

0250747



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

October 24, 1996

Mr. Alexander C. Bristol  
President  
Bristol Consulting  
and Development, Inc.  
14317 Southwest 142 Avenue  
Miami, Florida 33186

Dear Mr. Bristol:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on August 30, 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

cc: Mr. Ewart Anderson, Dade County

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

Raised

9/25/96

BEST AVAILABLE COPY

4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

1:0 freeboard ratio

super-heated vapor

freeboard refrigeration device

carbon adsorber

dwell time

working mode cover

reduced room draft

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 for halogenated solvent purchases

OCB

(b) Inspection records

(c) Temperature monitoring

(d) Idling emission concentration monitoring

(e) Instrument calibration

(f) Dwell time records

OCB

(g) Solvent content records

(h) Remedial action log

(i) Control device monitoring

(j) Log of solvent additions and removals

(k) Monthly emissions calculations

(l) Rolling 3-month average emissions calculations

OCB

(m) Cleaning capacity calculations

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### Halogenated Solvent Degreasers Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <b>Alex Bristol/Bristol Consulting &amp; Development, Inc.</b>			
2. Site Name (For example, plant name or number): <b>Bristol Consulting &amp; Development, Inc.</b>			
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: <b>14317 SW 142 Avenue</b> City: <b>Miami</b> County: <b>Dade</b> Zip Code: <b>33186</b>			
5. Facility Identification Number (DEP Use):			

Responsible Official

0250747

6. Name and Title of Responsible Official: <b>Alexander C. Bristol, President</b>			
7. Responsible Official Mailing Address: <b>Alexander C. Bristol, President</b> Organization/Firm: <b>Bristol Consulting &amp; Development, Inc.</b> Street Address: <b>14317 SW 142 Avenue</b> City: <b>Miami</b> County: <b>Dade</b> Zip Code: <b>33186</b>			
8. Responsible Official Telephone Number: Telephone: <b>(305) 255 - 1181</b> Fax: <b>(305) 235 - 9734</b>			

#### 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  
AUG 30 1996

Bureau of Air Monitoring  
& Mobile Sources

## BEST AVAILABLE COPY

## Facility Information

1. 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.

Equipment Type	ID#	Date Initially Purchased	Date Cntrl Device Installed	ID#	Date Initially Purchased	Date Cntrl Device Installed
Batch Vapor						
x < 1.21 m <sup>2</sup>	1	1992	1992			
x > 1.21 m <sup>2</sup>						
Batch Cold						
In-line						
New						
Existing						

2. (a) What was the total amount of halogenated solvents purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. (a) Please indicate which of the following halogenated solvents are used at your facility.

perchloroethylene

methylene chloride

trichloroethylene

1,1,1-trichloroethane

carbon tetrachloride

chloroform

(b) The total volume of halogenated solvent emissions shall not exceed 10 tons per year. I choose to meet this requirement by

complying with an alternative solvent emission limit

implementing a control device combination/work practice standards

meeting an idling emission limit/work practice standards

meeting the requirements for batch cold cleaning machines

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4. Based upon your response to 3(b), please select the appropriate control equipment combination from the list provided below. (Indicate with an "X" all options that apply to your facility.)

- 1:0 freeboard ratio
- super-heated vapor
- freeboard refrigeration device
- carbon adsorber
- dwell time
- working mode cover
- reduced room draft

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 for halogenated solvent purchases
- (b) Inspection records
- (c) Temperature monitoring
- (d) Idling emission concentration monitoring
- (e) Instrument calibration
- (f) Dwell time records
- (g) Solvent content records
- (h) Remedial action log
- (i) Control device monitoring
- (j) Log of solvent additions and removals
- (k) Monthly emissions calculations
- (l) Rolling 3-month average emissions calculations
- (m) Cleaning capacity calculations

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Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature *Glynn B. Brief*

Date *8-29-96*

**Butler, Rick**

---

**From:** Griner, Debbie (DERM) [GrineD@miamidade.gov]  
**Sent:** Wednesday, July 25, 2001 1:41 PM  
**To:** Butler, Rick  
**Subject:** ex-degreaser gp



Bristol Presentation.ppt

Rick-

Here's the presentation about the facility we discussed that changed from methylene chloride to ultrasonic cleaning. FYI.

<<Bristol Presentation.ppt>>

Debbie Griner

Air Facilities Section, Air Quality Management Division

Miami-Dade County Department of Environmental Resources Management (DERM)

(305) 372-6936 phone

(305) 372-6954 fax

grined@miamidade.gov

0250747

Pat,

Please Inactivate file.

Thanks,

Rick

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Bristol Consulting and Development DATE: 5-15-97 FACILITY LOCATION: 14317 SW 142 Ave. Miami, FL 33186

Annual Reporting Period: JAN 1996 TO Dec 1996

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in 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:

#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 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 rolling averages of 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.

RESPONSIBLE OFFICIAL: Alexander O. Bristol Signature Date 5-15-97

\*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.



# HALOGENATED SOLVENT DEGREASERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250747 DATE: 5-15-97 TIME IN: 11:30am TIME OUT: 12:30 noon  
FACILITY NAME: BRISTOL Consulting and Development Inc.  
FACILITY LOCATION: 14317 SW 142 Ave.  
Miami, FL.

### PART I: NOTIFICATION

(check appropriate boxes)

1. Facility notified DARM by 9/1/96
2. Facility notified DARM 30 days prior to starting up
3. Facility failed to notify DARM to use a general permit
4. Halogenated solvent used at the facility:

perchloroethylene	<input type="checkbox"/>	methyl chloride	<input checked="" type="checkbox"/>
trichloroethylene	<input type="checkbox"/>	1,1,1-trichloroethane	<input type="checkbox"/>
carbon tetrachloride	<input type="checkbox"/>	chloroform	<input type="checkbox"/>
5. Facility indicated on notification form that it has the following machine type(s). Check more than one box if applicable.

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>		

### PART II: CLASSIFICATION

1. Indicate the machine type(s) observed at the facility:

Batch Vapor, $x < 1.21 \text{ m}^2$	<input checked="" type="checkbox"/>	New In-line	<input type="checkbox"/>	Batch Cold (immersion)	<input type="checkbox"/>
Batch Vapor, $x > 1.21 \text{ m}^2$	<input type="checkbox"/>	Existing In-line	<input type="checkbox"/>	Batch Cold (remote reservoir)	<input type="checkbox"/>

### PART III: GENERAL CONTROL REQUIREMENTS

#### A. Batch Vapor and In-Line Machines

Does the facility:

1. Maintain an idling and downtime mode cover that is readily opened and closed, that completely covers, has no cracks, holes, or defects; OR maintain a room designed with reduced draft according to Part II, Section (5)(c)6.b of the permit notification?  Y  N
2. Maintain a freeboard ratio of 0.75 or greater?  Y  N

3. Utilize a parts basket or parts whose size is less than 50% of the solvent-air interface area; OR introduce parts or parts basket at less than 0.9 m/min (3 ft/sec)?  Y  N
4. Conduct all spraying operations within the vapor zone or an area not directly exposed to ambient air?  Y  N
5. Install and maintain an automated parts handling system capable of moving the parts/parts basket at 3.4 m/min. (11ft/min) or less?  Y  N
6. Install and maintain a carbon adsorber on all machines using a lip exhaust? The exhaust concentration should not exceed 100 ppm halogenated solvent, the carbon adsorber should not be by-passed, the lip exhaust shall be located above the closed machine cover.  Y  N  N/A
7. Have each machine equipped with --
- a. a device to shut off sump heat if the solvent level drops to the heater coils?  Y  N
- b. a device to shut off sump heat if the vapor level rises above the height of the vapor condenser?  Y  N
- c. a primary condenser?  Y  N
8. Store all waste solvent, still bottoms, and sump bottoms in closed containers?  Y  N

**B. Batch Cold Cleaning Machines**

Does the facility:

1. Collect and store all waste solvent in closed containers?  Y  N
2. Use a flexible hose or flushing device only within the freeboard area?  Y  N
3. Drain cleaned parts for 15 seconds or longer or until dripping ceases, whichever is longer?  Y  N
4. Maintain the solvent level inside the machine at or below the fill line?  Y  N
5. Immediately clean up spills during solvent transfer? Store wipe rags in a covered container?  Y  N
6. Operate the agitator to produce a rolling motion? (*applicable only when air- or pump-agitated solvent bath used*)  Y  N  N/A
7. Ensure that the machine is not exposed to drafts greater than 40 m/sec (132 ft/min) when the cover is open?  Y  N
8. Ensure that sponges, fabrics, wood and paper products are not placed in the machine?  Y  N

*Remote Reservoir Type Only --*

9. Employ a tightly fitting cover over the solvent sump? The cover must be closed at all times except during parts cleaning.  Y  N

*Immersion Type Only --*

10. Employ a tightly fitting cover and a water layer with a thickness of at least 2.5 cm (1 in.); OR employ a tightly fitting cover and maintain a freeboard ratio of 0.75? Tightly fitting cover must be closed at all times except during parts entry and removal.  Y  N

**PART IV: PROCESS VENT CONTROLS** (*not applicable to batch cold cleaning machines*)

Facility chose to meet requirements using:

- control device combination / work practice standards

- alternative solvent emission limit (*proceed to Part V*)
- idling emission limit / work practice standards (*proceed to Part V*)

**A. Batch Vapor Machines,  $x \leq 1.21m^2$**

control comb. selected		In use
<input type="checkbox"/>	working mode cover / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	reduced room draft / 1.0 freeboard ratio / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / working mode cover	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/>	freeboard refrig. device / dwell	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / 1.0 freeboard ratio / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**B. Batch Vapor Machines,  $x > 1.21m^2$**

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / working mode cover	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / reduced room draft	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / dwell	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / reduced room draft / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	1.0 freeboard ratio / reduced room draft / superheated vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**C. Existing In-Line Machines**

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / 1.0 freeboard ratio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / dwell	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	carbon adsorber / dwell	<input type="checkbox"/> <input type="checkbox"/>

**D. New In-Line Machines**

control comb. selected		In use
<input type="checkbox"/>	freeboard refrig. device / superheated vapor	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	freeboard refrig. device / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	superheated vapor / carbon adsorber	<input type="checkbox"/> <input type="checkbox"/>

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official maintained the following:

- 1. Owner's manuals, design specifications, and other instructional materials for cleaning machine and control equipment?  Y  N
- 2. Date of installation for cleaning machine and all control devices? If the exact date is unknown, they must have a letter stating installation occurred before or after 11/29/93.  Y  N
- 3. Halogenated solvent content for each solvent used? (*exempt if <5% by weight*)  Y  N
- 4. Estimates of annual solvent consumption for each machine?  Y  N
- 5. Dates of solvent additions and amounts added to each machine? (*applicable only to those using an alternative emission limit*)  Y  N  N/A
- 6. Idling emissions limit tests, including values obtained during the initial performance test? (*applicable only to those using an idling emissions limit*)  Y  N  N/A
- 7. All control device and parameter monitoring? (*applicable only to batch vapor and in-line machines*)  Y  N  N/A
- 8. Information on remedial actions in the event of exceedances or other repairs and subsequent monitoring of affected parameters?  Y  N  N/A
- 9. Monthly emissions calculations (*applicable only to those using an alternative or idling emission limit*)  Y  N  N/A
- 10. 3-month rolling average emissions calculations? (*applicable only to those using an alternative emission limit*)  Y  N  N/A
- 11. Cleaning capacity calculations? (*applicable only to those using an alternative emission limit without a solvent-air interface*)  Y  N  N/A

**PART VI: ADDITIONAL SITE INFORMATION**

*Solvent degreaser unit was made by Mr. Bristol, therefore no owners' manual exists.*

Mr. Alexander Bristol  
Name of Responsible Official

Rosana Bivera  
Inspector's Name

Rosana Bivera  
Inspector's Signature

5-15-97  
Date of Inspection

5-15-98  
Approximate Date of Next Inspection

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:30 am TIME OUT: 12:30 noon AIRS ID#: 0250747  
 TYPE OF FACILITY: Halogenated Solvent Degreaser  
 FACILITY NAME: Bristol Consulting and Development DATE: 5-15-97  
 FACILITY LOCATION: 14317 SW 142 Ave.  
Miami, Fl.  
 RESPONSIBLE OFFICIAL: Mr. Alejandro C. Bristol PHONE NUMBER: 255-1181

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Owners' manuals, design specifications and other instructional materials for cleaning machine & control equipment NOT AVAILABLE.	Must provide said info. during the next inspection.
2. No letter stating installation of unit.	Must provide said document for next year.

COMMENTS: As per Mr. Bristol the unit was designed and assembled by him therefore there are no operating manual.

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 5-15-98

(Approximate)

INSPECTION CONDUCTED BY: Rosana Rivera

(Please Print)

INSPECTOR'S SIGNATURE: Rosana Ri PHONE NUMBER: 372-6942

Z 210 662 882

US Postal Service  
**Receipt for Certified Mail**

11 AIRS ID # 0250747001AG  
ALEXANDER C BRISTOL  
BRISTOL CONSULTING & DEVELOPMENT  
INC  
14317 SW 142 AVENUE  
MIAMI FL 33186

PS Form 3800, April 1995

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SENDER:**

the right of the return address

**IS 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.

1. Article Addressed to:

11 AIRS ID # 0250747001AG  
ALEXANDER C BRISTOL  
BRISTOL CONSULTING & DEVELOPMENT  
INC  
4317 SW 142 AVENUE  
MIAMI FL 33186

2210 662 882

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly)

M. Bristol

B. Date of Delivery

6 8 01

C. Signature

M. Bristol

- Agent
- Addressee

D. Is delivery address different from item 1?  Yes

No

IF YES, enter delivery address below:

**RECEIVED**

JUN 12 2001

3. Service Type

- Certified Mail
- Registered Mail
- Insured Mail
- Return Receipt for Merchandise
- C.O.D.
- Express Mail
- Registered Mail

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389218

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 # 0250747  
BRISTOL CONSULTING & DEVELOPMENT  
INC  
ALEXANDER C BRISTOL  
14317 SW 142 AVENUE  
MIAMI FL 33186

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

RECEIVED  
MAIL ROOM  
DEC-9 99

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401456

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 # 0250747  
BRISTOL CONSULTING & DEVELOPMENT  
INC  
ALEXANDER C BRISTOL  
14317 SW 142 AVENUE  
MIAMI FL 33186

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

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MAIL ROOM  
JAN-2 99

1-2-01pd



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363219

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

MAR -4 99

Do **NOT** Remove Label

AIRS ID # 0250747  
 BRISTOL CONSULTING & DEVELOPMENT  
 INC  
 ALEXANDER C BRISTOL  
 14317 SW 142 AVENUE  
 MIAMI FL 33186

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300394

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#0250747  
 ALEX BRISTOL  
 ALEXANDER C BRISTOL  
 14317 SW 142 AVENUE  
 MIAMI FL 33186

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258181 ✓

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

RECEIVED  
MAIL ROOM  
JAN 15 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 0250747  
BRISTOL CONSULTING & DEVELOPMENT INC  
ALEXANDER C BRISTOL  
14317 SW 142 AVENUE  
MIAMI FL 33186

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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250747
ALEX BRISTOL ALEXANDER C BRISTOL 14317 SW 142 AVENUE MIAMI FL 33186

Do **NOT** Remove Label

Annual Reporting Period: January 01 1998 TO January 01 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

RECEIVED  
JAN 20 98  
PERMIT ROOM

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: JAN 2 2 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 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 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.*

RESPONSIBLE OFFICIAL: Alexander N. Bristol

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.

Z 333 660 678

1999

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

AIRS ID # 0250747

BRISTOL CONSULTING & DEVELOPMENT  
INC  
ALEXANDER C BRISTOL  
14317 SW 142 AVENUE  
MIAMI FL 33186

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

**SEN** [REDACTED] **Fold at line over top of envelope.**

**Is your RETURN ADDRESS completed on the reverse side?**

Complete items 1 and/or 2 for additional services.  
 Complete items 3, 4a, and 4b.  
 Print your name and address on the reverse of this form so that we can return this card to you.  
 Attach this form to the front of the mailpiece, or on the back if space does not permit.  
 Write "Return Receipt Requested" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250747

BRISTOL CONSULTING & DEVELOPMENT  
INC  
ALEXANDER C BRISTOL  
14317 SW 142 AVENUE  
MIAMI FL 33186

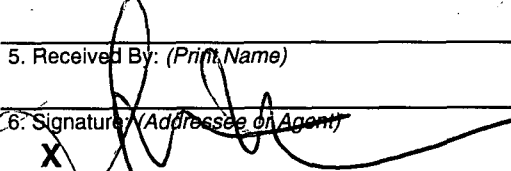
4a. Article Number  
**Z 333 660 678**

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature (Addressee or Agent)  
**X** 

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 679

1999

US Postal Service  
**Receipt for Certified Mail**

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

Sent to

AIRS ID # 0250747

BRISTOL CONSULTING & DEVELOPMENT  
INC  
ALEXANDER C BRISTOL  
14317 SW 142 AVENUE  
MIAMI FL 33186

PS Form 3800, April 1995

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

Do you wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250747  
BRISTOL CONSULTING & DEVELOPMENT  
INC  
ALEXANDER C BRISTOL  
14317 SW 142 AVENUE  
MIAMI FL 33186

4a. Article Number

174052679

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

3-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.