

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 19, 1996

Mr. Dallas R. Duncan A-1 Cleaners 2800-A South Bay Street Eustis, Florida 32726

Dear Mr. Duncan:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 23, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Louis Nichols, Central District cc:

# Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	A-1 Cleaners
3.	Hazardous Waste Generator Identification Number:
	FLD 084728641
4.	Facility Location: Street Address: 2800-A S. Bay St  City: County: Zip Code: 32726
	City: County: Zip Code: 32726
5.	Facility Identification Number (DEP Use):
	0694809
	Responsible Official
6.	Name and Title of Responsible Official:
	Pallas R. Duncan Owner
7.	
	Organization/Firm: A-I C/00 no vs
	Street Address: 2800 - A Si Bazy St. City: Zip Code: 37.77.
	City: Zip Code:
8.	Responsible Official Telephone Number:
0.	Telephone: (352)357-5565 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Same
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

RECEIVED

AUG 2 3 1996

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

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1) w/ ref. condenser	1	2-Febra	5 2-Feb	80					<u> </u>
(2) w/ carbon adsorber		, ,							
(3) w/ no controls									
Washer Unit			14600		1	4			PARTY.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	. 11 11	Jan San San San San San San San San San S	A						11,421.77
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		· · ·		1 - 2		4.			i jaka sakiri
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	_	iired, but not	yet installed	[	]				
2.(a) What was the total of [142]  (b) If less than 12 mont Check why it is less	quant gallo hs, h	ity of perchkons	oroethylene (	perc)	purchased in				[]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:  All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.  All steam and hot water generating units exempt  No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

## Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:					
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
ι <u>Χ</u> ι	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 pron	mptly notify the Department of any changes to the information contained in this notification.    15 - AUG-94    Date					

# Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	<u> </u>				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	Site Name (For example, plant name or number):				
2.	Site Name (For example, plant name or number):				
	A-1 Cleaners				
3.	Hazardous Waste Generator Identification Number:				
	FLD 084728641				
4.	Facility Location:				
	Street Address: 2800 -1-1 S: 1307/ S+				
	Street Address: 2800-19 S: 1307 St.  City: County: Zip Code: 32726  Facility Identification Number (DEP-Use):				
5.	Facility Identification Number (DEP Use):				
	0694809				
Tribut 23	的情况。例如我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个				
	Responsible Official				
6.	Name and Title of Responsible Official:				
	Dallas Ri Duncan Owner				
7.	Responsible Official Mailing Address:				
	Organization/Firm: A-1 Cleaners Street Address: 25-00 0 5: Roza (1				
	Street Address: 2500-A Si Boz St. City: Zip Code:  City: 37726				
	City: Zip Code: 37.7726				
8.	Responsible Official Telephone Number.				
	Telephone: (352)357-5565 Fax: ( ) -				
,					
	Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):				
	52Me				
10.	Facility Contact Address:				
	Street Address:				
	City: Zip Code:				
11.	Facility Contact Telephone Number:				
	Telephone: ( ) - Fax: ( ) -				

RECEIVED

AUG 2.3 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

## **Facility Information**

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

٠.		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		:	<del></del>	٠.					
(1) w/ ref. condenser	1	2-Febr	5 2-Feb	-85					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		4 1				÷		_	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									3 5"
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					<u> </u>			ta turka	
(10) w/ ref. condenser			T						T ·
(11) w/carbon adsorber			<u> </u>						
(12) w/ no controls					_		<b></b>		
<ul> <li>(b) Control devices are required, but not yet installed []</li> <li>(c) No control devices are required to be installed []</li> <li>2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [] gallons</li> <li>(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: []</li> </ul>									
3. What is the facility's so (Indicate with an "X".  Existing small ar  Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	nitions found nall area sour	rce [	3) of ] ]	Part II?	
		7							

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

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

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

#### Surrender of Existing Air Permit(s)

	Ç V					
Please indicate	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)					
ιXι	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notific statement maintain i	ersigned, 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.					
I will proi	mptly notify the Department of any changes to the information contained in this notification.					
	2010 VI					



# Department of **Environmental Protection**

Jeb Bush Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 June 21, 2001

David B. Struhs Secretary

Mr. Dallas Duncan A-1 Cleaners 2800 South Bay Street Eustis, Florida 32726

Dear Mr. Duncan:

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 A-1 Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0694809-001). 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. John Turner, Central District

"More Protection, Less Process"

Printed on recycled paper.



## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	DN □
AIRS ID#: 0694809 DATE: 11/26	96
FACILITY LOCATION: 2800 A S.  Eustis, Fi	32726
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	<b>X</b>
2. New facility notified DARM 30 days prior to sta	artup $\square$
3. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	DY XÎN
If no, please check the appropriate classification:	NEW SMALL AREA' SOURCE
facility qualified for a general per facility exceeds above limits and	rmit as number above is not eligible for a general permit
	ourchased 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?	□Y □N				
2. Examining the containers for leakage?	□Y □N				
3. Closing and securing machine doors except during loading/unloading?	□Y □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part V	<b>v.</b>				
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser				
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 refu (complete A and B below).	igerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	□Y □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y '□N □N/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A				
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	ОУ ОИ				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□У □И				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

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?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	
	Is the temperature differential equal to or greater than 20° F?	□Y □N	
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?		□n/a
	Is the perc concentration equal to or less than 100 ppm?	□Y □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?	OY ON	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N	□N/A
		···	
II			
P	ART V: RECORDKEEPING REQUIREMENTS		
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)		
<b>H</b> (c	as the responsible official:	OY ON	
H (c	as the responsible official: heck appropriate boxes)	OY ON	
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?		
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?		
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	□Y □N	
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days		□N/A
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		□N/A
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)		□N/A
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?		□N/A
H (c 1. 2. 3.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?		□N/A
H (c 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?		
H (c 1. 2. 3. 5. 6. 7. 8.	Maintained receipts for perc purchased?  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?		
H (c 1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?		

_									
2.	2. Which method of detection is used by the responsible official?								
	Visual examination (condensed so								
	Physical detection (airflow felt thr								
	Odor (noticeable perc odor)								
	Use of direct-reading instrumenta								
	If using direct-reading instrume								
	a. Capable of detecting p	trations in a range of 0-500 ppm?	ΠY	□N					
	b. Calibrated against a si (PID/FID only)?	tandard	gas prior	to and after each use	ΠY	□N			
	c. Inspected for leaks and	d obviou	ıs signs of	wear on a weekly basis?	QY	□N			
	d. Kept in a clean and se	cure are	a when n	ot in use?	QY	□N			
	e. Verified for accuracy	by use o	f duplicate	e samples (calorimetric only)?	QY	□N			
3.	Has the facility maintained a leak log?				ΩY	□N			
4.	Does the responsible official check the f	followin	g areas fo	r leaks?					
	Hose connections, fittings, couplings, and valves	ПY	□N	Muck cookers	ΠY	□N			
	Door gaskets and seating	ПY	ΠN	Stills	ПY	□N			
	Filter gaskets and seating	ПY	ΠN	Exhaust dampers	ΠY	□N			
	Pumps	ПY	□N	Diverter valves	ПY	□N			
	Solvent tanks and containers	$\Box$ Y	ΠN	Cartridge filter housings	ПY	□N			
	Water separators	ΠY	ΠN						
_	DALLAS R.DUNCAN								
	Name of Responsible Officia	I							
_	Louis A. NICHOLS	<del></del>		11/26/96					
	Inspector's Name (Please Prin	nt)		Date of Inspec	tion				
_	Inspector's Signature			Approximate Date of N	lext I	nspection			

BETTER CLEANING .

Renow the beauty of your garments
Our cleaning method uill doit.

DALLAS DUNCAN OWNER

# **A-1 Cleaners**

SHIRT SERVICE, ALTERATIONS, DRAPERY PLEATING

PHONE 904-957-5565 2800 - A LAKE HILLS PLAZA EUSTIS, FLA. 32726

#### ADDITIONAL SITE INFORMATION:

, MAESTRO M- 40 40 LB MARAINE

, CONTAINMENT PAN IN PLACE

O HAS NOT HEARD FROM STATE ON TEST FOR CONTAMINATION (33.2 mg/kg?)

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period:

Dallas R DUNCAN
DALLAS R DUNCAN
2800-A S BAY STREET
EUSTIS FL 32726

Do NOT Remove Label

Annual Reporting Period:

19 97 TO

19 98

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.

YES

NO

If NO, complete the following:

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

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: DOM/2< R. D.

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.

INSPECTION SUMMARY REPORT ANNUAL RE-INSPECTION ! COMPLAINT/DISCOVERY TYPE OF INSPECTION: 0694809 MYX AIRS ID#: TIME IN: TYPE OF FACILITY: FACILITY NAME: Bayst Zuetis FACILITY LOCATION: Annan PHONE NUMBER: 352-357-5516 RESPONSIBLE OFFICIAL: 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: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM RECEIVED A 1998 FEB Bureau of Air Monitoring & Mobile Sources COMMENTS: New machine, no problems, okay R. Keeping The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO T DATE OF NEXT INSPECTION: pproximate) INSPECTION CONDUCTED BY: (Please Print) PHONE NUMBER: 893-3333 INSPECTOR'S SIGNATURE:

TITLL A WIN CONTILL GENERAL TIN

Page\_\_\_of\_\_\_

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY CHOCK
FACILITY NAME: A-1 Clean  FACILITY LOCATION: 2800 A  Eustic,	S. Bayst. Pl.
RESPONSIBLE OFFICIAL: Mr. Dall CONTACT NAME:	AS Duncarhone: 352-357-5565  PHONE:
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	<b> </b>
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ 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 on or after 12/9/91)
<ul> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)</li> <li>5. This is a correct facility classification</li> </ul>	4. New large area source dry-to-dry only, $140 \le x \le 2{,}100$ gallyr transfer only, $200 \le x \le 1{,}800$ gallyr both types, $140 \le x \le 1{,}800$ gallyr (constructed on or after $12/9/91$ )  Bureau of Air Monitoring Mobile Sources
5. This is a correct lacinty classification	= 1 Zii = can not determine & Mobile control

facility qualified for a general permit as number

facility exceeds above limits and is not eligible for a general permit

If no, please check the appropriate classification:

facility was 80 gallons.

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

(check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DANA
2. Examining the containers for leakage?	OY ON DAN/A
3. Closing and securing machine doors except during loading/unloading?	May □n
<ul> <li>4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?</li></ul>	ANDE NO VOI
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DANA
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 rescomplete $\bf A$ below).	frigerated 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 n installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a re (complete A and B below).	frigerated 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?	ND NO.
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?	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? (weekly)	Ж □и
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	MY ON ONA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY DN

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased? haven't baught amy yet	AA DN
2. Maintained rolling monthly total of perc consumption?	DE ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	AVA 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?	אורם מם עצל
4. Maintained calibration data? for applicable direct reading instruments)	AVAX NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAG NO YO
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	ANO NO YO
Problem corrected?	AND NO YOU
8. Maintained compliance plan, if applicable?	OY ON XINA

# PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	AA		ln		
2.	Has the facility maintained a leak log?	XX		lN		
3.	Does the responsible official check the following areas for leaks?	•				
	Hose connections, fittings, couplings, and valves	фY	□N	□N/A		
	Door gaskets and seating	dY	□N	□N/A		
	Filter gaskets and seating	Y	□N	□N/A		
	Pumps	фY	ПN	□N/A		
	Solvent tanks and containers TY ON ON/A Cartridge filter housings	ДY	ΠN	□N/A		
	Water separators					
4.	. Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)	Ø				
	Physical detection (airflow felt through gaskets)	Ø				
	Odor (noticeable perc odor)	Ø				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:		A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	QY	ПN			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΠY	ΠN			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	$\Box Y$	ΠN			
	d. Kept in a clean and secure area when not in use?	$\Box Y$	ΠN			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ПY	ПN			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

1/97

Approximate Date of Next Inspection

Safety clean ( new machine)

maestro 1440 7 aerotech usa Containment pein 74cs

Containment pan? 4cs epopy? ys.

(no perc on Spotting board)

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔽	COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10, 20	TIME OUT: 4	100	AIRS ID#:O	59 4809
TYPE OF FACILITY:	Dry Chanino			
FACILITY NAME:	A-1 Cleaner	_ح_		DATE: 12/29/98
FACILITY LOCATION:	2800 A-S.	Benj	<i>5t</i>	
RESPONSIBLE OFFICIAL:	Pallas Dunc	an	PHONE NUMBER:	352-357-556
4.30	f the compliance requirement Rule 62-213.300, Florida Ad		ed during this inspection, the facilities Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were no	· · · · · · · · · · · · · · · · · · ·	ts evaluat	ed during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	EM	FOLLOW-UP ACTION	ON REQUIRED
*				
	· · · · · · · · · · · · · · · · · · ·			
			<u>-</u>	
COMMENTS:				
	Calendar 1	ln c	emplianci.	
The Annual Compliance Certif	ication form has been proper	rly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	ON:	/ <u>/</u> (Apr	-[G9 proximate)	
INSPECTION CONDUCTED	) BY:	Sagar	Lia Duveshi ase Print)	
INSPECTOR'S SIGNATURE	2:& <u>h</u>			407-893-3333

Page\_\_\_of\_\_

Revised 10/96

Trans

## PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY
	RE-INSPECTION	

RE-INSPECTION	
AIRS ID#: 0694809 DATE: 12/29/	75 TIME IN: 10:20 TIME OUT: 11:00
FACILITY NAME: A-1 Cle	· · · · · · · · · · · · · · · · · · ·
FACILITY LOCATION:	- S. Bay St.
<u>Eustis</u>	FC 32726
RESPONSIBLE OFFICIAL: Dallas De	<u>MCan</u> PHONE: <u>352 - 357 - 656</u> 5
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	nb .
2. Facility failed to notify DARM to use general perm	nit 🔲
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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)
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	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
☐ facility exceeds above limi	tion: eral permit as number above its and is not eligible for a general permit chased 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) mot stord 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? m pressure s 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? TY 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 XY UN UN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אוחם אם אלם condenser exceeded 45° F? ~ 20°F 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
ì.	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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser	<b>-</b>	<b>-</b>	
	inlet and outlet weekly?	ЦY	ЦN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ΩY	ΠИ	□N/A
1	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	ΠИ	.□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

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

PA	ART VI: LEAK DETECTION AND R	EPAI	RS				
i.	Does the responsible official conduct a	weekly	(for	small sources, b	oi-weekly) leak detection a	nd repa	nir
	inspection?	7,2				XX	שח
2.	Has the facility maintained a leak log?					XX	מם
3.	Does the responsible official check the	follow	ing ar	eas for leaks?			
	Hose connections, fittings, couplings, and valves	ФУ	ПN	□N/A	Muck cookers	طلا	□N □N/A
	Door gaskets and seating	ďΥ	ПΝ	□N/A	Stills	QΥ	□N □N/A
	Filter gaskets and seating	ďΥ	ΠИ	□N/A	Exhaust dampers	dΥ	□N □N/A
	Pumps	ΟY	מם	□N/A	Diverter valves	dy	□N □N/A
	Solvent tanks and containers	dY	ПΝ	□N/A	Cartridge filter housings	ΔY	□N □N/A
	Water separators	qΛ	ПN	□N/A			
4.	Which method of detection is used by the	he resp	onsib	le official?		,	
	Visual examination (condensed so	olvent	on ext	terior surfaces)		ø	
	Physical detection (airflow felt the	rough	gaske	ts)		91	
	Odor (noticeable perc odor)					77	
	Use of direct-reading instrumenta	tion (F	ID/PI	D/calorimetric	tubes)		:
	Halogen leak detector			,			•
	If using direct-reading instr	ument	ation.	, is the equipm	ent:	□N/	'A
	a. Capable of detecting	perc va	ipor c	oncentrations in	a range of 0-500 ppm?	ΩY	DИ
	b. Calibrated against a s (PID/FID only)?	tandar	d gas	prior to and afte	er each use	ΩY	ПN
	c. Inspected for leaks an	d obvi	ous si	igns of wear on	a weekly basis?	ΞY	□N
	d. Kept in a clean and se	ecure a	rea w	hen not in use?		QΥ	□и
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			۵Y	□N			

SAADIA DUFESHI	tataa 12/29 /9x
Inspector's Name (Please Print)	Date of Inspection
byspector's Signature	Approximate Date of Next Inspection

Keeping 500d records-Using calendar New machine Safety kleen waste. has receipts

maestro.

pan-epoxy > eyes.

No pere on spotting board.

has 2ndany cont. for. haste.

(N compliance.

# 0694809

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A- C/EZNERS DATE: 12/29/90
FACILITY LOCATION: 2800-A S. BOY St EUSTIS 3473)
Annual Reporting Period: Dec 1997 to Dec 1998
Annual Reporting Period: 1970
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, 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:
Exact period of non-compliance: from to PE TO
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gailons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Stepature  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.

Page \_\_\_\_\_ of \_\_\_\_\_.

# PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

2. Facility failed to notify DARM to use general permit

COMPLAINT/DISCOVERS

RE-INSPECTION

AIRS ID#: 069 4809 DATE: 1-10-99 TIME	E IN: 11/30	TIME OUT:	12:10
FACILITY NAME: A * 1 Cleaners	_ <del>.</del>		· ————————————————————————————————————
FACILITY LOCATION: 2800 A 5, Bay St			
EUSt.3, FL 3272	20	_	70
RESPONSIBLE OFFICIAL: 194/195 Puntan		353-35	7-5565
CONTACT NAME:	PHONE:	Mobile A	
		e ir 3	,
PART I: NOTIFICATION		Monitor Sources	3 11
(check appropriate box)		ng	
1. New facility notified DARM 30 days prior to startup			

PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum				
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)				
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )				
5. This is a correct facility classification	☐Y □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) purfacility 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 SANA 2. Examining the containers for leakage? DY ON SANA 3. Closing and securing machine doors except during loading/unloading? SAY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN SONA Spindisk 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MO YEAR 1. Equipped all machines with the appropriate vent controls? AYU UU UN/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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MO ABK condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ZY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YY verifying that the coolant had been completely charged?

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?	מם עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
Is the temperature differential equal to or greater than 20° F?	אוֹאם אם עם
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?	
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?	DY DN DN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?	NO VES
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ÆY ON ON/A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON KINA
4. Maintained calibration data? (for applicable direct reading instruments)	איש <b>ע</b> אם אם א
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>D</b> N/A
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	DY DN MANA
Problem corrected?	אא <b>בּ</b> אם צם
S. Maintained compliance plan, if applicable?	DY DN 9N/A

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AND NO YE Muck cookers AND NO YES couplings, and valves AND NO YES Door gaskets and seating Stills YOY ON ON/A YOY ON ON/A AVO NO YA Filter gaskets and seating Exhaust dampers YOY ON ON/A AVA UN UN/A Diverter valves Pumps A'NO NO YA Cartridge filter housings Y DN DN/A Solvent tanks and containers DAY DN DNA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) A Halogen leak detector DN/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? 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 use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Kandall Cunningh Inspector's Name (Please Print) 11-10-99 Date of Inspection 11-2000

Revised 8/11/97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
, <b>**</b> **			
			,
·	•		
		- -	
		•	
	•		
•			
			•

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



		DATE:	11-10-99
FACILITY LOCATION: 2500 14	S. Bay St.		
Eustis	5,FL 32726		
	1	A.C	<u> </u>
Annual Reporting Period: Novem	ber 19.48 TO	November	19 94
Based on each term or condition of the Title Viz. 2-213.300, Florida Administrative Code (F			P Rule NO
f NO, complete the following:			
\$1. Term or condition of the general permit t	that has not been in continuous complia	unce during the reporting period	d stated above:
Exact period of non-compliance: from		to	
action(s) taken to achieve compliance:	·	<del></del>	
Method used to demonstrate compliance:			
#2. Term or condition of the general permit 1	that has not been in continuous complia	ance during the reporting period	i stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			<u> </u>
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon purchase receipts, does not exceed 2,10 combination facilities.  RESPONSIBLE OFFICIAL: 79/15	and complete. Further, my annual cons	umption of perchloroethylene s	olvent, based

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛱 CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:10	тіме оит: <u> // ! 40</u>	O AIRS ID#: O	69 4809
TYPE OF FACILITY: $\mathcal{D}_{\mathcal{L}}$	y Clean		
FACILITY NAME: A-1	Cleaners		_DATE:
FACILITY LOCATION: 2	800 A S. Bay St.		
E	vstis mes, 1	CL 32726	
RESPONSIBLE OFFICIAL:_	Dallas Puncan	PHONE NUMBER:	352-357-5565
YE.	of the compliance requirements eval P Rule 62-213.300, Florida Adminis	uated during this inspection, the faci	ility is found to be in
Based on the results of discrepancies were no	•	uated during this inspection, the foll	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
	<del></del>		
COMMENTS:			
In	Compliance	re	
The Annual Compliance Certi	fication form has been properly cert	lified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECT			
INSPECTION CONDUCTE	DBY: Kandall	Approximate)  Cunningham Please Print)	<u> </u>
INSPECTOR'S SIGNATUR	E: Delal ( )	PHONE NUMBER:	407-493-3333
	Page	of (	Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST ARMS UPDATED

YPE OF INSPECTION:

ANNUAL (INS1, INS2) RE-INSPECTION (FUI)

COMPLAINT/DISCOVERY (e)

AIRS ID#: 0694809 DATE: 10//6/00 TIME IN: 1-30 TIME OUT: 2:00 3 FACILITY NAME: A-7 Cleaners FACILITY LOCATION: 2400 - A S, Bay St, RESPONSIBLE OFFICIAL: Dallas Dun Can PHONE: 352-357-5565

CONTACT NAME:	 PHONE:		
PART I: NOTIFICATION			
(check appropriate box)	Facility Compliance Status:	IN	$\mathcal{P}$
New facility notified DARM 30 days prior to startup	(ARMS Data)	MNC	
2. Facility failed to notify DARM to use general permit		SNC	<u> </u>

#### PART II: CLASSIFICATION Facility indicated on notification form that it is: No notification form (check appropriate box) ☐ Drop store/out of business/petroleum 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yrBureau of Air Monitoring & Mobile Sources transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/yr CEIVE (constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ZN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN ZN/A 2. Examining the containers for leakage? ÆY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Continous distallation DY DN ZN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN (SX)/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? ØY 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 MY UN UN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ZY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after Y'ON verifying that the coolant had been completely charged?

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

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

PA	PART VI: LEAK DETECTION AND REPAIRS			
1.	Does the responsible official conduc	t a weekly (for small sources	s, bi-weekly) leak detection a	nd repair
	inspection?			ZÍY □N
2.	Has the facility maintained a leak log	g?		∕ <b>∆</b> Y □N
3.	Does the responsible official check t	he following areas for leaks?	•	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	dy on on/a	Exhaust dampers	DY DN DN/A
	Pumps	DY ON ON/A	Diverter valves	DY DN DN/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	OY ON ON/A		
4.	4. Which method of detection is used by the responsible official?			
	Visual examination (condensed solvent on exterior surfaces)			
	Physical detection (airflow felt through gaskets)			
ļ	Odor (noticeable perc odor)			Ø
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	Halogen leak detector		•	ZÍ.
	If using direct-reading instrumentation, is the equipment:			<del>J</del> AN/A
	a. Capable of detectin	ng perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			
	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 use?			OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			

Kandall Lunninghum Inspector's Name (Please Print)	10-16-00
Inspector's Name (Please Print)	Date of Inspection
Phyll 1———————————————————————————————————	Approximate Date of Next Inspection

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A-I (legners	DATE: 10-16-00
FACILITY LOCATION: 2800 A S. Bay St.	
Eustis, FL 32726	
Annual Reporting Period: October 1999 TO October	20 00
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. YE	s 🗖 NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting	ng 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 inquires in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	solvent, based upon

Page \_\_\_\_\_ of \_\_\_\_.

<sup>\*</sup>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 \( \sumeq \)	APLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 1:30 TIME OUT: 2:00	AIRS ID#: 0694809	
TYPE OF FACILITY: # Dry Cleun		
FACILITY NAME: A-7 Cleune15	DATE: 10-16-00	
FACILITY LOCATION: 2800 4 S, Bay St,		
Eustis JFL 32720		
RESPONSIBLE OFFICIAL: Pullas Duncan	PHONE NUMBER: 352-357-5575	
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 evaluation discrepancies were noted:	ated during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
:		
COMMENTS:		
In Compliance	· .	
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO	
DATE OF NEXT INSPECTION: 10-2001		
INSPECTION CONDUCTED BY: Randall Coninghum  (Please Print)		
INSPECTOR'S SIGNATURE: MANUEL TO SERVICE TO	PHONE NUMBER: 467-893-3333	
Page_ <i>[</i>	r_of(Revised 10/96	



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402964

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 # 0694809

A-1 CLEANERS DALLAS R DUNCAN 2800-A S BAY STREET EUSTIS FL 32726 FOR COVERNMENT USE ONLY

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

### X 570 PP3 553

### US Postal Service Receipt for Certified Mail

10 AIRS ID # 0694809001AG DALLAS R DUNCAN A-1 CLEANERS 2800-A S BAY STREET EUSTIS FL 32726

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
E 3	Postmark or Date	
S For		
اکة		1

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Beceived by (Please Print Clearly)  B. Date of Delivery  G-8-5  C. Signature  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item ?
10 AIRS ID # 0694809001AG DALLAS R DUNCAN A-1 CLEANERS 2800-A S BAY STREET	JUN 1 1 200;  Bureau of Air Monitoring  3. Service Type  3. Service Type
EUSTIS FL 32726	3. Service Type Sources  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)  Z 210 (003 233	
PS Form 38111, July 1999           Domestic Ret	ırn Receipt

### Z 333 613 415 \QQQ

US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID #'0694809

A-1 CLEANERS DALLAS R DUNCAN 2800-A S BAY STREET

EUSTIS FL 32726

		<b>*</b>
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
PS Form <b>3800</b> , April 1995	TOTAL Postage & Fees	\$
m 3	Postmark or Date	
S Fo		
o.		

(cut here)

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361564

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

TOTAL AMOUNT DUE: \$55.00<sup>23</sup> 99

Do NOT Remove Label

AJRS ID # 0694809

A-I CLEANERS DALLAS R DUNCAN 2800-A S BAY STREET EUSTIS FL 32726

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259246

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

RECEIVED MAIL ROOM

JAN 29 97

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 0694809

A-1 CLEANERS DALLAS R DUNCAN 2800-A S BAY STREET EUSTIS FL 32726 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300648

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#0694809

DALLAS R DUNCAN DALLAS R DUNCAN 2800-A S BAY STREET EUSTIS FL 32726 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

P 174 052 636 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0694809 A-1 CLEANERS DALLAS R DUNCAN. 2800-A S BAY STREET EUSTIS FL 32726 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address **TOTAL** Postage & Fees \$ Postmark or Date Form S Fold at line over top of envelope to SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b. raiso wish to receive the following services (for an Print your name and address on the reverse of this form so that we can return this extra fee): card to you.

Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address permit.

Write \*Return Receipt Requested\* on the mailpiece below the article number.

The Return Receipt will show to whom the article was delivered and the date 2. A Restricted Delivery Consult postmaster for fee. Article Number 3. Article Addressed to: AIRS ID # 0694809 4b. Service Type DALLAS R DUNCAN Certified ☐ Registered 2800-A S BAY STREET ☐ Insured ☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD

RETURN ADDRESS

SENDER:

A-1 CLEANERS

EUSTIS FL 32726

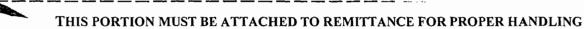
5. Received By: (Print Name) PS Form 3811, December 1994

7. Date of Delivery

and fee is paid)

Domestic Return Receipt 102595-97-B-0179

8. Addressee's Address (Only if requested



0392219

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 # 0694809

A-1 CLEANERS DALLAS R DUNCAN 2800-A S BAY STREET EUSTIS FL 32726

FOR GOVERNMENT USE ONEY Org.: 37550101000 E& B1 > Fund: 20-2-035001 Obj.: 002273

### Z 333 667 D26

# US Postal Service Receipt for Certified Mail AIRS ID # 0694809

A-1 CLEANERS DALLAS R DUNCAN 2800-A S BAY STREET EUSTIS FL 32726

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
S Form <b>3800</b> , April 1995	Postmark or Date	

SENDER: COMP of equipment of the second of equipment of the second of equipment of the second of the	
<ul> <li>Complete items item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Agent  Addressee  D. Is delivery address different from item 1?  Yes
1. Article Addressed to:  AIRS ID # 0694809  -1 CLEANERS ALLAS R DUNCAN	If YES, enter delivery address below:
300-A S BAY STREET USTIS FL 32726	3. Service Type  Certified Mail
Z333667026	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	