Consult postmast	e's Address of Delivery
RN ADDRESS completed	AIRS ID 0190051 KHAWAR S QURESHI KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065	7. Date of De	Type ad Mail Company of Marchandise elivery	Secutified To coop To
ls your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X Leven		paid) SPS EL	of control of the last of the
	PS Form 3811, December 1994		Domestic Retu	ırn Heceipt



Z 333 667 286 000 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0190051 NEIGHBORHOOD CLEANERS & SUPPLY INC KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065. Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

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

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 Prior Clearly) B. Date of Delivery C. Signature Agent Addressee
INC .	D. Is delivery address different from item 1? Yes
KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123 ORANGE PARK FL 32065	Septime Type Express Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	Jrn Receipt 102595-99-M-1789

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

Do NOT Remove Label

AIRS ID # 0190051

NEIGHBORHOOD CLEANERS & SUPPLY

INC

KHAWAR QURESHI 1101 BLANDING BLVD SUITE 123

ORANGE PARK FL 32065

FOR GOVERNMENT USE ONLY

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