

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 9, 1997

Ms. Susan L. Henry Debonair Cleaners 5007 North Davis Highway #10 Pensacola, Florida 32503

Re: Facility No. 0330245

Dear Ms. Henry:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 21, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ 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. Charles Norman, Northwest District

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

Printed on recycled paper,

Perchloroethylene Dry Cleaning Facility Notification RECEIVED



1.	Facility Owner/Company Name (Name of corporation, agenc	y, or in	dividual owner)	: MAR 2 1	1997
	Debonair Cleaners, Inc.			Bureau of Air M	
2.	Site Name (For example, plant name or number):	·		& Mobile So	urces
	Debonair Cleaners				
3.	Hazardous Waste Generator Identification Number:				
4.	Facility Location: Street Address: 5007 N. Davis Hwy #10 City: Pensacola County: Escamb	ia	Zip Code	: 32503	
ī.	Facility Identification Number (DEP Use):		033	0245	
	Responsible Official				
5.	Name and Title of Responsible Official:				
	Susan L. Henry - Manager				
7.	Responsible Official Mailing Address: Organization/Firm: Debonair Cleaners Street Address: 5007 N. Davis Hwy #10			_	
	City: Pensacola County: Esca	mbia		Zip Code: 32503	3
3.	Responsible Official Telephone Number: Telephone: (904) 484 - 8983 Fax	: ()		
	Facility Contact (If different from Re-	sponsib	ole Official)		
9.	Name and Title of Facility Contact (For example, plant mana	ger):			
10.	Facility Contact Address:				
	Street Address: City: County:		Zip Code	:	
11.	Facility Contact Telephone Number: Telephone: () - Fax	: (-) -		

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	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser				_					
(2) w/ carbon adsorber									
(3) w/ no controls	5555755550		·			***************************************	************		
Washer Unit			-20-97) 	т =	1	T	1	1
(4) w/ ref. condenser	$\perp L$	12 apr 93	22 and 93						
(5) w/ carbon adsorber	<u> </u>		<i>'</i>		<u> </u>	_			
(6) w/ no controls	100000000000000000000000000000000000000	22-Apr 93		[- 24	<u> </u>		 *********		1
Dryer Unit	,	wat her		- A	-97	La O loro	1	Τ	Τ
(7) w/ ref. condenser		22 apr 43	22 grul93	1	22 april 3	22 april 93			
(8) w/ carbon adsorber	ļ		,			-		<u> </u>	1
(9) w/ no controls	**********	22 Apz 9 3		<u> </u>	2 2 Apr ≤93				
Reclaimer Unit		Τ				Τ	T	I	T = -
(10) w/ ref. condenser (11) w/carbon adsorber				-			 		<u> </u>
(12) w/ no controls					-	-	-		1
(b) Control devices are(c) No control devices2.(a) What was the total[893.5]	are r quan	equired to be	e installed [in the latest 1	12 mc	onths?	
(b) If less than 12 mon Check why it is les		now many? [_] New stor	e: [] Dic	l not	keep records	::
3. What is the facility's so (Indicate with an "X".					initions four	nd in section	(3) of	f Part II?	
Existing small a	rea so	ource []	N	ew sn	nall area sou	rce [J		
Existing large an	rea so	ource []	N	ew la	rge area soui	rce [<u>x</u>]		

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 [x]							
5. A facility which contains non-exempt emissions pursuant to Rule 62-213.300, F.A.C. Verify that all following exemption criteria or that no such units e	steam and hot water generating units on-site meet the						
boiler HP or less), and (2) are fired exclusively by	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 permit:	in accordance with the requirements of this general						
(a) Purchase receipts and solvent purchases	[X].						
(b) Leak detection inspection and repair	[_X_]						
(c) Refrigerated condenser temperature monitoring	[X]						
(d) Carbon adsorber exhaust perc concentration mo	nitoring []						
(e) Instrument calibration	[X] SEH 3-20-97						
(f) Start-up, shutdown, malfunction plan	[X] SEH 3-						

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:



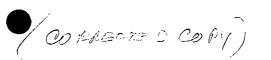
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)

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.



Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Debonair Cleaners, Inc.
2.	Site Name (For example, plant name or number):
	Debonair Cleaners
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 5007 N. Davis Hwy #10 City: Pensacola County: Escambia Zip Code: 32503
	City: Pensacola County: Escambia Zip Code: 32503
5.	Facility Identification Number (DEP Use):
	030245
	Responsible Official
6.	Name and Title of Responsible Official:
	Susan L. Henry - Manager
7.	Responsible Official Mailing Address:
	Organization/Firm: Debonair Cleaners Street Address: 5007 N. Davis Hwy #10
	City: Pensacola County: Escambia Zip Code: 32503
8.	Responsible Official Telephone Number:
0.	Telephone: (904) 484 - 8983 Fax: () -
	Facility Contact (If different from Responsible Official)
	Normal Title of Facility County (Tours of the Indian
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: () -
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	K F (F I V

7 1997 APR

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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	D	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	_								
Washer Unit		STAL S	-20-97						
(4) w/ ref. condenser	1	12 apr 93	22 and 93						
(5) w/ carbon adsorber									
(6) w/ no controls		- 22-4							
Dryer Unit		At An	n 3-	20	- 97				
(7) w/ ref. condenser	1	11 apr 93	22 aver/93	2	22 asitis	22 april 93			
(8) w/ carbon adsorber			1		/ /				
(9) w/ no controls		22-Apr-93			22-1				
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls								1	1
(b) Control devices are	_								
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [893.5] 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. What is the facility's so (Indicate with an "X".					finitions four	nd in section	(3) o	f Part II?	
Existing small a	rea s	ource[]	N	ew si	mall area sou	ırce [J		
Existing large a	rea so	ource []	N	ew la	ırge area sou	rce [x	J		

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser [x]	
,	
5. A facility which contains non-exempt emissions pursuant to Rule 62-213.300, F.A.C. Verify that all following exemption criteria or that no such units exemptions.	steam and hot water generating units on-site meet the
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	X
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site permit:	in accordance with the requirements of this general
(a) Purchase receipts and solvent purchases	[_X_]
(b) Leak detection inspection and repair	[_X_]
(c) Refrigerated condenser temperature monitoring	[_X_]
(d) Carbon adsorber exhaust perc concentration mo	nitoring []
(e) Instrument calibration	[X] SEH 3-20-97
(f) Start-up, shutdown, malfunction plan	[X] SEH 3-20

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

Date

Butler, Rick

From: Sent: To: Subject:

Norman, Charles Tuesday, August 07, 2001 9:22 AM Butler, Rick Debonair Cleaners 0330245

Subject facility was sold and the machines removed 1 March 2001. Please change status to inactive.

Thanks,

Charlie

LE AIR QUALITY GENERAL PERMINING THE PERMINI

1 INSTRCTION SUM	MART REPORT
TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION 73020
TIME IN: 915 TIME OUT: 104	O AIRS ID#: NIKK
TYPE OF FACILITY: D-C,	
FACILITY NAME: DO LONDIN CLODN ONS	INC. DATE: 3.20.97
FACILITY LOCATION: 5007 N. DAVIS Ita	11 7410
TENSACOIN FL 325	03
RESPONSIBLE OFFICIAL JUSAN L. HONNY	PHONE NUMBER: 484° 8983
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
1. HAS NOT MONITORED TEMP AT OUTLET FINLET OF WPSIMED. REQUES	ROCCAD TEMP. GAUGE & Tilet
EMP CAUSE to be intalled at intel.	weekle must be > 20 F Difference.
HAD NOT KEPT rolling 12 month	Calculate 12 month totals Asob.
HAD NOT Kept rolling 12 month	end of FER + stront liges & wining
	rolling fotal each month.
. Dion't Keep woords of perc weepts	Keeph parc purchase RGC 01 ptg -
<u> </u>	
mFR= Contacted Ms Houry 4/	4/97. Tenp gouge his benint
And, she has go then dup all Necessa	in conformation to to totals.
()	
COMMENTS: ALL RECERDS ARE TO WILL	MY 5 YRS. C. P. lent chech, repairs.
pero pero recipte/rolling to/M/e. etc	
COMMENTS: ALL RECERDS ARE TO WILL, por porc recipte/rolling to/M/e, except/rolling to/M/e,	inter. NOW this WH tengs, SNE fulterist
pror la suipratione	
The Annual Compliance Certification form has been properly certified	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: MPA 98	
l/l l and l	proximate)
/ 	ase Print)
INSPECTOR'S SIGNATURE: Leula Marie	PHONE NUMBER: 444-8364
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		COMPLAINT/DISCOVERY	- ! 4488			
AIRS ID#: 033024(I FACILITY NAME: Do b FACILITY LOCATION: 50	ONAIN (le ANERS	09152 TIME OUT:				
PART I: NOTIFICATION	en mane en mont en njur dan de mene dad	The state of the s					
(check appropriate box) 1. Existing facility notified DAR 2. New facility notified DARM 3 3. Facility failed to notify DARA	30 days prior to sta	rtup	(15) 197)	0			
PART II: CLASSIFICATION							
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)		2. New small are dry-to-dry only, x< transfer only, x<20 both types, x<140 (constructed on or	<140 gal/yr 00 gal/yr gal/yr				
3. Existing large area source dry-to-dry only, 140 <x<2,100 (constructed="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" y=""><td>gal/yr al/yr</td><td>4. New large are dry-to-dry only, 14 transfer only, 200- both types, 140<x (constructed on or</x </td><td>40<x<2,100 <br="" gal="" yr=""><x<1,800 gal="" yr<br=""><1,800 gal/yr</x<1,800></x<2,100></td><td>·</td></x<2,100>	gal/yr al/yr	4. New large are dry-to-dry only, 14 transfer only, 200- both types, 140 <x (constructed on or</x 	40 <x<2,100 <br="" gal="" yr=""><x<1,800 gal="" yr<br=""><1,800 gal/yr</x<1,800></x<2,100>	·			
This is a correct facility classific	ation	DY DN					
☐ facility exceeds	ed for a general per s above limits and i	is not eligible for a g	<u>-</u>	v cleaning			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \(\frac{3}{3} \) gallons. \(\frac{3}{3} \) \(\							

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	NO YES
2. Examining the containers for leakage?	OY ON
3. Closing and securing machine doors except during loading/unloading?	NO AG
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אומולב מם צם
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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber no installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ВУ □И
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	A/NE NO YO
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Itad Some Problems in with To DO. Now Itas Corner To D.	□У □И
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	BY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

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?	ΈlΥ	□N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? I halked to member man 3.20. He is protection in a Northern The error on weathing so work in I see temperature differential equal to or greater than 20° F?	OY OY	ÐN € mæm
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?	ПY	ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y	Pe√ NE
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΥŒ	□N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y	A/MÉD NO
P	ART V: RECORDKEEPING REQUIREMENTS		
(c	as the responsible official: heck appropriate boxes)		A STATE OF THE STA
•	361.1 1 1.0		

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? Some ~	MO NE
2. Maintained rolling monthly averages of perc consumption?	DY DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MO AG
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON (V)
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	DY DN
Problem corrected?	DY QN
8. Maintained compliance plan, if applicable?	OY ON BIN/A

P	ART VI: LEAK DETECTION AND F	EPAIR	S							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair									
	inspection?				Q Y	□N				
2.	Which method of detection is used by the	he respon	nsible offici	al?						
	Visual examination (condensed so	olvent or	n exterior su	urfaces)						
	Physical detection (airflow felt the	rough ga	skets)		٦					
	Odor (noticeable perc odor)				a					
	Use of direct-reading instrumenta	tion (FII	D/PID/calor	imetric tubes)						
	If using direct-reading instrumentation, is the equipment:									
	a. Capable of detecting p	erc vap	or concentr	ations in a range of 0-500 ppm?	ПY	□N				
	b. Calibrated against a s (PID/FID only)?	tandard	gas prior to	and after each use	ΠY	□N				
	c. Inspected for leaks an	ПY	□N							
	d. Kept in a clean and so	cure are	a when not	in use?	ΠY	□N				
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ПY	□N				
3.	. Has the facility maintained a leak log?				_21 Y	□N				
4.	. Does the responsible official check the	following	g areas for	leaks?						
	Hose connections, fittings, couplings, and valves	ΟY	ПN	Muck cookers	ΟY	ПN				
	Door gaskets and seating	ПY	ПN	Stills	ПY	ПN				

Susant, Henry	
Name of Responsible Official	
Charles Alerman	3.20.97
Inspector's Name (Please Print)	Date of Inspection
War at Theman	mer 98
Inspector's Signature	Approximate Date of Next Inspection

 $\square N$

 \square N

 \square N

 $\square N$

 \Box Y

□Y ·

 \Box Y

 \Box Y

Exhaust dampers

Diverter valves

Cartridge filter housings □Y

 $\Box Y$

 $\square N$

ON-

 \square N

Filter gaskets and seating

Solvent tanks and containers

Pumps

Water separators

	ADDITIONAL SITE INFORMAT	TION:	 	
:				
ļ				
	/			
		·		

ATD C TD#	0330	ro .	•	
AIRS ID#	AIRS ID#:			



Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	date: <u>3- 20-97</u>
FACILITY LOCATION: 5007 N Davis Hung Sent	/0
· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period: Sopt / 1996 TO 3-3	2 <u>0</u> 19 <u>97</u>
Based on each term or condition of the Title V general air permit, my facility has remained in con	npliance 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	he reporting period stated above:
Mot Respingall Recordes of rolling totals on Clear	in Flewel
Exact period of non-compliance: from $9-1-56$ to $3-$	20-97
Exact period of non-compliance: from $9-1-96$ to $3-1$	
Action(s) taken to achieve compliance: Was lot and Showed Stere Un	e reglit lean to Keef
Action(s) taken to achieve compliance: Was told and Showed Stever the Afle Records Method used to demonstrate compliance: Demonstrate Merin Inspection	
#2. Term or condition of the general permit that has not been in continuous compliance during the	he reporting period stated above:
Exact period of non-compliance: from	<u> </u>
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 reasons	
made in this notification are true, accurate and complete. Further, my annual consumption of peupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry	
year for transfer or combination facilities.	
RESPONSIBLE OFFICIAL SEGREN L.	HENRY 3-20-97
Name (Please Print) Signatur	e / 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 CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit
Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

, , , , , , , , , , , , , , , , , , , ,	Sall To
Facility Name and Location	& SOUTO TIME
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	S THE
DEBONAIR CLEANER INC.	
2. Site Name (For example, plant name or number):	
DEBONAIR CLEANISOS	
3. Hazardous Waste Generator Identification Number:	
4. Facility Location:	
Street Address: 5007 N. DAVIS HWY #10	
4. Facility Location: Street Address: 5007 N. DAVIS HWY #10 City: County: EscamBia Zip Code: 325	03
5 Familia Identification Number (DED lice ONLV - do not fill in)	مسد
033024	9
Responsible Official	
6. Name and Title of Responsible Official:	
Name: MAUDE NETTLES Title: MANIAGER	
7. Responsible Official Mailing Address: Organization/Firm: DE BONAIR CLEHNERS	
Organization/Firm: DE BONAIL CLETINERS	
Street Address: 5007 N. Davis Hav y #10 City: Zip Code: 325	
City: PENSACOIN County: Zip Code: 325	∑
8. Responsible Official Telephone Number:	
Telephone: (850) 484-8983 Fax: () -	
- 707 6705	
Facility Contact (If different from Responsible Official)	~ -
9. Name and Title of Facility Contact (For example, plant manager):	
SAME	
10. Facility Contact Address:	
Court Address	
Street Address: City: County: Zip Code:	
Eng. Zap Coulc.	
11. Facility Contact Telephone Number:	
Telephone: () - Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 2/24/99

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How	many	dry-to-dry	machines	dо	VOII	have i	on-site?
nuw	many	my-to-my	macimiles	uυ	you	nave (OII-2IIC!



For each dry-to-dry machine on-site, please provide the following information:

ror each ary to ary macr	on site, picas	e provide the following information	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
AnG17, 1999	Existing/No	ew. RO/CA/None required	SAME SAME
Auc 17,1999	Existing/No	ew RCCA/None required	SAME
	Existing/No	ew RC/CA/None required	·
*CONTROL DEVICE K	EY: RC = r	efrigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY		
How many washers do yo	u have on-site?	[]	
How many dryers/reclain	ners do you have o	on-site?	
unit. If the transfer maching 1993, it is a NEW unit (repermit). For each transformation	ine was purchased no units purchased er machine on-sit	I from the manufacturer between I after September 22, 1993 are all e, please provide the following in	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
•	Existing/New	RC/CA/None required	·
	Existing/New	RC/CA/None required	<u></u>
*CONTROL DEVICE KI			carbon adsorber
-		have you used within the last 12 m	nonuis?
1	ns (You must fill	<u> </u>	
(b) If less than 12 mon	ths, how many?	5 months	•
Check why it is les	s than 12 months	: New owner: [] Did not kee	ep records: []
		New store: [] New machin	e \(\)
		Unopened store [] (date of	expected opening)

14

DEP Form No. 62-213.900(2)

3. What is the facility's source classification based on the condicate with an "X". Select one classification only.)	definitions found in section (3) of Part II?
Small Area Source	
Transfer only on-site (used	less than 140 gallons of perc per year) less than 200 gallons of perc per year) less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (used	140 - 2,100 gallons of perc per year) 1200 - 1,800 gallons of perc per year) 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pursua (Indicate with an "X".)	ant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED) []	New machines at small area source Refrigerated condenser []
Existing machines at large area source Carbon adsorber Refrigerated condenser	New machines at large area source Refrigerated condenser
5. A facility which contains non-exempt emissions units s Rule 62-213.300, F.A.C. Verify that all steam and hot wa exemption criteria or that no such units exist on-site (see a	ter generating units on-site meet the following
All steam and hot water generating units exempt No such units on-site	J OR J
How many boilers do you have on-site?	odel FB-015-A
For each boiler, indicate its horsepower (HP) rating:][_] UNK
What type of fuel do you use? [] propane [] No. 2 fuel oil [] No. 6 fuel oil	natural gas Other (please list)
6. Equipment Monitoring and Recordkeeping Information	·
Check all logs which are required to be kept on-site in acce	ordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent addition	on log
(b) Leak detection inspection and repair	\hookrightarrow
(c) Refrigerated condenser temperature monitoring	1XI
(d) Carbon adsorber exhaust perc concentration monitoring	g]
(e) Startup, shutdown, malfunction plan	, X

7. Surrender o	of Existing DEP Air Permit(s)
Please indicate	e with an "X" the appropriate selection:
<u>. </u>	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form.
Responsible (Official Certification
this notifi statement maintain comply wi I will prof	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form. In the Department of any changes to the information contained in this notification. If the Department of any changes to the information contained in this notification. If the Department of any changes to the information contained in this notification. If the Department of any changes to the information contained in this notification.

New R. O., NEW EQUIP.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1340 TIME OUT: 144)	S AKSMD#: 0330245
TYPE OF FACILITY: DC	
FACILITY NAME: Deboncir Cloans, For	C ¢ % DATE:
FACILITY LOCATION: 5007 N. DAVIS HOW	y # Com & Formal Caho Shapin Ctr
Pennoven 3260	3 68 0
RESPONSIBLE OFFICIAL: Susur Henry	NHONE NUMBER: 484-8983
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
TEMP DIFF ON ain Streaminto + and if con lines is not 20 For greater	mantine tollow up-
Need to measure Tempon both	Do cherro.
line exiting fram can besser going to the	
two reslainers.	
-	<u> </u>
-	ENTERED
	DEC 22 1998
COMMENTS:	<u> </u>
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Follow up -	
	proximate)
More Ection Conducted by	ease Print)
INSPECTOR'S SIGNATURE: Kentil Mannin	
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	∕ \$ T	COMPLAINT/DISC	COVERY	
	RE-INSPECTION				
<u> </u>					
AIRS 1D#: 0330245 D	ATE: 12/15/19	TIME I	N: <u>1340</u> TR	ме оит: <u>/</u>	MS
FACILITY NAME: Debe	man Ol	Janens	INC		
FACILITY LOCATION:					
RESPONSIBLE OFFICIAL:	007 N. DA	vis to	twy #10	*	
RESPONSIBLE OFFICIAL:	Susan L.	Henry	THONE: 7	184-89	183
CONTACT NAME:			PHONE:		· ·
PART I: NOTIFICATION					
·					.]
(check appropriate box)					
1. New facility notified DARM 3		-			
2. Facility failed to notify DARM	I to use general permit				
<u> </u>					
T		•			
PART II: CLASSIFICATION					
Facility indicated on notification	n form that it is:		☐ No notification f		
Facility indicated on notification (check appropriate box)	n form that it is:		☐ No notification f☐ Drop store/out of		oleum
Facility indicated on notification		New small a	☐ Drop store/out of		oleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	c □ 2. r dry	-to-dry only,	☐ Drop store/out of rca source x < 140 gal/yr	f business/petr	
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	e 🗅 2. r dry trai	r-to-dry only, nsfer only, x	□ Drop store/out of rca source x < 140 gal/yr < 200 gal/yr	f business/petr	
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	c D 2. r dry trai bot	r-to-dry only, nsfer only, x h types, x < 1	□ Drop store/out of rca source x < 140 gal/yr < 200 gal/yr	f business/petr	RED
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	c \(\sigma \) 2. r dry trai bot (co	r-to-dry only, nsfer only, x h types, x < 1 nstructed on New large a	☐ Drop store/out of rca source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ENTER DEC 22	RED
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 ≤ 2,16	c \(\sigma\) 2. r dry trai bot (co) c \(\frac{\fin}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir\f{\frac{\fir}\frac{\frac{\frac{\fra	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only,	□ Drop store/out of rca source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) rca source $140 \le x \le 2,100 \text{ gal/yr}$	ENTER DEC 22	RED
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 ≤ 2,16 transfer only, 200 ≤ x ≤ 1,800	c \(\sigma\) 2. r dry trai bot (co c \(\frac{\fir}{\frac{\fir\fir\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\f{\frac}}}}}}{\frac{\firac{\frac{\frac{	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	ENTER DEC 22	RED
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 ≤ 2,16	c \(\sum \) 2. r dry trai bot (co c \(\sum \) 4. 00 gal/yr dry gal/yr trai al/yr bot	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140	□ Drop store/out of rca source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) rca source $140 \le x \le 2,100 \text{ gal/yr}$	ENTER DEC 22	RED
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 gal/yr (solution of the constructed before 12/9/91)	c \(\sigma\) 2. r dry trai bot (co c \(\sigma\) 00 gal/yr dry gal/yr trai gal/yr bot (co	New large a v-to-dry only, nsfer only, x h types, x < nstructed on New large a v-to-dry only, nsfer only, 20 h types, 140 instructed on	Drop store/out of rca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 \rangle$ rca source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $ $ 50 \le x \le 1,800 \text{ gal/yr} $	ENTE DEC 22	RED
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 ga (constructed before 12/9/91) 5. This is a correct facility class of the property of the pro	c \(\sigma\) 2. r dry trai bot (co c \(\frac{4}{2}\) 00 gal/yr dry gal/yr trai al/yr bot (co ssification	r-to-dry only, asfer only, x h types, x < nstructed on New large a r-to-dry only, asfer only, 20 h types, 140 anstructed on I DN The permit as not permit	□ Drop store/out of rca source $x < 140 \text{ gal/yr}$ < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 50 ≤ x ≤ 1,800 gal/yr 50 cafter 12/9/91) □ Can not determination.	ENTER DEC 22 yr	RED

A/NEE 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? A/NED NO YO 3. Closing and securing machine doors except during loading/unloading? MD YE 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OVENNIGHT, N/A D NE 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MINA 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) DY DN 1. Equipped all machines with the appropriate vent controls? A'N'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? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? NO YE 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DINA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after $\mathbf{Q}\mathbf{A}$ $\mathbf{D}\mathbf{M}$ verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

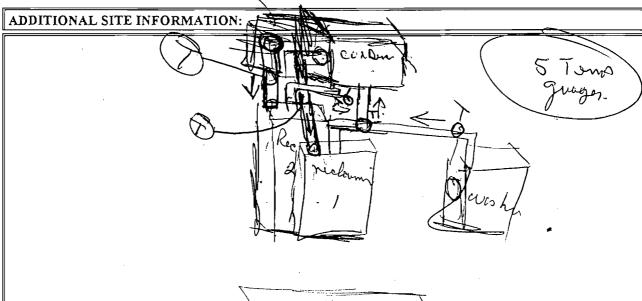
Cecia 2 5 434-1718

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? 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm? DY DN DN/A 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, AINE NO YO or expansion; and downstream from no other inlet? 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 6. Routed airflow to the carbon adsorber (if used) at all times? A/NE NO YO

ΣŒΥ	ПN		
Y	D N ₄	99 Par	Carlon
ing to	TAL		
Y	ΠN	□N/A	
Y TOY	ΠN	□N/A	
\Box Y	ПΝ	XN/A	ĺ
\Box Y	$\square N$	ZW/A	
A Y	□и		
\Box Y	□и∫	A/NE	
\Box Y	□и`	N/A	
\Box Y	ПИ	YEN/A	
	A A A A A A A A A A A A A A A A A A A	0 Y O Y O Y O Y O Y O Y O Y O Y O Y O Y	DY DN 499 Por Wy te la I. DY DN DN/A DY DN DN/A DY DN DN/A DY DN DN/A

PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	and repair
inspection?		•	MD AM
2. Has the facility maintained a leak log	?		NO YES
3. Does the responsible official check th	e following areas for leak	s?	
Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	AME NO VE
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A
Pumps	AYO NO YO	Diverter valves	AVNB NO YO
Solvent tanks and containers	אומם מם צים	Cartridge filter housings	A/NO NO YO
Water separators	A/NO NO YE		
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	ces)	Ð
Physical detection (airflow felt t	hrough gaskets)		Œ
Odor (noticeable perc odor)			B
Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	
Halogen leak detector			
If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			₩AN/A
			DY DN
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON
c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	OY ON
d. Kept in a clean and secure area when not in use?			OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY DN
	,		
•			
Inspector's Name (Please Print) Date of In			ection
•			
Inspector's Signature		Approximate Date of	Next Inspection

Conduani



Duses Same condenser for reclaiming two her. CFR 63.232 (F)(3) - con nox Le this. must be separate condenser card

- 2) 63.323 Q(1) A sharest autlest temp must be 45° For less on nerlainer.
- 3 63323 a (2) worker AT = ZoF

 MP 1 called Ms Buch + fold her

 the above.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		AINT/DISCOVERY	
•	RE-INSPECTION	7 HIS	TASP is a FUI of	o determina
AIRS 10#: 330245	DATE: De 3	9 SIME IN: 700	TIME OUT: 5	530A
FACILITY NAME:	rorain Clea	news INC		
FACILITY LOCATION: 50		VIS HWY		
	usacala Fi			<u> </u>
RESPONSIBLE OFFICIAL:	Susar / Lenne	PHONE	: 484-8983	
CONTACT NAME:	Same	PHONE	:	
PART I: NOTIFICATION				
(check appropriate box)	•	ENTERED		
1. New facility notified DARM	30 days prior to startup	JAN 06 1999		
2. Facility failed to notify DAR	M to use general permit		·	
· ·				
PART II: CLASSIFICATION				·
Facility indicated on notificati (check appropriate box)	on form that it is:		otification form store/out of business/pe	roleum
A. 1. Existing small area sour dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr dr tra bo	New small area source y-to-dry only, $x < 140$ gansfer only, $x < 200$ gal/th types, $x < 140$ gal/yr onstructed on or after 12	al/yr ENTE $^{(yr)}$ JAN 0.6	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr dr 0 gal/yr tra gal/yr bo	New large area source y-to-dry only, $140 \le x \le 1$, ansfer only, $200 \le x \le 1$, th types, $140 \le x \le 1,80$ onstructed on or after 12	2,100 gal/yr ,800 gal/yт 10 gal/yт	
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$	100 gal/yr dr 0 gal/yr tra gal/yr bo	y-to-dry only, $140 \le x \le 2$ ansfer only, $200 \le x \le 1$, th types, $140 \le x \le 1,80$ onstructed on or after 12	2,100 gal/yr ,800 gal/yт 10 gal/yт	
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility cl If no, please check the	100 gal/yr dr 0 gal/yr tra gal/yr bo	y-to-dry only, $140 \le x \le 1$, ansfer only, $200 \le x \le 1$, th types, $140 \le x \le 1,80$ onstructed on or after 12 Y $\square N$ $\square Can n$ on: all permit as number	2,100 gal/yr ,800 gal/yr 00 gal/yr 2/9/91) ot determine above	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) A/ND ND YD 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? MO AQ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/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? See Notes at back DY DN DY DN SN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN SIN/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? See notes of back. DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the N/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YOU verifying that the coolant had been completely charged?

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

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

PART VI: LEAK DETECTION AND REPAIRS							
1. Do	es the responsible official conduct a	weekly	y (for	small sources,	bi-weekly) leak detection ar	nd rep	air
ins	pection?					ПΥ	\square N
2. Has	the facility maintained a leak log?	•				ΩY	ΠN
3. Do	es the responsible official check the	follow	ing a	reas for leaks?			
	Hose connections, fittings, couplings, and valves	ΟY	ПN	□N/A	Muck cookers	ΟY	□N □N/A
	Door gaskets and seating	ΠY	ПN	□N/A	Stills	ΠY	□N □N/A
	Filter gaskets and seating	ΠY	ПΝ	□N/A	Exhaust dampers	ПY	□N· □N/A
	Pumps	ΠY	ПΝ	□N/A	Diverter valves	ΟY	□N □N/A
	Solvent tanks and containers	ΠY	ΠN	□N/A	Cartridge filter housings	ΠY	□N □N/A
	Water separators	ΠY	ŪΝ	□N/A			
4. Wh	ich method of detection is used by t	he resp	onsil	ole official?			
	Visual examination (condensed se	olvent	on ex	terior surfaces)			
	Physical detection (airflow felt th	rough	gaske	ets)			
Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:				□N/	'A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				ΩY	□N		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΩΥ	□N		
	c. Inspected for leaks ar	ad obvi	ous s	igns of wear on	a weekly basis?	ПΥ	□N
	d. Kept in a clean and s	ecure a	area w	hen not in use	?	ΩΥ	□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				ΩY	ПN		
,							
		 ;					
					•		
	,						
	Inspector's Name (Please Prin	nt)			Date of Inspe	ction	
Inspector's Signature			Approximate Date of	Next Inspection			

Famel that retlamers do have separato refrig. carls. These are in a box and the box is devided boy as devider which provida a separate sialul for each reclamin to view into. New timps grages were installed and a refrig. tech. hers thanged the conclusion. Shouldwork property now. I should Ms Henry where to take the temp readings and w that they's hard be. Told her if they do not get Lown to 45° F Hun mains must be notifuil. Care hur repair times, et c. She land been trying to camply according to records but they were encorrectly Lane. She was carbused between washer & reclaimer temp organiments. unanowered as yet: Was lin vents into an of reclaimen's conto refines. cond. comos to anea. Shouldn't do this per rule +CFR. However the only air stream from the was her is a booded vent with fan which comes on when the Lorr of the was ber is opened. It lumps this air stream with cailed orglamer #1. I

Contesse when a separated Carolinan would help or accomplish any bling. (mone to come.)

Met uf Coil Swain of food 5 to Incurs Controls on Washer + Reclaimer.

Bureau of Air Monitoring & Mobile Sources

SEPTEMBER 21, 1999

Mr. Charles Norman Department of Environmental Protection Northwest District Pensacola , FL 32501-5794

Re: Drycleaning equipment upgrade Debonair Cleaners, Pensacola, Florida

TYLER

Dear Mr. Norman:

By this letter I wish to inform you that on August 17, 18. 1999 we had installed the following drycleaning equipment:

DEBONAIR CLEANERS, INC. 1321 S. WALL AVE.

903-597-8700

75701

, TX

- (1) 553 AERO-TECH ENVIRO-STAR 55 LB. DC MACHINE WITH SAFE GUARD TANK
- (1) C-33 AERO-TECH ENVIRO-STAR 33 L8. DC MACHINE WITH SAFE GUARD TANK
- (1) 30 TON WATER TOWER WITH PUMP

us, into full This upgrade has been made to bring compliance with all regulations emíssions on perchloroethylene.

If you require additional information, please call us.

Sincerely,

mary a. Rose MARY A ROSE. SECRETARY

cc:Debonair, Pensacola

NWD-Roceined 24 Sep 99

Rich - Re: Debarain Cleaners
0330245

Campbane Plan & Gollow up Ferkyaur
files: Clasel Curo G. Mobile Sources

Mobile Sources

OR

DEBONAIR CLEANERS, INC.

1321 S. WALL AVE. TYLER, TEXAS 75701 903-597-8700 fax 903-597-0880

July 1, 1999

Department of Environmental Protection Northwest District 160 Governmental Center Pensacola, Florida 32501-5794 Attn: Mr. Charles Norman

Dear Mr. Norman,

I am writing you with an update on our progress in our upgrade for the Debonair Cleaners in Pensacola, Florida. I have just returned from the Clean Show '99 in Orlando. At the show we evaluated a number of options for the modernization of our plant. Our final decision was to buy two dry to dry perchloroethylene machines from the Steiner-Atlantic Corporation in Miami, FL. Our financing is being processed at the present time, and our machinery consultant in Pensacola is working along with us to coordinate the installation. Based upon our proposed schedule in my letter to you of March 29th, we have essentially completed milestones 1 through 4 and do not anticipate any problems in having our total upgrade/modernization completed by the September 10, 1999 date which was projected. Once again we wish to thank you for you help and cooperation in getting our plant up to spec.

Yours very truly,

Charles G. Johnson

President

Nothing the state of the state

ESC CO. COMP

DEBONAIR CLEANERS, INC.

1321 S. WALL AVE. TYLER, TEXAS 75701 903-597-8700 fax 903-597-0880

RECEIVED

March 29, 1999

À₽₽ . 1999

NORTHWEST FLORIDA

DEP

Department of Environmental Protection Northwest District 160 Governmental Center Pensacola, Florida 32501-5794 Attn: Mr. Charles Norman

Dear Mr. Norman,

I am writing you with this proposed plan to upgrade and modernize the drycleaning equipment in our Pensacola Debonair Cleaners. This modernization will bring us into full compliance with all regulations on emissions of perchloroethylene. I will set forth our plan milestones and project estimated completion dates for each.

Mil	estone	Estimated Completion Date
1.	Make determination on type of machinery to be used and on type of drycleaning solvent (e.g. perc or petroleum)	April 30, 1999
2.	Finalize arrangements for financing of equipment	May 31, 1999
3.	Determine exact models and size for drycleaning machinery (Our plan is to attend the national Clean Show in Orlando on or around June 25 prior to placing an order for new equipment)	June 30, 1999
4	Order machines	July 10, 1999
5.	Coordinate plan of installation with local machinery/maintenance company	July 31, 1999
6.	Install machinery to specifications upon arrival	September 10, 1999

At this time, we are still waiting for a return call from Mr. Rufus Smith at the Escambia County Building Inspection Division for a determination on the usability of the new Exxon DF-2000 petroleum based solvent. This determination is needed before we can proceed to the landlord for their decision on whether or not we may use this solvent in their shopping center. We are making every effort to arrive at this determination by the end of April. If that particular solvent will not be allowed, our only recourse is to plan for closed system/dry-to-dry perc machines for our upgrade. We tentatively know the sizes and number of machines necessary to achieve some comparable productivity in our store. Our intent is to attend the Clean

Show in Orlando to try to obtain the best possible price for our new machines, which we anticipate will cost upwards of \$80,000.00.

We wish to thank you for your patience and assistance in helping us to coordinate our efforts in this major overhaul of our store. Debonair Cleaners hopes to bring this store into compliance with a minimum of disturbance to our business. Your understanding of the lead time, costs and logistics which must necessarily go into a project of this kind is most appreciated. It is our intent to keep you apprised of the progress of our modernization within fifteen days of the completion of each stage of our plan per the compliance plan guidelines which you sent to me. If I can be of any assistance to you or if you have any questions, please do not hesitate to call.

Yours very truly,

Cc: Tyler Office

Charles G. Johnson

President



Department of Environmental Protection

Northwest District 160 Governmental Center Pensacola, Florida 32501-5794

FAX TRANSMITTAL FORM

TO: CHARIPS JOHNSON
LOCATION:
FAX NUMBER: 601-982-1879
DATE: 3/19/99
FROM: CHARLES NORMAN
FAX NUMBER: 850-595-8096
PHONE NUMBER: 850 - 595 - 8364
COMMENTS: Expect A CALL from ESCAMBIA Co. Fire Services CHIEF.
NO. PAGES INCLUDING COVER SHEET: 2 FAXED B Y:
If there is any problem with this facsimile transmission, please call (850) 595-8364.

TLE V AIR GENERAL PER! T COMPLIANCE PLAN GUIDELINES

The Department of Environmental Protection (DEP) has created the following guidelines to help facilities determine if they are required to submit a compliance plan to the Department. These guidelines will also help facilities develop a compliance plan and identify the required reports that they must submit.

- 1. If a facility has equipment without the required pollution control device(s) at the time their notification form was submitted to DEP and compliance was not achieved within 30 days of such notification, the responsible official must complete and submit a compliance plan to DEP.
- 2. The responsible official must develop a compliance plan for the entire location. If a responsible official is in charge of more than one location, a compliance plan must be developed for each location in which equipment is out of compliance.
- 3. The compliance plan may be in any format the responsible official chooses as long as milestones are identified and specific completion dates are assigned to each milestone. For example, a compliance plan may be in columns, a table, a letter, or any other format that contains the required information.
- 4. A compliance plan must contain the following: 1) a list of measurable and enforceable milestones and 2) specific dates for the completion of each milestone.

Examples:

Milestone: determine which company the control equipment will be purchased from

Completion date: reasonable time period in which control equipment prices are compared

Milestone: obtain funds to install the control equipment

Completion date: reasonable time period in which a loan is applied for and received

Milestone: determine which company will install the control equipment

Completion date: reasonable time period in which quotes are accepted from different companies

Milestone: install the control equipment

Completion date: reasonable time period in which the parts are ordered and installed

- 5. The responsible official shall notify DEP in writing, within 15 days after the completion date for each milestone, detailing the achievement of compliance, progress achieved, requirements met or unmet, corrective measures adopted, and an explanation of any measures not met by the completion date for the compliance milestone. The responsible official shall certify that this notice is complete and accurate.
- 6. For answers to specific questions, please contact the district or local program representative in your area. On the back of these guidelines, you will find a list of these contact names.
- 7. Mail your signed and dated compliance plan to:



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION NORTHWEST DISTRICT

CHARLES M. NORMAN ENVIRONMENTAL SPECIALIST AIR RESOURCES MANAGEMENT I ASKED the Chief for Escamsia Co. Fire Services to call you. It is # is 850-595-3125.

160 GOVERNMENTAL CENTER, PENSACOLA, FLORIDA 32501-5794 (850) 595-8364 - SUNCOM: 695-8364 FAX: (850) 595-8417 - SUNCOM: 695-8417 INTERNET E-Mail: norman_c@pns1.dep.state.fl.us



Department of Environmental Protection

David B. Struhs Secretary

Jeb Bush Governor Northwest District 160 Governmental Center Pensacola, Florida 32501-5794

February 15, 1999

Susan Henry Manager Debonair Cleaners, Incorporated 5007 N Davis Hwy #10 Pensacola FL 32503

Dear Ms. Henry:

This letter is a follow-up to our telephone conservation of February 15, 1999, confirming the requirement to vent exhaust from your dry cleaning washer to a separate set of condenser coils. Currently, your washer vents its exhaust to the Number One Reclaimer's set of refrigerated coils. However, Department and Federal rules prohibit the use of the same refrigerated condenser coil for the washer that is used by a reclaimer [40 CFR 63, Subpart M, Perchloroethylene Dry Cleaning Facilities, amended September 19, 1996, 61 FR 49265]. Once your equipment is reconfigured to meet this requirement and if the washer's set of coils is capable of reducing the temperature of the washer exhaust stream entering the coils by 20°F, your facility will be in compliance. Please advise the Department when the conversion is complete.

If you have any questions, please call me at 595-8364.

Sincerely,

Charles M. Norman Compliance Assurance

CMN:cnc

3/16/99 - Talked to Ms Korning. Owner plans to paying dry to - dry equip. Talk but to consent him & home time Send me an enstablishment donte et a Johnson. Wants time to 3/19/99 - Talked to mer Chures Johnson. Wants time to make a decision on what takes he machine toget to to make a decision on what takes he machine toget to to get it wotalted. Talk him to Send me compliance plan 4/1/99 "Protect, Conserve and Manage Florida's Environment and Natural Resources"

Romaliaire plan period of spec.

AIRS 10#: 0 3 30245

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

P
FACILITY NAME: DEBONNIZC/GMN 62.5 DATE: 12/17/99
FACILITY NAME: LE BONNIZC CONNESS DATE: 14/17/99 FACILITY LOCATION: 5007 N. DAVIS Hivy # 940 Conness
FACILITY NAME: FIE BONNIEC TOWN 37.5 FACILITY LOCATION: 5007 N. DAVIS Hivy # May 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
Annual Reporting Period: 1 December 1998 TO Republic 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
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:
THE WASHER WAS NOT EQUINED WITH SEPARARE Refregorates La
Exact period of non-compliance: from Dec 18 to A 11 99
Action(s) taken to achieve compliance: The Market NEW DRY- TO DRY MINGHINGS
Method used to demonstrate compliance: Remered TPANSFER EquiP.
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Patting 12 - month 7077115 NOCCORNIZELY KONT
Exact period of non-compliance: from Dec 98 to 110 Ec 99
Action(s) taken to achieve compliance: (baracres) Calendar Var Year 49 Supar.
Method used to demonstrate compliance: SET UP CALON VAS YOUR 20 Calin land La Proving FACIL Porc Purchasies
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: Maude Net Utes Maudi Author 12-17-79 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.

AIRS ID#: 0330226

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 3:11	Doyle Clean	<u> </u>	C PAT	EN2/11/99
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Annual Reporting Period:	12/99 19_	то	12/17/99	.≻ā19
•	the Title V general air permit, my fa	•	<u>-</u>	DEP Rule
62-213.300, Florida Administrative	Code (F.A.C.), during the period co	vered by this stat	ement. YES	Uno
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Action(s) taken to achieve complian	nce:			
Method used to demonstrate compli	iance:	·		
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Action(s) taken to achieve compliant	nce:			
Method used to demonstrate compl	iance:			
made in this notification are true, c	y certify, based on information and baccurate and complete. Further, my receipts, does not exceed 2,100 gallo icilities. Name (Please Print)	annual consumpt	tion of perchloroethyles	ne solvent, based
I .				

^{*}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 🔀	СОМР	LAINT/DISCO	VERY	RE-INSPE	CHON [
TIME IN: 8:30 TYPE OF FACILITY:	TIME OUT:_/			AIRS ID#:C	7330245	500
FACILITY LOCATION: 50	SCICALOR F	NEDS IS Has L 3.	17/) O	DARE VI	13/19/
RESPONSIBLE OFFICIAL: M	AUNE NETT	LES	РНС	NE NUMBEI	R: 484-89	
L	he compliance requiremen ule 62-213.300, Florida Ao		_	•	acility is found to be	e in
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INSPECTION CONDUCTED I	BY: (HADLES	(Plea	se Print)	 		
INSPECTOR'S SIGNATURE:	Varla My			NE NUMBEI	R: 595-83	(60/
		Page	of <u> </u>	9	1222	Revised 10/96

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY
	1 ' '	TIME IN: _8 [30 TIM	1E OUT: 11:00
FACILITY NAME: Do ben	INIA CLANE	Q. S.	
FACILITY LOCATION:	1007 N. DAU	is Havy ##10	
	-2 NZN CE ID		
RESPONSIBLE OFFICIAL :	Manos Nett	145 PHONE: 484	-8983
CONTACT NAME:	inm =	PHONE: SAm	.),
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startup		
2. Facility failed to notify DAR!	M to use general permit		
PART II: CLASSIFICATION			
Condition in diseased about 16 and in	Course that it is	☐ No notification for	
Facility indicated on notification	on form that it is:		
(check appropriate box)	on form that it is:		f business/petroleum
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(check appropriate box) A. 1. Existing small area sourd 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 sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classification of perchlosis. If no, please check the angle of the constructed defore 12/9/91) B. The total quantity of perchlosis.	ce 2. Transition 2. 2. dry transition appropriate classification ty qualified for a general ty exceeds above limits a roethylene (perc) purcha	New small area source 2-to-dry only, $x < 140$ gal/yr 200 gal/yr 200 gal/yr 3. The structed on or after 12/9/91) New large area source 2-to-dry only, $140 \le x \le 2,100$ gal/yr 3. The structed on or after 12/9/91) New large area source 2-to-dry only, $140 \le x \le 2,100$ gal/yr 3. The structed on or after 12/9/91) The permit as number 2-to-dry above and is not eligible for a general permit of the store of	business/petroleum

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? SY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ND YB 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 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. K classification 2 has been sheeked, the machine should be equipped with a refrigerated condenser reomplete 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) EDY ON 1. Equipped all machines with the appropriate vent controls? OY 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 AMO NO YÓ condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YE 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? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

PART III: GENERAL CONTROL REQUIREMENTS

==	particular to the second	
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? 2/2/2/3/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	MA ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	באום אם אם
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	AL CH
2. Maintained rolling monthly total of perc consumption? New men and which the same of the	DY DN
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?	TO NO NA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan? / kg - xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	DY DN
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable? Remarked the second of the	Y ON ON/A

PART VI: LEAK DETECTION AN	D REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			אם עפֿ		
2. Has the facility maintained a leak lo	g?		MY ON		
3. Does the responsible official check	the following areas for leak	s?			
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	``OY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	YOY ON ON/A		
Pumps	A/NO NO YE	Diverter valves	AVA NO YO		
Solvent tanks and containers	DY ON ONA	Cartridge filter housings	N/A ND ND YE		
Water separators	OY ON ON/A				
4. Which method of detection is used b	by the responsible official?				
Visual examination (condense	Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow fel	t through gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instrume	entation (FID/PID/calorimet	ric tubes)			
Halogen leak detector		_			
If using direct-reading in	strumentation, is the equi	pment:	SIN/A → ·		
a. Capable of detecti	ng perc vapor concentration	is in a range of 0-500 ppm?	OY ON		
b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	אם אם		
c. Inspected for leaks	s and obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean an	d secure area when not in u	se?	NO YO		
e. Verified for accura	acy by use of duplicate sam	ples (calorimetric only)?	DY DN		
			•		
į.	<u> </u>				
(1)	·	1111/00			
Inspector's Name (Please	Print)	Date of Inspection	·		
	,	<u>2</u>			
Yenry Monus		10-12 m	2 \$.		
Inspector's Signature		Approximate Date o	f Next Inspection		

ADDITIONAL SITE INFORMATION:

- D'Sett information on water Separator publicy. Currently everyterate to Atmo wairy steam to heat conten - a but is left is put in. HAZ weeke can tainer.
- D' Keep can kunn eo rivel.
- 3) Cover unter separa for bucher.
- DJohl water Separa for buchet HAZ WASL'
- D Numarguin installed Ang. 17, 1999.

706AL PETC PUTCHISEDIN 5 mas. beyond in trad fullup.

Est 168 gal/yn mage,

ENTERED AIRS 10#9330245 JAN 19 2001

REVIEWED

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DE BONDIN CLEDNERS, INC DATE: 1/17/01
FACILITY LOCATION: 5007 N. DAVIS HOW #10
Pensacola, FL32503
Annual Reporting Period: 18 DEC 1999 20 TO 19 AND 2001 20
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.
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:
Cool down cycle is not getting down to 45°
Exact period of non-compliance: from DISCOVER to day to
Action(s) taken to achieve compliance: Call repair 3hop to come fix the problem
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. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date
Tume (a rouse 1 lint)

^{*}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

TIME IN: TIME OUT: AIRS ID#: 0330240 TYPE OF FACILITY: DC FACILITY NAME: DEB: NAIR CLEANERS DATE: 1/17/ FACILITY LOCATION: 5706 N. DAVI'S HOW #10 PENSACO! PC 32503 RESPONSIBLE OFFICIAL: MAUDE NOTTLES PHONE NUMBER: 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 Timp on 33 # Machine 144 CORPETT PLOBLEM AND PARTIMENTS. ENTERED JAN 192001	\frac{1}{0 \int }
FACILITY NAME: DEB: NAIR CLERAS DATE: 1/7/ FACILITY LOCATION: 5706 N. DAVIS HOWY ## 10 PENSACOIS FC 32503 RESPONSIBLE OFFICIAL: MAUDE NOTILES PHONE NUMBER: 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 Timp on 33 # Machine 100 College Plob Legal 4 No Pry Department.	0/
FACILITY NAME: DEBINAIN CLERNERS PACILITY LOCATION: 5706 N. DAVI'S HOWY ## 10 PENSACOIN FC 32503 RESPONSIBLE OFFICIAL: MAUDE NOTILES PHONE NUMBER: 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 Tump on 33 # machine nut CORPETT Ploblems of Norry DEPARTMENT.	0/
FACILITY LOCATION: 5706 N, DAVIS How, ## 10 PENSACO I PL 3250 3 RESPONSIBLE OFFICIAL: MAUDE NETTLES 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 Tump on 33 # machine nut Collect Ploblend for	
RESPONSIBLE OFFICIAL: MAUDE NOTITES PHONE NUMBER: 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 Timp on 33 # machine not CORPET Ploblem 4 Note Prantment.	
PHONE NUMBER: 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 Timp on 33 # machine not CORPETT Plobles of Notes of Program Grant. ENTERED JAM 10 2001	
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 Timp on 33 # machine not Collect Plobic nd form of NoTFY DEPARTMENT.	
discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED CORPETT PROBLEM Reaching 45 NOTEY DE PROTING NO.	
Timp on 33# machine not CORPETT PROBLETS of NOTIFY DEPARTMENT. ENTERED LAN 10 2001	
ENTERED NOTITE OF THE PARTY OF	
ENTERED NOTITE OF THE PARTY OF	
LAM 1 O 2004	
JAN 1 9 2001	
ources some	
)
COMMENTS: Called Repair shop during insis. HAD been chedring temp of end of does with no clothes. I informed MS Nuttles temp had to get town to at least 4 each cool down cycle.	SOF
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO	0 .
DATE OF NEXT INSPECTION:	
INSPECTION CONDUCTED BY: (Approximate)	
INSPECTOR'S SIGNATURE: 11 11 10 PHONE NUMBER: 8364	_
7222	

ENTÈRED

PERCHLOROETHYLENE DRY CLEANERS

JAN 1 9 2001

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bal

TYPE OF INSPECTION:

ANNUAL (INS1, INS2)

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI)

AIRS ID#:033 8245 DATE: 1/17	/ O / TIME IN:TIME OUT:
FACILITY NAME: DE BON AIR	
FACILITY LOCATION: 5067 W	· DAVIS HWY#10
	c 32503
	NGTTLES PHONE: 484-6983
. ·	· . '
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Facility Compliance Status: IN
1. New facility notified DARM 30 days prior to sta	nrtup 🗆 (ARMS Data) MNC 🕏
2. Facility failed to notify DARM to use general pe	ermit 🗆 SNC 🗆
	fortemp >450F an 33# machin
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source ☐
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)
5. This is a correct facility classification	□N □Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 270 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious contain	ners?
2. Examining the containers for leakage?	אם אם אם אם
3. Closing and securing machine doors except during loading/unload	ling? QY QN
4. Draining cartridge filters in their housing or in sealed containers for least 24 hours prior to disposal?	or at
5. Maintaining solvent-to-carbon ratios and steam pressure for carbo beds according to the manufacturer's specifications?	n adsorber
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. If classification 2 has been checked, the machine should be (complete A below).	
If classification 3 has been checked, the machine should be condenser or a carbon adsorber (complete A and B below prior to September 22, 1993	• • •
	y). Carbon adsorber must have been insta
condenser or a carbon adsorber (complete A and B below prior to September 22, 1993 If classification 4 has been checked, the machine should be	y). Carbon adsorber must have been insta
condenser or a carbon adsorber (complete A and B below prior to September 22, 1993 If classification 4 has been checked, the machine should be (complete A and B below). A. Has the responsible official of all new sources and existing the statement of the complete A and B below).	y). Carbon adsorber must have been insta
condenser or a carbon adsorber (complete A and B below prior to September 22, 1993 If classification 4 has been checked, the machine should be (complete A and B below). A. Has the responsible official of all new sources and existing (check appropriate boxes)	n). Carbon adsorber must have been instance equipped with a refrigerated condense ing large area sources:
condenser or a carbon adsorber (complete A and B below prior to September 22, 1993 If classification 4 has been checked, the machine should be (complete A and B below). A. Has the responsible official of all new sources and existing (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls?	e equipped with a refrigerated condensering large area sources: Sylvanian System?
condenser or a carbon adsorber (complete A and B below prior to September 22, 1993 If classification 4 has been checked, the machine should be (complete A and B below). A. Has the responsible official of all new sources and existing (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting some sources are controls.	ystem?
condenser or a carbon adsorber (complete A and B below prior to September 22, 1993 If classification 4 has been checked, the machine should be (complete A and B below). A. Has the responsible official of all new sources and existing (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting some sources. 3. Equipped the condenser with a diverter valve so airflow will be discondenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream.	ystem? In of a refrigerated The temperature of the

Revised 9/15/97
#33 needs attention. - not neaching 45°F during norm.

cool down cycle. 55th machine Should be checked foo.

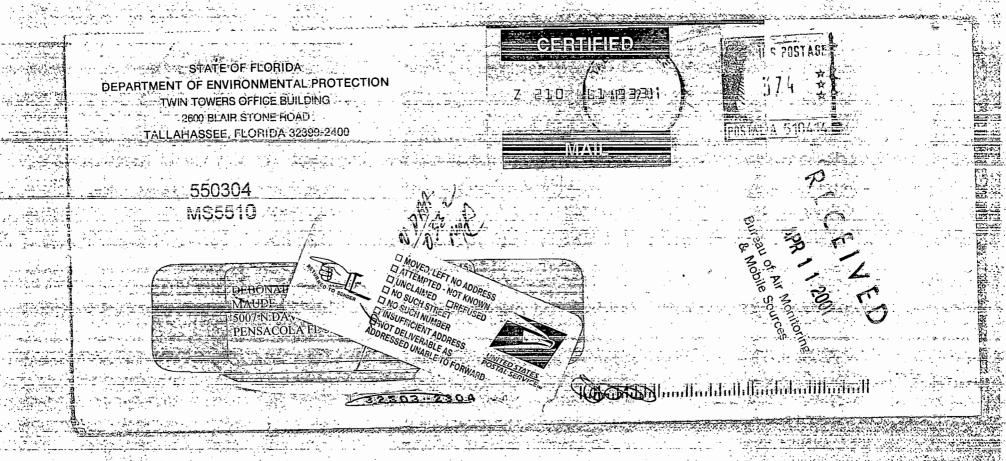
B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אם צפ
 2. 	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ארפי אם יאם איאס אם אם
	Is the temperature differential equal to or greater than 20° F?	אא א איא אם אם
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?	AVAE NO YO
	Is the perc concentration equal to or less than 100 ppm?	איאָצל אם צם
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	בא פא פא פא אם
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY BY DYA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אומים אם צם

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	, / BA DX
2. Maintained rolling monthly total of perc consumption?	אם אם
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	A'ND ND YE
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON SIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	אאם אם אא
5. Maintained exhaust duct monitoring data on perc concentrations?	אאם אם אם
6. Maintained startup/shutdown/malfunction plan?	EDY OX
7. Maintained deviation reports?	אותם אם עם
Problem corrected?	אאנ <i>פ</i> אם אם א
8. Maintained compliance plan, if applicable?	איאם אם אם אים

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			WD Y	
2. Has the facility maintained a leak log	?		QY DN	
3. Does the responsible official check th	e following areas for leaks	?		
Hose connections, fittings. couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	OY ON ON/A	Stills	איאם אם צום	
Filter gaskets and scating	OY ON ON/A	Exhaust dampers	אאוש אם אם	
Pumps	SY ON ON/A	Diverter valves	אומם אם עום	
· Solvent tanks and containers	A/KO NO YE	Cartridge filter housings	ארם אם אס	
Water separators	DY ON ON/A			
4. Which method of detection is used by	the responsible official?	~		
Visual examination (condensed	solvent on exterior surfac	es)	9	
Physical detection (airflow felt	through gaskets)		\overline{\pi}	
Odor (noticeable perc odor)			<u></u>	
Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)		
Halogen leak detector				
If using direct-reading ins	trumentation, is the equi	pment:	□N/A	
a. Capable of detectin	g perc vapor concentration	s in a range of 0-500 ppm?	OY OX	
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN	
d. Kept in a clean and	secure area when not in u	se?	אם אם	
e. Verified for accurate.	cy by use of duplicate sam	ples (calorimetric only)?	אם אם	
Charles Norm	ha	1/17/01		
Inspector's Name (Please P	rint)	Date of Inspection		
11/12/11				
/ fluta /// Morrice	Marka Market Signature Approximate Data of Newt Inspection			

ADDITIONAL SITE INFORMATION:	
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BEST AVAILABLE COPY



Obsolicie Autor 10 - 60 provide items 1 and/or 2 for additional services: Definity our name and address or the reverse of this form so that we can return this card to you. Berint your name and address or the reverse of this form so that we can return this card to you. 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. 3. Article Addressed to: AIRS ID # 0330245 DEBONAIR CLEANERS MAUDE NETTLES DEBONAIR CLEANERS MAUDE NETTLES S007 N DAVIS.HWY #10. PENSAGOLA FL 32503 B. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid)	OPY	BEST AVAILABLE (<u> </u>			-
Complete items 3, 4a, and 4b Serini your name and address on the reverse of this form so that we can return this card to you.		THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T	A THE RESERVE TO COMPANY AS A SECOND STREET	o) egolevne-16-gol-19vo enilas blod		٠.
Attach this form to the front of the mailpiece, or on the back if space does not permit. Write-fleturm Receipt Requested* on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0330245 DEBONAIR CLEANERS MAUDE NETTLES 5007 N*DAVIS.HWY #10. PENSAGOLA FL 32503 DEBONAIR Receipt for Merchandise COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested)		following services (for an	e i i se je jer	EPrint your name and address on the reverse of this form so that w	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0330245 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503		1. Addressee's Address	ace does not	Attach this form to the front of the mailpiece, or on the back if spa-	eve	
3. Article Addressed to: AIRS ID # 0330245 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10. PENSACOLA FL 32503 DEBONAIR CLEANERS MAUDE NETTLES DEBONAIR CLEANERS ME Registered DEBONAIR CLEANERS DEBONAIR CLEANERS DEBONAIR CLEANERS DEBONAIR CLEANERS MAUDE NETTLES DEBONAIR CLEANERS DEBONAIR CLE		test to the second seco	and the date	The Return Receipt will show to whom the article was delivered an	n the	
DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS.HWY #10. PENSAGOLA FL 32503 Begistered Express Mail. Insured Receipt for Merchandise COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested)		ımber 300		3. Article Addressed to:	, ö	
MAUDE INETTLES 5007 N DAVIS HWY #10. PENSAGOLA FL 32503 Greate Greater Greater		661333 E	7211)	AIRS ID # 0330245	e te	
5007 N DAVIS.HWY #10. PENSAGOLA FL 32503 Express Mail. Return Receipt for Merchandise COD 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested)		ype	4b. Service Ty		g.	
PENSAGOLA FL 32503 Insured Insu		d Certified	☐ Registered		8	
☐ Receipt for Merchandise ☐ COD ☐ 7. Date of Delivery ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐		/ail. ☐ Insured 등	☐ Express Ma		SS	
5. Received By: (Print Name) 8. Addressee's Address (Only if requested 2		eipt for Merchandise 🔲 COD 💎 🚆	☐ Return Recei	E BRONCOBIATE 52505	<u> </u>	
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6. Signature: (Addressee.or Agent)				6. Signature: (Addressee or Agent)	* j	
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PS Form 3311 , Decamber 1994 Domestic Return Receipt		Domestic Return Receipt	E	PS Form 3311 , December 1994		

US Postal Service
Receipt for Gertified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
Sent to...

AIRS ID # 033024

AIRS ID # 0330245 DEBONAIR CLEANERS MAUDE NETTLES 5007 N DAVIS HWY #10 PENSACOLA FL 32503

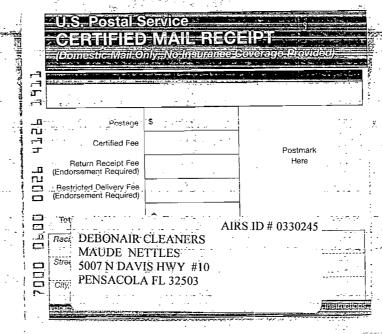
Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered — Return Receipt Showing to Whom, Date, & Addresser's Address

BEST AVAILABLE COPY



BEST AVAILABLE COPY

item 4 if Restricted Delivery is desired. Print your name and address on the reverse that we can return the card to you. Attach this card to the back of the mailpid or on the front if space permits.	rse C. Signature	Agent Addressee
1. Article Addressed to:	If YES, enter delivery address below:	
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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. $\begin{array}{c} \text{include} \\ \text{include} \end{array}$

TOTAL AMOUNT DUE: \$50.00123 98

Do NOT Remove Label

AIRS ID#0330245

DEBONAIR CLEANERS INC SUSAN L HENRY 5007 N DAVIS HWY #10 PENSACOLA FL 32503

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357009

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 # 0330245

DEBONAIR CLEANERS
SUSAN L HENRY
5007 N DAVIS HWY #10
PENSACOLA FL 32503

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
41,33	<u> </u>		
43.27	Postage	\$	
7	Certified Fee		Postmark
12	Return Receipt Fee (Endorsement Required)		Here .
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ļ,	PS Form 3800, February	2000	See Reverse for Instructions

E PICKER AT TOP OF ENVELOPE STICKER AT TOP OF ENVELOPE MOILDAG SIHL ALANDON SADDRESS	SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Adgent Addressee D. Is delivery address different from item 1?
1. Article Addressed to: 10 AIRS ID # 0330243001AG FAYE A HILBERT	If YES, enter delivery address below:
SUNSHINE COIN LAUNDRY & DRY CLEANERS 3 WEST 9 MILE ROAD PENSACOLA FL 32514	3. Service Type Scriffied Mail
70000520002097535141	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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ζ —		COIN LAUNDRY &	
7000	City. St 3 WEST 9 M		
	PENSACOLA FL 32514 PS Form 3800, February 2000 See Reverse for Instructions		

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390259

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

AJRS 1D # 0330245

Do NOT Remove Label

DEBONAIR CLEANERS SUSAN L HENRY 5007 N DAVIS HWY #10 PENGA COLA RE 20200 HAIL ROOM

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

DEBONAIR CLEANERS 1321 S. WALL AVENUE TYLER, TX 75701





Title V air Heneral Permits
Receipts
O. O. BOX 3070
Tallahassee 2l 32315-3070

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