

Department of Environmental Protection

057

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

Virginia B. Wetherell Secretary

September 26, 1996

Mr. Jose' E. Alomar K. M. L. Cleaners, Inc. 8544 Gunn Highway Odessa, Florida 33556

Dear Mr. Alomar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

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

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

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

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

Sincerely,

tolly seets

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Louis Fernandez, Southwest District

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



Department of **Environmental Protection**

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

David B. Struhs Secretary

June 21, 2001

Mr. Jose' Alomar KML Cleaners 8544 Gunn Highway Odessa, Florida 33556

Dear Mr. Alomar:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Air General Permit Notification Form. The Department received your submittal on June 19.

In reviewing your submittal, it was noted that KML Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0570334). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely.

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

#1010334

| | K.M.L. Cleaners |
|-------|------------------------------------|
| | |
| D. 13 | 4.+7. add County |
| | 1: |
| D.14 | 1.(a) add date control device |
| | installed |
| | 1.(c) mark out "V" and initial |
| | 3. Should be new small area source |
| D. 15 | 4 should be new small area source |
| | W/refrig. con.; mark out "X" |
| | and initial |
| | !! |
| | |
| | ! |
| | |
| | 1, |
| | 1, |
| , | <u> </u> |
| 1 | |
| | |
| | ht |
| | 1 |

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| | Jase E Alomar | | | | | | | | |
| 2. | Site Name (For example, plant name or number): | | | | | | | | |
| | K.M.L. Cleaners inc. | | | | | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | | | | | |
| | ID# FLD 9842 34781 | | | | | | | | |
| (4) | Facility Location: 8544 Gunn HWY Street Address: | | | | | | | | |
| | City: 0 de S S 9 F L. County Zip Code: 33556 | | | | | | | | |
| 5. | Facility Identification Number (DEP Use): | | | | | | | | |
| | ID # FCD984234781 1010334057033 | | | | | | | | |
| | Responsible Official | | | | | | | | |
| | · | | | | | | | | |
| 6. | Name and Title of Responsible Official: Tosé E. Alamas OWNES President | | | | | | | | |
| | José E. Alomar Duris President | | | | | | | | |
| (7). | Responsible Official Mailing Address: Organization/Firm: 8544 GUNN HWY Street Address: | | | | | | | | |
| | City: Oclessa FL County: Zip Code: 33556 | | | | | | | | |
| 8. | Responsible Official Telephone Number: Telephone: (813) 920 - 933 Fax: () - | | | | | | | | |
| Decilies Control (16 life and 6 and December 11) | | | | | | | | | |
| Facility Contact (If different from Responsible Official) | | | | | | | | | |
| 9. | Name and Title of Facility Contact (For example, plant manager): | | | | | | | | |
| | | | | | | | | | |
| 10. | Facility Contact Address: | | | | | | | | |
| | Street Address: | | | | | | | | |
| | City: County: Zip Code: | | | | | | | | |
| 11. | Facility Contact Telephone Number: | | | | | | | | |
| | Telephone: () - Fax: () - | | | | | | | | |
| | DECEIVED | | | | | | | | |
| | | | | | | | | | |

AUG 2 6 1996

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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.

| Dry to Dry 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 X | | | | | | | : | | |
| (1) w/ ref. condenser | X | 12 21 91 | 1 | | | 1 | | | |
| (2) w/ carbon adsorber | | 1 | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | The distribution | ļi sarī jir r | | | | ************************************** | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | i . | | | 1.7% | | i de Maria de E | | telle Corre | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | Ì | |
| Reclaimer Unit | 1.74 | | | in egg. | | | ٠, ٠ | | i d Niced |
| (10) w/ ref. condenser | _ | | | | | | | | |
| (11) w/carbon adsorber | | | | | | | | | |
| (I2) w/ no controls | | | | | | | | | |
| (b) Control devices are (c) No control devices: 2.(a) What was the total q | are re | equired to be | installed [| | | 1 the latest 12 | ! mor | nths? | |
| (b) If less than 12 month Check why it is less (3) What is the facility's sou | than | 12 months: | New owner: | | | | | • | |
| (Indicate with an "X". | Selec | t one classifi | cation only.) | | | | , 01 | | |
| Existing small are Existing large are | | / | | | nall area sour rge area sour | • |] | | |

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| What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".) | 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 [] | | | | | | |
| | | | | | | |
| | : | | | | | |
| 5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site: | | | | | | |
| All steam and hot water generating units on-site (1) have a total heat input of 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is | ds of natural gas curtailment | | | | | |
| All steam and hot water generating units exempt No such units on-site | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Equipment Monitoring and Recordkeeping Information | | | | | | |
| Check all logs which are required to be kept on-site in accordance with the requ | nirements of this general permit: | | | | | |
| (a) Purchase receipts and solvent purchases | | | | | | |
| (b) Leak detection inspection and repair | | | | | | |
| (c) Refrigerated condenser temperature monitoring | 1 | | | | | |
| (d) Carbon adsorber exhaust perc concentration monitoring | | | | | | |
| (e) Instrument calibration | | | | | | |
| (f) Start-up, shutdown, malfunction plan | | | | | | |

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Surrender of Existing Air Permit(s)

| Please indicat | e with an "X" the appropriate selection: |
|--------------------------------------|--|
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) |
| | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notifi statemeni maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| € I will pro | mptly notify the Department of any changes to the information contained in this notification. |
| Signature | e 8/21/96 Date |

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 0334

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: KML CLEANERS FACILITY LOCATION: 8544 GUNN HO | | | DATE: 3 27 9 | 7 |
|--|-----------------|----------------|---------------------------------------|-----|
| FACILITY LOCATION: 8544 GUNIN H | wy | | 1 1 | |
| COESEN FL | | | | |
| | | | | |
| Annual Reporting Period: SEPT | 199.6 | то от | 19 | 9 |
| Based on each term or condition of the Title V general air permi 62-213.300, Florida Administrative Code (F.A.C.), during the permi | | | _ | |
| If NO, complete the following: | | | | |
| #1. Term or condition of the general permit that has not been in | n continuous co | ompliance duri | RECEIVED | e: |
| Exact period of non-compliance: from | | to | MAR 1 7 1997 | |
| Action(s) taken to achieve compliance: | | | Bureau of Air Monitoring | |
| Method used to demonstrate compliance: | | | & Mobile Sources | |
| #2. Term or condition of the general permit that has not been in | n continuous co | ompliance dur | ring the reporting period stated abov | re: |
| Exact period of non-compliance: from | | to | | |
| Action(s) taken to achieve compliance: | | | | _ |
| Method used to demonstrate compliance: | · | • | | 11. |
| As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furth upon rolling averages of purchase receipts, does not exceed 2,1 year for transfer or combination facilities. RESPONSIBLE OFFICIAL: | her, my annua | l consumption | n of perchloroethylene solvent, based | ď |

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL CO | OMPLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| TIME IN: 1025 TIME OUT: 12.0 | |
| TYPE OF FACILITY: PERC DRY CLEANE | R |
| FACILITY NAME: KML CLEANINGS | DATE: |
| FACILITY LOCATION: 8544 GUNN H | |
| 00tssA T-L 33 | 556 |
| RESPONSIBLE OFFICIAL: JOSE ALGMAN | PHONE NUMBER: 813-920-9332- |
| Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini | aluated during this inspection, the facility is found to be in istrative Code (F.A.C.). |
| Based on the results of the compliance requirements eva discrepancies were noted: | uluated during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
| STARTUP/MALIFUNCTION MIANUAL | PROVIDED COPY OF EPAS GENERIC PLAN |
| FACILITY IS IN HILLSBORDUCH COUNTY, NEEDS 57 XXXX Arems NO |). FDEP |
| | |
| | |
| | |
| | |
| | |
| | |
| COLOGENTS | |
| COMMENTS: | |
| | |
| The Annual Compliance Certification form has been properly ce | ertified and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: | 1 4R |
| INSPECTION CONDUCTED BY: ERUY S | Approximate) HCUON (Please Print) |
| INSPECTOR'S SIGNATURE: | PHONE NUMBER: 813 -272 -5530 |

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TO COMPLIANT/DISCOVERE RE-INSPECTION C

| TYPE OF INSPECTION | ٦, |
|--------------------|----|
|--------------------|----|

AIRS ID#: 57 DATE: $\frac{4/7/98}{}$ TIME IN: $\frac{15:6-0}{}$ TIME OUT: KML CLEANERS FACILITY LOCATION: 8544 GUNN HWI, ODESSA, FL 33556 RESPONSIBLE OFFICIAL: JUSE ALOMAK PHONE: 920-9337 SAME GAINE PHONE: CONTACT NAME:

| PART I: NOTIFICATION | - | |
|---|-----------------|---|
| (check appropriate box) | | |
| 1. New facility notified DARM 30 days prior to startup | .16 | ۵ |
| 2. Facility failed to notify DARM to use general permit | \sim / \sim | |

| PART II: CLASSIFICATION | | | | | | |
|--|--|--|--|--|--|--|
| Facility indicated on notification form that it is: (check appropriate box) | ☐ No notification form ☐ Drop store/out of business/petroleum | | | | | |
| A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) | | | | | |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) | 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) | | | | | |
| 5. This is a correct facility classification | ☐Y □N □Can not determine | | | | | |
| If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit | | | | | | |
| B. The total quantity of perchloroethylene (perc) pure facility was 40 gallons. | rchased 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 containers? | DY DN XXVA | | | | | |
| 2. Examining the containers for leakage? | AVAN NO YO | | | | | |
| 3. Closing and securing machine doors except during loading/unloading? | AA ON | | | | | |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | XY ON ON/A | | | | | |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON X | | | | | |
| 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? | X i □n | | | | | |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | AVY ON ON/A | | | | | |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | XY ON ON/A | | | | | |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | ď Y □N | | | | | |
| Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | OKY ON ON/A | | | | | |
| | l'i | | | | | |

| 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? | ΩY | □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ПY | ΠИ | □N/A |
| | Is the temperature differential equal to or greater than 20° France | \Box Y | ПΝ | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | | | |
| | if machines are equipped with a carbon adsorber? | ÖΥ | ПИ | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΩY | ПN | □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, | | | |
| | or expansion; and downstream from no other inlet? | ПY | ΠN | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | QY | ПΝ | □N/A |
| 6. | Bouted airflow to the carbon adsorber (if used) at all times? | QY | ПИ | □N/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|--|----------------------|
| Has the responsible official: (check appropriate boxes) | |
| Maintained receipts for perc purchased? | XY ON |
| 2. Maintained rolling monthly averages of perc consumption? | ND YK |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or; | AIN 💆 NO YO |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | □Y □N XÓN/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | ANAK NO YO |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | ava z a no yo |
| 6. Maintained startup/shutdown/malfunction plan? | ¼ Y □N |
| 7. Maintained deviation reports? | dy dn dn/a |
| Problem corrected? | DY DN ANIA |
| 8. Maintained compliance plan, if applicable? | DY DN ANIA |

| P.A | RT VI: LEAK DETECTION AND | REPAIRS | | |
|-------|---|-------------------------------|-----------------------------|-----------------|
| 1. | Does the responsible official conduct a | weekly (for small sources. | bi-weekly) leak detection a | nd repair |
| | inspection? | | | Ø Y □N |
| 2. | Has the facility maintained a leak log? | 1 | | Ø Y □N |
| 3. | Does the responsible official check the | following areas for leaks? | | • |
| | Hose connections, fittings, couplings, and valves | אוחם מם צים | Muck cookers | ¶Y □N □N/A |
| İ | Door gaskets and seating | AND ND YA | Stills | MY ON ONA |
| | Filter gaskets and seating | AND ND YA | Exhaust dampers | XY DN DN/A |
| | Pumps | MY ON ON/A | Diverter valves | ØY □N □N/A |
| | Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | XY ON ON/A |
| | Water separators | DY ON ONA | , | |
| 4. | Which method of detection is used by t | he responsible official? | | |
| | Visual examination (condensed s | olvent on exterior surfaces) | | ≱₫ |
|] | Physical detection (airflow felt the | rough gaskets) | | Ø. |
| | Odor (noticeable perc odor) | | | Δĺ |
| | Use of direct-reading instrumenta | tion (FID/PID/calorimetric | tubes) | ⊠ |
| | Halogen leak detector | | | |
| | If using direct-reading instr | umentation, is the equipme | ent: | \$ N/A |
| | a. Capable of detecting | perc vapor concentrations in | a range of 0-500 ppm? | DY ON |
| | b. Calibrated against a s (PID/FID only)? | tandard gas prior to and afte | er each use | QY QN |
| | c. Inspected for leaks an | d obvious signs of wear on a | weekly basis? | OY ON |
| | d. Kept in a clean and se | ecure area when not in use? | | OY ON |
| | e. Verified for accuracy | by use of duplicate samples | (calorimetric only)? | UY UN |
| | | | | |
| | | | | |
| | ROGER ZH | | 4/7/9 | 8 |
| | Inspector's Name (Please Prin | t) | Date of Inspec | ction |
| | Dif on | | YEAK | · |
| | Inspector's Signature | | Approximate Date of N | Vext Inspection |

INSPECTION REPORT FORM ENVIRONMENTAL PROTECTION COMMISSION OF HILLSBOROUGH COUNTY FACILITY: KML Cleaners **PAGE** · OF FACILITY ADDRESS: 8544 Gunn Hwy. CITY: Odessa PHONE: (813) 920-9332 MAILING ADDRESS: Same ZIP: 33556 CITY: Tampa FLA INSPECTION TYPE: INSPECTION DATE: TIME IN: TIME OUT: STATUS: 15:00 Apr 7, 1998 15:45 non-CDS In Compliance NEDS NUMBER: 570334 SOURCE DESCRIPTION: Perc Dry Cleaner CONTACT(S): Jose Alomar

Today's visit was to conduct the annual inspection.

The dry cleaning machine is the same one noted in the last inspection.

The machine was not in operation today. No leaks or odors were noticed.

Mr. Alomar's record keeping is in good shape. The facility's classification is a "New small area source". However, he has done the leak and temperature logs on a weekly basis. There was no major repair work on this machine except one electrical conductor was replaced. He only purchased perc twice during the past 12 months period for total 40 gallons.

Mr. Alomar keeps the generic owners manual on site which was provided by our inspector as a missing item in the last inspection.

PKCKI LE SUITONIA SOLICE SOLIC

| INSPECTED BY: | Roger Zhu | DATE: | Apr 7, 1998 | |
|---------------|-----------|-------|-------------|--|

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: | <i></i> | OMPLAINT/DISCOVERY | RE-INSPECTION |
|---|---|------------------------------------|---------------------------------------|
| TIME IN: 15:00 | TIME OUT:15 : | : 45 AIRS ID#: | 10334 |
| TYPE OF FACILITY: | PERC DRY CLEAN | NER | |
| FACILITY NAME: | KML CLEANERS 8544 GUNN HW | | DATE: 4/7/98 |
| FACILITY LOCATION: | 8544 GUNN HW | 4 | |
| | ODESSA , FL 33 | 3556 | |
| RESPONSIBLE OFFICIAL: | JOSE ALOMAR | PHONE NUMB | ER: (813) 9 20 - 9332 |
| | of the compliance requirements eva P Rule 62-213.300, Florida Admini | | e facility is found to be in |
| Based on the results of discrepancies were no | of the compliance requirements eva | duated during this inspection, the | e following compliance |
| COMPLIANCE REC | QUIREMENT/PROBLEM | FOLLOW-UP AC | CTION REQUIRED |
| | | | |
| | | | P |
| | | • | MA CE JOSE NO SOS CO |
| | | | Modic St. Monton |
| | | | Ces Olins |
| | | | |
| COMMENTS: | | | · · · · · · · · · · · · · · · · · · · |
| | | | N/A |
| The Annual Compliance Certif | ication form has been properly cert | rified and submitted to the inspec | ctor. YES NO |
| VALE OF HEAT HISEECIL | | pproximate) | |
| NSPECTION CONDUCTED | 17 1 | DGER ZITU | |
| nspector's signature | (P | lease Print) PHONE NUMBE | CR: (813)272-9530 |
| | Page | _af | Revised 10/96 |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | PLAINT/DISCOVERY RE-INSPECTION |
|---|---|
| | $\rightarrow PM$ AIRS ID#: 0570334 |
| TYPE OF FACILITY: Perc Dry cleaner | |
| FACILITY NAME: KMI Cleaners | DATE: 5/21/99 |
| FACILITY LOCATION: 8544 GUNN HWY | |
| | |
| RESPONSIBLE OFFICIAL: JOSE Alomur | PHONE NUMBER: (&) 920-933 ~ |
| 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 |
| • | |
| | |
| <u> </u> | PA |
| | Sureau VIII VE |
| · | Mobile Sources of the |
| | · |
| COMMENTS: | · |
| | |
| The Annual Compliance Certification form has been properly certi | - |
| DATE OF NEXT INSPECTION: | oproximate) |
| | |
| (P) | ease Print) |
| INSPECTION CONDUCTED BY: Mohammad (PI INSPECTOR'S SIGNATURE: M. NO. Pan | PHONE NUMBER: (813)272-5960 |
| Page | |

AIRS ID#: 0570334

Dan

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: KML | cleaners | | | DATE | . <u>49 د / 5</u> |
|---|-------------------------|---------------------|----------------------|-------------------|--------------------|
| FACILITY LOCATION: <u>\$54</u> | 4 GUNN HW | 4 | | | |
| odes | sa, Fl 33E | 56 | | - | |
| | | | | | |
| Annual Reporting Period: | 2-2 | 19 <u>98</u> | то | 5/21/ | 19 <u>99</u> |
| Based on each term or condition of t | he Title V general air | permit, my facility | has remained in c | ompliance with D | EP Rule |
| 62-213.300, Florida Administrative | Code (F.A.C.), during | the period covered | l by this statement. | YES | □NO |
| If NO, complete the following: | | | | : <u>:</u> | |
| #1. Term or condition of the genera | l permit that has not b | een in continuous | compliance during | the reporting per | iod stated above: |
| · · · | | | | | |
| Exact period of non-compliance: fro | om | | to | | |
| Action(s) taken to achieve complian | ce: | | | | |
| Method used to demonstrate complia | ance: | | | | |
| #2. Term or condition of the genera | l permit that has not b | een in continuous | compliance during | the reporting per | riod stated above: |
| Exact period of non-compliance: fro | om | | to | | |
| Action(s) taken to achieve complian | | | | | |
| Action(s) taken to achieve compilan | <u> </u> | | | | |
| Method used to demonstrate complia | ance: | | | | |
| | | | | | |
| As the responsible official, I hereby made in this notification are true, a | | | | | |
| upon rolling averages of purchase r | eceipts, does not exce | | | | |
| year for transfer or combination fac | - | | - A | MAKI/ | 1 /2 |
| RESPONSIBLE OFFICIAL: | Jose E f | | 700 7 M | | 5/21/99 |
| | Name (Please Pri | nt) | Signat | ure | / Date |

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | RE-INSPECTION | | COMPLAINIDISCO |)VERY 🗆 |
|--|--|----------------------------------|---|----------------------|
| AIRS ID#: <u>57033</u> D | _ | | | |
| FACILITY NAME: <u>K 177</u> | L Cleaner | - S | | |
| FACILITY LOCATION: 8 | 544 GUNA | J HWY | r | |
| | essa, Fl | | | |
| RESPONSIBLE OFFICIAL: | | | | 20-9332 |
| CONTACT NAME: | . // | | _ PHONE: | // |
| | | | | |
| PART I: NOTIFICATION | | | | |
| (check appropriate box) | | | | |
| 1. New facility notified DARM 3 | 0 days prior to startup | • | NIA | |
| 2. Facility failed to notify DARM | f to use general permit | t | N / N | ٥ |
| | | | | |
| PART II: CLASSIFICATION | | | | |
| Facility indicated on notification (check appropriate box) A. | o form that it is: | | ☐ No notification for ☐ Drop store/out of b | |
| 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) | r dr tra bo | ansfer only, on the types, x < | , x < 140 gal/ут : < 200 gal/ут | A |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$) | 00 gal/yr dr gal/yr tra al/yr bo | ansfer only, 2 oth types, 140 | arca source $x, 140 \le x \le 2,100 \text{ gal/yr}$ $x_000 \le x \le 1,800 \text{ gal/yr}$ $x_00 \le x \le 1,800 \text{ gal/yr}$ $x_00 = x \le 1,800 \text{ gal/yr}$ $x_00 = x \le 1,800 \text{ gal/yr}$ | |
| 5. This is a correct facility cla | ssification 🔀 | Y □N | □Can not determine | |
| | qualified for a genera | al permit as r | number above | |
| B. The total quantity of perchlor facility was _40_ gallons. | oethylene (perc) purch | nased within | the preceding 12 months | by this dry cleaning |

| 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? | ZY | , □N | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | T Y | N | □N/A |
| l | Is the temperature differential equal to or greater than 20° F? | ПY | ПN | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΠY | □N | MAN/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ΠN | DAN/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, | | ПN | CONTUAL OF THE PARTY. |
| | or expansion; and downstream from no other inlet? | U Y | N | ⊿ TN/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ПY | ПN | CYN/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПИ | DAN/A |

| PART V: RECORDKEEPING REQUIREMENTS | |
|---|---------------------------|
| Has the responsible official: (check appropriate boxes) | |
| 1. Maintained receipts for perc purchased? | DY ON |
| 2. Maintained rolling monthly averages of perc consumption? | ØY □N |
| 3. Maintained leak detection inspection and repair reports for the following: | 17 |
| a. documentation of leaks repaired w/in 24 hrs? or; | EY ON DAYA |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | DY ON DAN/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | אַנאש אם צם |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | אוא סט עם עם אם אם |
| 6. Maintained startup/shutdown/malfunction plan? | DY DEN |
| 7. Maintained deviation reports? | DY DN DANA |
| Problem corrected? | אומם מם צם |
| 8. Maintained compliance plan, if applicable? | DY DN MN/A |

| ENVIRO | | INSPECTION RE TECTION COMM | EPORT FORM IISSION OF HILLS | SBORC | OUGH C | COUNTY |
|---|-----------------|-------------------------------|--------------------------------|--------|--------|---------------|
| FACILITY: KML Clean | ers | | | P. | AGE 1 | OF 1 |
| FACILITY ADDRESS: | 8544 Gunn Hig | ,hway | | | Y: Ode | |
| | | | | PHO | NE: (8 | 313)920-9332 |
| MAILING ADDRESS: Same CITY: Odessa FLA ZIP: 33556 | | | | | | ZIP: 33556 |
| INSPECTION DATE: | TIME IN: | TIME OUT: | INSPECTIO | NTY | PE: | STATUS: |
| May 21, 1999 | 1:30 PM | 3:30 PM | Annu | ıal | | In Compliance |
| NEDS NUMBER: 05703 | | | | | | |
| SOURCE DESCRIPTIO | | ıylene (Perc) | Dry Cleaner | | | |
| CONTACT(S): Jose E. A | | | | | | • · |
| The purpose of the visi | it was an annua | al inspection. | We found the f | follow | ving: | |

- 1. The record keeping of the Perc purchases was very good and organized.
- 2. The gauge temperature reading was recorded weekly and the average was 40°F
- 3. The vicinity around the dry cleaning machine was very clean and well maintained.
- 4. The Perc was loaded directly with a hookup connection. No container of perc was at the site.
- 5. The monthly averages for perc consumption was recorded correctly and the total for past 12 months was 40 gallons and it was verified.
- 6. The machine was not in operation today. No leaks or odors were noticed.
- 7. The waste from the dry cleaning machine was properly store in the tied lid containers to be disposed in accordance with solid waste regulations.
- 8. KML Cleaner purchased a new machine on January 1999, with the serial number 380S-14701 with a capacity of 40 lb, 7.75 HP, Max amp 40 with 3-phase elec. system and the internal air pressure 90 to 110 psai. This must be treated as P2 project and reported to Tallahassee.

| INSPECTED BY: | DATE: |
|-----------------|--------------|
| Mohammad Nozari | May 25, 1999 |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | ANNUAL RE-INSPECTION | 0 | COMPLAINT/DIS | COVERT | |
|--|--|---|--|------------------|--------|
| AIRS ID#: 570334 | | | N: 1:30 PM TE | ме оит: <u>2</u> | :00 pm |
| FACILITY NAME: <u>K</u> M | L Cleaner | 3 | | | |
| FACILITY LOCATION: 8 | 544 GUNN | Hwf | | | |
| 00 | lessa, Fl | 33556 | <u></u> | | |
| RESPONSIBLE OFFICIAL : | Jose Aloma | / | PHONE: <u>920</u> - | -933 2 | |
| CONTACT NAME: | | | PHONE: | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) | | | | | |
| New facility notified DARM | 30 days prior to startup | | | | |
| 2. Facility failed to notify DAR | M to use general permit | : | | | |
| | | | | | |
| Uning II. Of Accidic Agrica | | | | | |
| PART II: CLASSIFICATION | | | | · · | |
| Facility indicated on notificati (check appropriate box) | | | ☐ No notification if☐ Drop store/out o | | roleum |
| Facility indicated on notificati | on form that it is: ce | ansfer only, x oth types, $x < x$ | ☐ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr | | roleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr | on form that it is: The Second Control Contro | y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only ansfer only, 2 oth types, 140 | ☐ Drop store/out of trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr | f business/pet | roleum |
| Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr | on form that it is: ce | y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140 onstructed on | Drop store/out of the a source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The a source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ | f business/pet | roleum |
| Facility indicated on notificati (check appropriate box) 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of fa | on form that it is: The second of the secon | y-to-dry only, ansfer only, x oth types, x < onstructed on New large a y-to-dry only, ansfer only, 2 oth types, 140 onstructed on Y \bigcup N | □ Drop store/out of the source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ or after $12/9/91$) □ Can not determinate $12/9/91$ $12/9/91$ 0 $12/91$ 0 $12/9/9$ | f business/pet | roleum |

| B. Has the responsible official of an existing large or new large area source also: | |
|--|------------|
| Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | OY ON |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | □Y □N □N/A |
| Is the temperature differential equal to or greater than 20° F2 | □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? | OY ON ON/A |
| Is the perc concentration equal to or less than 100 ppm? | □Y □N □N/A |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | OY ON ON/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |

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

ADDITIONAL SITE INFORMATION:

made appointment form friday 21,199 at 3:30 pm.

Arm already updated for The inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: ANNUAL RE-INSPECTION | N COMPLAINT/DISCOVERY N |
|--|--|
| FACILITY NAME: KML Cleane FACILITY LOCATION: 8544 GUNS Codessa, Fl RESPONSIBLE OFFICIAL: Sole Alon | 33556 RE RI |
| PART I: NOTIFICATION | • |
| (check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per | |
| PART II: CLASSIFICATION | |
| Facility indicated on notification form that it is: (check appropriate box) | ☐ No notification form ☐ Drop store/out of business/petroleum |
| A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) |
| 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) | 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) |
| 5. This is a correct facility classification | MY □N □Can not determine |
| | cation: neral permit as number above nits and is not eligible for a general permit |
| B. The total quantity of perchloroethylene (perc) pure facility was gallons. | urchased within the preceding 12 months by this dry cleaning |

| OY ON ON/A |
|------------------------------|
| OY ON ON/A |
| OY ON |
| OY ON ON/A |
| OY ON ON/A |
| |
| |
| |
| <i>(</i> . |
| igerated condenser |
| a refrigerated ust have been |
| igerated condenser |
| |
| מם צם |
| □Y □N □N/A |
| □Y □N □N/A |
| OY ON |
| OY ON ON/A |
| |
| |

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

| PART V: RECORDKEEPING REQUIREMENTS | | | | | |
|--|------------|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | |
| 1. Maintained receipts for perc purchased? | OY ON . | | | | |
| 2. Maintained rolling monthly averages of perc consumption? | □Y □N | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or: | □Y □N □N/A | | | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | □Y □N □N/A | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | □Y □N □N/A | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | □Y □N □N/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? | □Y □N □N/A | | | | |

| PART VI: LEAK DETECTION AND REPAIRS | | | | | | |
|---|----------------------------|----------------------------------|-----------------|--|--|--|
| 1. Does the responsible official conduct a | weekly (for small source | es, bi-weckly) leak detection ar | nd repair | | | |
| inspection? | | | DY DN | | | |
| 2. Has the facility maintained a leak log? | | | אם אַכ | | | |
| 3. Does the responsible official check the | following areas for leaks | s? | / | | | |
| Hose connections, fittings, couplings, and valves | OY ON ON/A | Muck cookers | OY ON ON/A | | | |
| Door gaskets and seating | OY ON ON/A | Stills | OY ON ON/A | | | |
| Filter gaskets and seating | □Y □N □N/A | Exhaust dampers | OY ON ON/A | | | |
| Pumps | □Y □N □N/A | Diverter valves | □Y □N □N/A | | | |
| Solvent tanks and containers | DY ON ON/A | Cartridge filter housings | OY ON ON/A | | | |
| Water separators | DY DN DN/A | | , | | | |
| 4. Which method of detection is used by | the responsible official? | • | | | | |
| Visual examination (condensed s | solvent on exterior surfac | ces) | | | | |
| Physical detection (airflow felt the | rough gaskets) | | | | | |
| Odor (noticeable perc odor) | | | | | | |
| Use of direct-reading instrument | ation (FID/PID/calorime | tric tubes) | | | | |
| Halogen leak detector | | | • | | | |
| If using direct-reading inst | rumentation, is the equi | ipment: | □N/A | | | |
| a. Capable of detecting | perc vapor concentration | ns in a range of 0-500 ppm? | □Y □N | | | |
| b. Calibrated against a (PID/FID only)? | standard gas prior to and | l after each use | OY ON | | | |
| c. Inspected for leaks a | nd obvious signs of wear | on a weekly basis? | OY ON | | | |
| d. Kept in a clean and | secure area when not in a | use? | OY ON | | | |
| e. Verified for accuracy | by use of duplicate sam | ples (calorimetric only)? | DY DN | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| Mohammad Nozasi 5/19/99 | | | | | | |
| Inspector's Name (Please Print) Date of Inspection | | | | | | |
| NA NO 2 000 | | N/A | • • | | | |
| Inspector's Signature | | Approximate Date of | Next Inspection | | | |

owner didn, how Time, and made appointment for friday 21,199 at 3:30 pm.

Arm already updated for the inspection

access

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| | ANNUAL | A COMPLAINT/DISC | COVERT U |
|--|---------------------------------------|--|---|
| (A) | RE-INSPECTION | | |
| 1/H | | | |
| AIRS 10#: 0570337 1 | DATE: 5-17-00 | TIME IN: 10:00 AM TI | ME OUT: <u>\\'.00 AM</u> |
| FACILITY NAME: KML | Cleaners | | |
| FACILITY LOCATION: 8 | 544 GUN H | w <u>Y</u> | |
| . <u>o</u> d | essa, Fl 33 | 556 | <u> </u> |
| RESPONSIBLE OFFICIAL: | Jose Alenkin | PHONE: (815) | 120-9332 |
| CONTACT NAME: | Same | PHONE: | <i></i> |
| | · · · · · · · · · · · · · · · · · · · | | |
| PART I: NOTIFICATION | · · · · · · · · · · · · · · · · · · · | | |
| (check appropriate box) | | | |
| 1. New facility notified DARM | 30 days prior to startup | N/A | |
| 2. Facility failed to notify DAR | M to use general permit | 10/11 | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| PART II: CLASSIFICATION | T | | , |
| Facility indicated on notification | | ☐ No notification | |
| Facility indicated on notification (check appropriate box) | | | form of business/petroleum |
| Facility indicated on notification | on form that it is: | | |
| Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/ | on form that it is: ce | Drop store/out of Drop store/o | of business/petroleum |
| Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr | on form that it is: ce | □ Drop store/out of New small area source v-to-dry only, x < 140 gal/yr nsfer only, x < 200 gal/yr | of business/petroleum |
| Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/ | on form that it is: ce | Drop store/out of Drop store/o | of business/petroleum |
| Facility indicated on notification (check appropriate box) A. 1. Existing small area sour 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 sour | on form that it is: ce | Drop store/out of New small area source y-to-dry only, x < 140 gal/yr insfer only, x < 200 gal/yr th types, x < 140 gal/yr onstructed on or after 12/9/91) New large area source | of business/petroleum |
| Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, | on form that it is: ce | Drop store/out of New small area source y-to-dry only, x < 140 gal/yr insfer only, x < 200 gal/yr th types, x < 140 gal/yr onstructed on or after 12/9/91) New large area source y-to-dry only, 140 ≤ x ≤ 2,100 gal | of business/petroleum A Vyr |
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| Facility indicated on notification (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facility of the property of the facility of the f | on form that it is: ce | New small area source y-to-dry only, $x < 140$ gal/yr insfer only, $x < 200$ gal/yr th types, $x < 140$ gal/yr onstructed on or after $12/9/91$) New large area source y-to-dry only, $140 \le x \le 2,100$ gal/yr th types, $140 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$) Y \square N \square Can not determ | of business/petroleum A /yr r ine |
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| 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? | MY ON ON/A |
| 2. Examining the containers for leakage? | ØTY □N □N/A |
| 3. Closing and securing machine doors except during loading/unloading? | MO YES |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | ØY □N □N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | OY ON MON/A |
| | |
| PART IV: PROCESS VENT CONTROLS | |
| In Part II-A: | · |
| If classification 1 has been checked, no controls are required. Proceed to Part | V |
| If classification 2 has been checked, the machine should be equipped with a refu (complete A below). | rigerated condenser |
| If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993 | <u> </u> |
| 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? | MD YM |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | MY ON ON/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | AVO NO YOR |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a wækly/bi-weekly basis? | Q A ロル |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? | AY ON ON/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | □y Ø n |

| 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? | אם עם | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY 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? | 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? | OY ON ON/A | Y. |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A | 4 |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A | A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MD YM 2. Maintained rolling monthly averages of perc consumption? MO YEA 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Ý/NO NO KR DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MAN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? MY ON 7. Maintained deviation reports? DY AND DN/A MY ON ON/A Problem corrected? 8. Maintained compliance plan, if applicable? DY DN MINA

| 1.5 | TART VI: LEAR DETECTION AND REPAIRS | | | | | | | |
|--|--|------------|------------------|---------------------------|------------|--------------|--|--|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | |
| | inspection? | | | | P Y | ПИ | | |
| 2. | Has the facility maintained a leak log? | | | | ŪΥ | ЮN | | |
| 3. | Does the responsible official check the following | owing ar | eas for leaks? | | | | | |
| | Hose connections, fittings, | | | | | | | |
| | couplings, and valves | ND Y | ⊔N/A | Muck cookers | ĮΥΊΥ | □N □N/A | | |
| | Door gaskets and seating | N□ YE | □N/A | Stills | DYY | □N □N/A | | |
| | Filter gaskets and seating | ØY □N | □N/A | Exhaust dampers | ΧΊΥ | □N □N/A | | |
| | Pumps | иО Y | □N/A | Diverter valves | ДÍY | □N □N/A | | |
| | Solvent tanks and containers | ØY □N | □N/A . | Cartridge filter housings | ÆΥ | □N □N/A | | |
| | Water separators | MA ON | □N/A | | ` , | | | |
| 4 | Which method of detection is used by the | responsib | ole official? | | | | | |
| | Visual examination (condensed solv | ent on ex | terior surfaces) | | (2) | ·•• : | | |
| | Physical detection (airflow felt through | igh gaske | ets) | | Ø | | | |
| | Odor (noticeable perc odor) | | | | മ | | | |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | | | |
| | Halogen leak detector | | | | | | | |
| | ΠN | /A | | | | | | |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | | | | | | . □ N | | |
| | b. Calibrated against a sta (PID/FID only)? | ndard gas | prior to and af | ter each use | □Y | . □N | | |
| | c. Inspected for leaks and | obvious s | igns of wear on | a weekly basis? | ΩY | □N | | |
| | d. Kept in a clean and sec | ure area v | when not in use | ? | ΔΊY | _ □N | | |
| | e. Verified for accuracy by | use of du | uplicate sample | s (calorimetric only)? | ΩY | N□ | | |
| | | ٠ | ·. | | | | | |
| = | | | | , | | | | |
| | | | | | | | | |
| | Mohammal Nozari | | | 5-17-00 | | | | |
| 1 - | Inspector's Name (Please Print) |) | . | Date of Insp | ection | 1 | | |
| | | | | • | | | | |
| _ | M. NO Zasi | | | 1 year | | | | |
| | Inchestor's Signature | | | Approximate Date of | Next | Increction | | |

| • | | | | | | | |
|--|--|--|---|---|---|--|--|
| • | | | | | | | |
| | | INSPECTION REP | | | | | |
| | | ECTION COMMI | SSION OF HILLS | | | | |
| FACILITY: KML Cleane | | • | | PAGE 1 | <u> </u> | | |
| FACILITY ADDRESS: 8544 Gunn Highway CITY: Odessa | | | | | | | |
| | | <u></u> | | <u> </u> | 313)920-9332 | | |
| MAILING ADDRESS: S | | | CITY: Odessa | FLA | ZIP: 33556 | | |
| INSPECTION DATE: | TIME IN: | TIME OUT: | INSPECTIO | | STATUS: | | |
| May 17, 2000 | 10:AM | 11:AM | Annu | al | In Compliance | | |
| NEDS NUMBER: 05703 | 34 | | | | | | |
| SOURCE DESCRIPTIO | N: Perchloroeth | nylene (Perc) [| Ory Cleaner | | | | |
| CONTACT(S): Jose E. A | lomar | | | | | | |
| The purpose of the visit The record keeping The gauge temperat The vicinity around The Perc was loade The monthly average months was 30 galle The machine was not The waste from the disposed in accordance | of the Perc puture reading we the dry cleaning of directly with ges for perc coons and it was not in operation dry cleaning responses. | rchases was veras recorded we ing machine was a hookup consumption was verified. I today. No lea machine was processed to the consumption was processed to the consum | ery good and of eekly and the as as very clean a nection. No consideration of the seconded corrulates or odors we roperly store in | organized. average wa and well ma container of rectly and t | aintained. perc was at the site. he total for past 12 | | |
| | | | | | • | | |
| | | | | | | | |

| | INSPECTED BY: | DATE: |
|---|------------------|--------------|
| | Mohammad Nozari | May 17, 2000 |
| 1 | Worldmidd Wozari | |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

augh

| TYPE OF INSPECTION: ANNUAL COM | PLAINT/DISCOVERY RE-INSPECTION | | | | | |
|---|---|--|--|--|--|--|
| TIME IN: 10! AM TIME OUT: 11:00 | AM AIRS ID#: 0570334 | | | | | |
| TYPE OF FACILITY: Pere Dry Cleaners | | | | | | |
| FACILITY NAME: KMI Cleaners | DATE: 5-17-00 | | | | | |
| FACILITY LOCATION: 8544 GUNN HWY | | | | | | |
| Odeisa, Fl 33556 | 4 2 2 2 2 | | | | | |
| RESPONSIBLE OFFICIAL: Jose Alemar | PHONE NUMBER: (\$13) 920 - 9332 | | | | | |
| 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 discrepancies were noted: | ated during this inspection, the following compliance | | | | | |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED | | | | | |
| | | | | | | |
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| | Bure. | | | | | |
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| · · · · · · · · · · · · · · · · · · · | EIVED N 1 5 2000 Of Air Monitoring Mobile Sources | | | | | |
| ÷, . | | | | | | |
| COMMENTS: | - | | | | | |
| | | | | | | |
| | | | | | | |
| The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO | | | | | | |
| DATE OF NEXT INSPECTION: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | |
| (Approximate) INSPECTION CONDUCTED BY: Mohammad Nozani | | | | | | |
| TUSECTION CONDUCTED BY: Monamman Mosar | lease Print) | | | | | |
| INSPECTOR'S SIGNATURE: 1. NO 3 are PHONE NUMBER: (813) 272 - 538 0 | | | | | | |

AIRS ID#: 0570334

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: KML Cleaner FACILITY LOCATION: 8544 GUNN | DATE: 5/17/0 |
|--|--|
| FACILITY LOCATION: 8544 GUNN | Hwy |
| | |
| | |
| Annual Reporting Period: 5/21 | 1949 то 5-17 200 |
| Based on each term or condition of the Title V general a | ir permit, my facility has remained in compliance with DEP Rule |
| 62-213.300, Florida Administrative Code (F.A.C.), durin | ng the period covered by this statement. YES |
| If NO, complete the following: | |
| | t been in continuous compliance during the reporting period stated above |
| #1. Term of condition of the general permit that has no | tocen in continuous compinance during the reporting period stated above |
| | |
| Exact period of non-compliance: from | to |
| Action(s) taken to achieve compliance: | |
| Method used to demonstrate compliance: | • |
| | |
| #2. Term or condition of the general permit that has no | t been in continuous compliance during the reporting period stated above |
| | |
| | • |
| Exact period of non-compliance: from | to |
| Action(s) taken to achieve compliance: | <u> </u> |
| Method used to demonstrate compliance: | |
| • | · · · · · · · · · · · · · · · · · · · |
| | |
| | formation and belief formed after reasonable inquiry, that the statement |
| | te. Further, my annual consumption of perchloroethylene solvent, based ceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per |
| year for transfer or combination facilities. | |
| RESPONSIBLE OFFICIAL: - TOSE E | -Abunk -lith |

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389251

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 # 0570334

JOSE E ALOMAR 8544 GUNN HWY ODESSA FL 33556

K.M.L. CLEANERS INC

FOR GOVERNMENT USE OFFLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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| | U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | |
|---------|---|-------|------------------------------|--|--|
| 494 | | 1 D | | | |
| π | | ICIAL | . USE | | |
| 7 | Postage | \$. | | | |
| E. | Certified Fee | | Postmark | | |
| 90 | Return Receipt Fee (Endorsement Required) | | Here | | |
| 0.0.0 | Restricted Delivery Fee (Endorsement Required) | | | | |
| 10 1670 | Sent To JOSE E ALOMAR K.M.L. CLEANERS INC | | | | |
| 7000 | City, Si ODESSA FL | 33556 | | | |
| | PS Form 3800, May 2000 | | See neverse for instructions | | |

| TO THE RIGHT OF REL | | | | | |
|---|--|--|--|--|--|
| NOITO3 | COMPLETE THIS SECTION ON DELIVERY | | | | |
| ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0570334001AG JOSE E ALOMAR K.M.L. CLEANERS INC | A. Received by (Please Print Clearly) C. Signature X | | | | |
| 8544 GUNN HWY | Sureau of Air Monitoring 3. Service Type Live Community | | | | |
| ODESSA FL 33556 | Certified Manile Sources Mail | | | | |
| · · · · · · · · · · · · · · · · · · · | ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. | | | | |
| { | 4. Restricted Delivery? (Extra Fee) ☐ Yes | | | | |
| 2. Article Number (Copy from service label) 36 /54 | 94 | | | | |
| PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-99-M-1789 | | | | |
| | | | | | |

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301812

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

TOTAL AMOUNT DUE: \$50.00

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JOSE E ALOMAR JOSE E ALOMAR 8544 GUNN HWY ODESSA FL 33556 AIRS ID#0570334

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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260120

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RECEIVED MAIL ROOM

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K.M.L. CLEANERS INC JOSE E ALOMAR 8544 GUNN HWY ODESSA FL 33556

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

400078

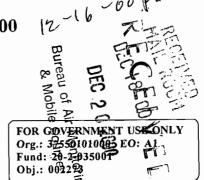
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AIRS ID # 0570334





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0354749

R Elease include of ARS ID# on your check or money order. This number can be found below on your mailing label.

DEC 2 3 סצעו

TOTAL AMOUNT DUE: \$50.00

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID # 0570334

K.M.L. CLEANERS INC JOSE E ALOMAR 8544 GUNN HWY ODESSA FL 33556 FOR GOVERNMENT USE ON CONTROL OF STREET OF STR