

Department of Environmental Protection

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

Virginia B. Wetherell
 Secretary

October 3, 1996

Mr. Minh T. Nguyen Southside Cleaners 1321 South 14 Street Leesburg, Florida 34748

Dear Mr. Nguyen:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 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

loty bet

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

0694811

P.15 (f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·				
1.	Facility Owner/Company Name (Name	-		, or indiv	idual owner):
	South SIDE CLEA	wers	7		
2.	Site Name (For example, plant name or r	number):			
3.	Hazardous Waste Generator Identification				
	Facility Location: Street Address: 1321 Sout	02/	D039		,
4.	Facility Location: Street Address: 1321 SOUT	h 14	th ST.		O
	City: LEESDURG	County:	LAKE		Zip Code: 34748
5.	Facility Identification Number (DEP Use):			
				06	74811
		Responsi	ble Official		
6.	Name and Title of Responsible Official:		1		
	MINH T. NGUYEN	(ow	ner)		
7.					
	Organization/Firm: Street Address: 1321 SovTh	14 * 5	TREE	·	
	City: LETSBURG	County	y: LAK	E	Zip Code: 34748
8.	Responsible Official Telephone Number:	:			
	Telephone: (352) 728 - 424	10	Fax:	()	-
<u></u>	Facility Contact (If differe	nt from Resi	nonsible	Official)
	Tacinity Contact ()		ir ir om rees	ponsible	
9.	Name and Title of Facility Contact (For e	example, p	plant manage	er):	
10.	Facility Contact Address:				
	Street Address:				
	City:	County:			Zip Code:
11.	Facility Contact Telephone Number:				
	Telephone: () -		Fax:	()	•
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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.

		Date Machine	Date Control	ı	Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	ID	Fulchased	Instancu	וט	ruiciiaseu	ilistaneu	עו	ruichaseu	Illistaneu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	OBDE(91							
Washer Unit									1.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			Tarrest Comments		La Lave Lagrer	•		and the state of	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	÷.		- 1			4.1			
(10) w/ ref. condenser								1	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (j	X perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part II?	
Existing large are	Existing large area source [] New large area source []								

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 What control technology is required on machines processes (Indicate with an "X".) 	ursuant 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 []	
	•
5. A facility which contains non-exempt emissions unto Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	its shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
All steam and hot water generating units on-site (1) he boiler HP or less), and (2) are fired exclusively by nat during which propane or fuel oil containing no more t	
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring an	d 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	لگا
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[]

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Surrender of Existing Air Permit(s)

Please indica	te 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)							
[<u>X</u> _]	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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	omptly notify the Department of any changes to the information contained in this notification.							
Signature	mhyner BJ26/96 Date							

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		1,15					
1.	Facility C	(+')	Should	be v	markec	, : [
2.	Site Nam				· · · · · · · · · · · · · · · · · · ·		
3.	Hazardo		• •				•
4.	Facility					-	
	Street A						· · · · · · · · · · · · · · · · · · ·
	City:)£	:: 3474-8
5.	Facility		·			<u> </u>	
6.	Name						
	ĬΥ						
7.		le Official Mailing					
	Organizat	ion/Firm: dress: 1321	Swith 111	+ STREE	eT.		
	Street Add	_	J	·		77:	- C-1- 7117110
	City:	LETESBUR	9	County:	LAKE	Z1	p Code: 34748
8.		le Official Telepho					•
	Telephone	" (352) 7XS	3-4240		Fax: ()	-	

Facility Contact (If different from Responsible Official)

Name and Title of Facility Contact (For example, plant manager):						
County:		Zip Code:				
nber:						
Fa	x: ()	-				
	County:	County:	County: Zip Code:			

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	South SIDE CLEANERS							
2.	Site Name (For example, plant name or number):							
3.	Hazardous Waste Generator Identification Number:							
	Facility Location: Street Address: 1321 South 14 th ST.							
4.	Street Address: 1321 South 14th ST.							
	City: LEESDURG County: LAKE Zip Code: 3474-8							
5:	Facility Identification Number (DEP Use):							
	069481/							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	MINH T. NGUYEN (OWNER)							
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: 1321 SOUTH 14 STREET							
	Street Address: 1321 500 h 14 s meet City: LEES burg County: LAKE Zip Code: 34748							
8.	Responsible Official Telephone Number: Telephone: (7,7) 718 - 11210 Fax: () -							
	Telephone: (752) 718 - 4240 Fax: () -							
	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: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							

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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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	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-9
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls	#1	OS NE(91							
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						•		•	7 Å 3
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			· .		•				
(10) w/ ref. condenser			-						
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are requant gallo	equired to be ity of perchloons	installed [y perc)	_] purchased in				
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.) Ne	w sn	nitions found nall area sour	ce [3) of	Part II?	
Laisting large are	Ja 301	u. CC []	140	vv idi	50 area sour	· ·	J		

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(Indicate with an "X".)	s pursuant to section (3) 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 []						
	sunits shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following e:					
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	e in accordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases	للآ					
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration mo	onitoring					
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan	[x] mm 12/3/96					

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
[X _]	No air permits currently exist for the operation of the facility indicated in this notification form.					
Responsible Official Certification						
	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in					
statemen maintain	ication. 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.					
	omptly notify the Department of any changes to the information contained in this notification.					
I will pro	inputy notify the Department of any changes to the injoi marion contained in this notification.					
	Muly me separament of any enanges to the information contained in this notification. 12/3/96 Nry y en 8/26/96					

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Department of Environmental Protection

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

David B. Struhs Secretary

June 15, 2001

Mr. Minh T. Nguyen Southside Cleaners 1321 South 14 Street Leesburg, Florida 34748-6600

Dear Mr. Nguyen:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 13.

In reviewing your submittal, it was noted that Southside Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0694811-002). 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

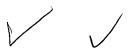
Bureau of Air Monitoring and Mobile Sources

SB/ Enclosure

cc: 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	≱	COMPLAINT/DI	SCOVERY	
FACILITY LOCATION: 13	4SIDE CLEANE	E25			
FACILITY LOCATION:	RUSBURG, FZ 3	34748			
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DAI	RM by 9/1/96				×
2. New facility notified DARM	30 days prior to startup				
3. Facility failed to notify DAR	M to use general permit				
PART II: CLASSIFICATION	· 				
Facility indicated on notification (check appropriate box)	on form that it is:				
A. 1. Existing small area sourd dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry tra bo	insfer only, x th types, $x < 1$, x<140 gal/yr <200 gal/yr		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr dr gal/yr tra /yr bo</td><td>nsfer only, 2 th types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">a or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>u YT</td><td></td></x<2,>	0 gal/yr dr gal/yr tra /yr bo	nsfer only, 2 th types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">a or after 12/9/91)</x<1,800></x<1,800></x<2,>	u YT	
This is a correct facility classific	cation	Ý DN			
If no, please check the appropri	ate classification:				
	ed for a general permit as s above limits and is no				
B. The total quantity of perchlo facility was <u>\$0</u> gallons.		ased within	the preceding 12 mo	nths by this dr	y 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) 1. Equipped all machines with the appropriate vent controls? DY DN

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

verifying that the coolant had been completely charged?

condenser upon opening the door?

condenser on a weekly basis?

condenser exceeded 45°F?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

2 of 4 Revised 10/28/96

□Y □N □N/A

DY DN DN/A

 \Box Y \Box N

 \Box Y \Box N

 \Box Y \Box N

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
Is the temperature differential equal to or greater than 20° F?	OY ON
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
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?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official: (check appropriate boxes)	pr on rat
Has the responsible official: (check appropriate boxes)	NA TON
Has the responsible official: (check appropriate boxes)	ON PIN
Has the responsible official: (check appropriate boxes)	ON PIN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? EXPLAINED REQUIRE 3. Maintained leak detection inspection and repair reports for the following:	OX XV OX XV OX XV DX XV DX OV
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? EXPLAINED REQUIRE 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	DY XIN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained Regulate Means Required 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?	□Y X N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? FXPLAINED RERUIRE 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 direct reading instruments only)	OY XIN OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained Require 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY XIN OY ON ON/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Find INED REQUIRE 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY XIN OY ON ON/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? FYPLAINED REQUIRE 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? COULDED, GAVE SAMPLE	OY XN OY ON ON/A OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained Require Means 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	DY MAN DY DN DN/A DY DN DY DN DY MAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained Reavise 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 direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Courses Sample Problem corrected?	DY MAN DY DN DN/A DY DN DY DN DY MAN

2.	Which method of detection is used by	he respo	nsible officia	1?			
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)						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting	perc vap	or concentra	tions in a range of 0-500 ppm?	ПY	ΠN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□N	
	c. Inspected for leaks as	nd obviou	ıs signs of w	ear on a weekly basis?	ΠY	□N	
	d. Kept in a clean and s	secure are	ea when not	in use?	ΠY	□N	
	e. Verified for accuracy	by use o	f duplicate s	amples (calorimetric only)?	ПY	□N	
3.	Has the facility maintained a leak log?	11 A	45 NOT 1	HAD, ANY LEAUS	ΠY	μN	
4.	Does the responsible official check the	followin	g areas for le	eaks?		•	
	Hose connections, fittings, couplings, and valves	YY	□N	Muck cookers	ПY	ПN	
	Door gaskets and seating	XY	ΠN	Stills	ΟY	ΠN	
	Filter gaskets and seating	×Ϋ́Υ	ΠN	Exhaust dampers	ΠY	□N	
	Pumps	$\not \models_{\rm Y}$	□N	Diverter valves	ΠY	□N	
	Solvent tanks and containers	∦ Y	□N	Cartridge filter housings	ΠY	ПИ	
	Water separators	XY	□N		-		
	Minth T. NGUYEN Name of Responsible Official						
	Louis A. NICHOLS	5		12/3/9	6		
	Inspector's Name (Please Pri			Date of Inspe	ection		
	Louis a Micho	4		12/3/9	6	•	
	Inspector's Signature	<i>V</i>		Approximate Date of	Next I	nspection	

(904) 728-4240 South Side CLEANERS

CUSTOMER SATISFACTION GUARANTEED ALWAYS!

Same day drop off - Service express dry cleaning Do alterations - Shirt service - Pickup & Delivery

- Lan from

1321 S. 14th Street Leesburg, Fl. 34748

ADDITIONAL SITE INFORMATION:

- e AWARR OF PAN GOR CONTAINABAY
 INSTALL IN DECEMBER 96
 KEERS 1 5 GAL CONTAINER OF POR
- · AMERICAN SPEED QUEEN 8# MACHINE
- · POES MOSTLY WASHING
- * (FEEL SO SILLY EXPLAINING 12 MO. ROLLING-AVRAGE REQUIREMENT TO SMALL OPERATOR LIKE THIS. PURCHASE RECEIPTS SHOULD BE SUFFICIENT

TITLE V AIR QUALITY GENERAL PERMIT $\sqrt{}$ INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 069/4/8100 9/15 TIME OUT: 9/5	AIRS ID#: 0694800
FACILITY LOCATION: 13215.441657	DATE: 1/2198
1008 Muss FC.	
RESPONSIBLE OFFICIAL: Much Nguyen	PHONE NUMBER: 357-728-4046
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	nated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	FEB 1998
COMMENTS: Small faulity	Bureau of Air Monitoring & Mobile Sources
The Annual Compliance Certification form has been properly cert	mailed W/Check: The control of the inspector. The control of the inspector. The control of the inspector.
DATE OF NEXT INSPECTION: (A	pproximate)
INSPECTION CONDUCTED BY: SAAPIA	Quresty
INSPECTOR'S SIGNATURE:	Please Print) PHONE NUMBER: 893-3333
Page	of Revised 10/96

CLEANER AIR QUALITY GENERAL PLANANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0694811

TYEN

AIRS 1D#0694811 DRY CLEANER AIR QUALITY GENERAL PERMIT

		o <u>NOT</u> Remove L	abel		
Annual Reporting Period:	Jan	19_ 97 _	то	¥21	19_ 98
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code				-	EP Rule
If NO, complete the following:					
#1. Term or condition of the general pern	nit that has not been	in continuous co	ompliance during	the reporting per	iod 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 perm	nit that has not been	in continuous co	ompliance during t	he reporting peri	od 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, be notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry	Further, my annual	consumption of pe	erchloroethylene so	lvent, based upon	purchase receipts,
RESPONSIBLE OFFICIAL: MUN	ame (Please Print)	roy EN	MMM Signatur	Cy My	1/2/98 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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

FEB 4 1998

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring
TAY THO DIE BY APPLICATION:

ANNUAL

 \nearrow

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 10#: 06948 00 DATE: 1/21(9	$\frac{8}{9.15}$ time out: 9.15	50_
FACILITY NAME: South side (Jeaners	
FACILITY LOCATION: 1321 S	8. 14th st.	
	FL.	
RESPONSIBLE OFFICIAL: Minh No	Juyen PHONE: 352-728-	4240
CONTACT NAIVLE:	PHONE:	
NAME NORTH CAMION		
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	-
2. Facility failed to notify DARM to use general per	rmit	-
PART II: CLASSIFICATION	 	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petrole	eum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petrole	eum
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	☐ Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr	eum
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	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 1990	eum hene
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	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	eum hene
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	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr 1990	eum hene
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) 3. Existing large area source	Drop store/out of business/petrole 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) 4. New large area source	eum hene
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petrole 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) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr	eum hene
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) 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	Drop store/out of business/petrole 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) 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	eum he'ne
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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petrole 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) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr	eum hene
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) 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	Drop store/out of business/petrole 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 $12/9/91$) 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 both types, $140 \le x \le 1,800$ gal/yr	eum hene
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) 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)	Drop store/out of business/petrole 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 $12/9/91$) 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 $12/9/91$) AY \square N \square Can not determine	eum hene
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) 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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general source	Drop store/out of business/petrole 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 $12/9/91$) 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 $12/9/91$) AY \square N \square Can not determine	eum he'ne

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) -OY ON XIN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Examining the containers for leakage? 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? OXY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. 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) \square Y \square N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? OY ON ON/A 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:	
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?	□У □И
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?	□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?	□Y □N □N/A
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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	MA ON			
2. Maintained rolling monthly total of perc consumption?	MO MA			
Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	yady 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?	A/אאָל אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN TOM/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XXIVA			
6. Maintained startup/shutdown/malfunction plan?	X(A □N			
7. Maintained deviation reports?	ÆY □N □N/A			
Problem corrected?	DA DW bythv			
8. Maintained compliance plan, if applicable?	DY DN STN/A			

PART VI: LEAK DETECTION AND REPAIRS

l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			Ж Ү □и		
2.	Has the facility maintained a leak log?			ŊŶ □N		
3.	Does the responsible official check the fo					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	фу Он Он/а		
	Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	DY DN DN/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	□Y □N □N/A	Cartridge filter housings	DY ON ON/A		
	Water separators	□Y □N □N/A				
4.	Which method of detection is used by the	1				
	Physical detection (airflow felt thro	Z _				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation					
	Halogen leak detector					
	If using direct-reading instruc	□N/A				
	□Y □N					
	□Y □N					
	c. Inspected for leaks and	obvious signs of wear	on a weekly basis?	□Y □N		
	d. Kept in a clean and sec	ure area when not in	use?	□Y □N		
	e. Verified for accuracy by	use of duplicate sam	ples (calorimetric only)?	□Y □N		

JAADIA GURSSHI	1/21/98
Inspector's Name (Please Print)	Date of Inspection
	1/99.
Inspector's Signature	Approximate Date of Next Inspection

Speed Jueen-8165 MCF - hazardow was a very small facility - In comphance

PERCHLOROETHYLENE DRY CLEANERS

In ARMA

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	OVERY	
AIRS ID#: 0694800				E OUT: _/ <i>[</i>	: 15
FACILITY NAME:	Southside	Cleaner	6	<u> </u>	
FACILITY LOCATION:	1321 Son	th 14th,	Street		
	leesburg	FL 3	b 748		
RESPONSIBLE OFFICIAL				- 728-	4240
CONTACT NAME:			_ PHONE:		Ï
PART 1: NOTIFICATION		-			·
(check appropriate box)			-		
New facility notified DARN	M 30 days prior to start	up			
2. Facility failed to notify DA	RM to use general perr	nit			
PART II: CLASSIFICATIO					
Facility indicated on notifica	tion form that it is:		☐ No notification fo		
(check appropriate box) A.			☐ Drop store/out of	business/petr	oleum
1. Existing small area sou		2. New small a			
dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y		dry-to-dry only, transfer only, x	<u> </u>		
both types, $x < 140 \text{ gal/yr}$	1	both types, x <		bei	fore 1940
(constructed before 12/9/91	1)	(constructed on	or after 12/9/91)	Ü	
3. Existing large area sou dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	arce 2,100 gal/yr 300 gal/yr 0 gal/yr	4. New large a dry-to-dry only, transfer only, 20 both types, 140		٥	
3. Existing large area sou dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$	arce 2,100 gal/yr 800 gal/yr) gal/yr 1)	4. New large a dry-to-dry only, transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	u r	
 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 1,80 transfer only, 200 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility of the f	arce	4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on PY PN ation:	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$	r e	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A 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? DY DN DXVA 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 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the cendenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? UY UN

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?	OY ON
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?	□Y □N □N/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 ON				
2. Maintained rolling monthly total of perc consumption? he like 100 gal	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 XIVA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days					
and parts installed w/in 5 days of receipt?	DA DU DE(NVY				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MIN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DOWNA				
6. Maintained startup/shutdown/malfunction plan?	ф<∀ □N				
7. Maintained deviation reports?	DY DN DAN/A				
Problem corrected?	ANA KAO YO				
8. Maintained compliance plan, if applicable?	AVA UN UN/A				

PART VI: LEAK DETECTION AND REPAIRS

	TRI VI. LEAK DETECTION AND RE	JA 1 N. I					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	.2				XŸ	אם .
2.	Has the facility maintained a leak log?				•	ZÌY	ПИ
3. Does the responsible official check the following areas for leaks?							
	Hose connections, fittings, couplings, and valves	фч	ם אם	⊃N/A	Muck cookers	ДY	□N □N/A
	Door gaskets and seating	ψY	ם אם	DN/A	Stills	ďΥ	□N □N/A
	Filter gaskets and seating	dY	ם אם	□N/A	Exhaust dampers	фY	□N □N/A
	Pumps	ďΥ	ם א כ	⊃N/A	Diverter valves	фY	□N □N/A
	Solvent tanks and containers	d'Y	ם א כ	⊒N/A	Cartridge filter housings	ďΥ	□N □N/A
Water separators							
4. Which method of detection is used by the responsible official?							
Visual examination (condensed solvent on exterior surfaces)						<u>/</u>	
Physical detection (airflow felt through gaskets)						囡	
Odor (noticeable perc odor)						9	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				ıbes)		4.	
	Halogen leak detector						•
	If using direct-reading instru	ment	ation, i	s the equipme	nt:	□N/	A
	a. Capable of detecting pe	erc va	por cor	ncentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a sta (PID/FID only)?	ındaro	i gas pr	rior to and after	each use	ΠY	ПN
	c. Inspected for leaks and	obvi	ous sig	ns of wear on a	weekly basis?	ΩY	ПИ
	d. Kept in a clean and sec	ure a	rea who	en not in use?		ΩY	ПИ
	e. Verified for accuracy b	y use	of dup	licate samples	(calorimetric only)?	ΠY	□N
_							

- Saadin aunesti	18/10/28
Inspector's Name (Please Print)	Date of Inspection
	12/27
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

MCF haz waste very small machine

Uses perc on spotting removals

Speed queen 816 machine has secondary containment

That condenede water & has what

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUA	COI	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:30 TI	ME OUT: 11:15	AIRS ID#:	0694841
TYPE OF FACILITY: Drycles	ening		
FACILITY NAME: South 82	de Clay	reks	DATE: 12/10/98
FACILITY LOCATION: 1301	5. 14th St.	leashing Ft.	
RESPONSIBLE OFFICIAL: MINH	Nguyen	PHONE NUMBER	: 3527284240
Based on the results of the complia compliance with DEP Rule 62-213	•		cility is found to be in
Based on the results of the complia discrepancies were noted:	nce requirements evalu	ated during this inspection, the fol	lowing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACT	ION REQUIRED
	. —.		
			·
			<u> </u>
·			
Explained perc is using	rolling. Culendar	has recipte	·
The Annual Compliance Certification form	has been properly certi	fied and submitted to the inspector	YES NO
DATE OF NEXT INSPECTION:	11/99	pproximate)	
INSPECTION CONDUCTED BY:	SAMPIA	9 OURESHY lease Print)	
INSPECTOR'S SIGNATURE:	h	PHONE NUMBER	: 893-3333
	Page	of .	Revised 10/96

Page___of_

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDAT	ED
DATE 11-11	-49_
BY Re	

TYPE OF INSPECTION:

ANNUAL

ZÍ-

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0694811 DATE: 11-17-99 TIME IN: 11:15 TIME FACILITY NAME: South Side (leaners	OUT: 1/145
FACILITY NAME: Southside (leaners	P
FACILITY LOCATION: 1321 S. 14th Street &	<u> </u>
Leesburg, FL 34748 P	E C
RESPONSIBLE OFFICIAL: MINH Nguyen PHONE: 35	2854240
CONTACT NAME:PHONE:	
	, <u>J</u>

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

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	ON OCan not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pure facility was 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) ØY □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? AY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AYMON ON/A 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? DY DN **YZ**WA 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 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ПХ ПИ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΩY	NO	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Δ¥	אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	מם	
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,			
ĺ	if machines are equipped with a carbon adsorber?	ЦΥ	UN	□N/A
	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?	$\Box Y$	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	MO Y				
2. Maintained rolling monthly averages of perc consumption?	MAY ON				
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				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON 🔊				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SENIA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON BY A/A				
6. Maintained startup/shutdown/malfunction plan?	Ay on				
7. Maintained deviation reports?	OY ON ÆN/A				
Problem corrected?	oy on sa na				
8. Maintained compliance plan, if applicable?	AVÆQ NO YO				

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, DY ON ONA MEY ON ON/A Muck cookers couplings, and valves AY ON ON/A MY ON ONIA Door gaskets and seating Stills AVA ON ON/A XY ON ON/A Filter gaskets and seating Exhaust dampers XY ON ON/A AVAD ND YA Diverter valves Pumps Solvent tanks and containers AYON ON YX Cartridge filter housings XY ON ON/A A'NO NO YA Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) \mathscr{A} 抷 Physical detection (airflow felt through gaskets) K Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector AVVA 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 UY UN (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)? UN YO

Kandall Lunningham

11 -17- 99

Date of Inspection

11-2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:				
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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: DATE: 11-17-49
FACILITY LOCATION: 1321 S. 14th St.
Leesburg, F1 34748
Annual Reporting Period: November 1999 TO November 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: MINHT NOVYFN Name (Please Print) Signature Signature

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

Page of

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COMP	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:15	TIME OUT: 17 ! 46	AIRS ID#: 069	4881
TYPE OF FACILITY: Pry	Cleaning		
· /	Phorde Cleaners		DATE: 11-17-99
FACILITY LOCATION:	321 S. 14th St.		
	Leesburg, FL 34748		
RESPONSIBLE OFFICIAL:	Minh Nguyen	PHONE NUMBER:	352-728-4240
	the compliance requirements evaluate Rule 62-213.300, Florida Administrat		y is found to be in
Based on the results of discrepancies were not	the compliance requirements evaluated: ed:	ed during this inspection, the follow	ving compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			
			· ·
		·	
COMMENTS:			
In Com	pliance		
The Annual Compliance Certific	cation form has been properly certifie	ed and submitted to the inspector.	YES NOT
·	11 20.8		
DATE OF NEXT INSPECTION		roximate)	
INSPECTION CONDUCTED	DBY: Randall Cu	nningham ase Print)	
INSPECTOR'S SIGNATURE	11111111111	PHONE NUMBER:	<u>407) 893-333</u>
	Page	of 1.	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

- 1				
1	RMS	UPL	DATED	_
D	ATF	16.		
		10-	13-00	
< 120 (CI)	1 1/2	2 - 1	

TYPE OF INSPECTION:

ANNUAL (INS1, INS2) 🕱

COMPLAINT/DISCOVER'S

RE-INSPECTION (FUI) □

AIRS ID#: 06 94811 DATE: 10-12 TIME IN: 1:45 TIME OUT: 2:15 3						
FACILITY LOCATION: 132 5, 14	14 St.					
		40				
Lees burg,						
RESPONSIBLE OFFICIAL: Migh No	iv y1n	_ PHONE: _35	2-73	28 - 4	1240	<u> </u>
CONTACT NAME:		PHONE:				
				2		
PART I: NOTIFICATION			,	·		7
(check appropriate box)	I	acility Compliance S	Status:	IN		
1. New facility notified DARM 30 days prior to star	rtup 🗆	(ARMS Data)		MNC		
2. Facility failed to notify DARM to use general per	rmit 🚨			SNC		
PART II: CLASSIFICATION						
Facility indicated on notification form that it is: (check appropriate box) A.		☐ No notification☐ Drop store/out		ness/petr	oleum	
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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)	transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	y, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	/yr	Bureau of Air Monitoring & Mobile Sources	OCT 27 2000	RECEIVED
5. This is a correct facility classification	A Y □N	□Can not determi	ne			
If no, please check the appropriate classified facility qualified for a gen facility exceeds above lim	neral permit as nu					
B. The total quantity of perchloroethylene (perc) purfacility was 9 gallons.	rchased within th	e preceding 12 mont	hs by th	is dry cl	eaning	3

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	ZY ON ON/A
2. Examining the containers for leakage?	ZY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ALAZA
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 refr (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 machine prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/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
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	חם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	□Υ •□N

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser		_	
	inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□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?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□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?	. ロ Y	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩN	□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 DY DN MAN/A and parts installed w/in 5 days of receipt? DY DN ANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DAYA 5. Maintained exhaust duct monitoring data on perc concentrations? DEX ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN AN/A Problem corrected? DY DN QN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair \square N inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A couplings, and valves Muck cookers THY ON ON/A **Ф**Y □N □N/A dy on on/a Door gaskets and seating Stills Filter gaskets and seating DY ON ON/A Exhaust dampers THY ON ON/A **d**y □n □n/a Diverter valves thy ON ON/A Pumps dry on on/a Solvent tanks and containers DN DN/A Cartridge filter housings DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? ZÍ. 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) Halogen leak detector TANVA If using direct-reading instrumentation, is the equipment: a. Capable of detecting 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)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON d. Kept in a clean and secure area when not in use? $\square Y \square N$ e. Verified for accuracy by use of duplicate samples (calorimetric only)? \Box Y \Box N

Randall	Confingham me (Please Print)	
Inspector's Nar	ne (Please Print)	
	1	
Malak		
Inspector's	Signature	

10-12-	00	-
Date of Inspection		

10 - 200 |
Approximate Date of Next Inspection



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Southside Cleane	15 DATE: 10-12-00
FACILITY LOCATION: 1321 5, 14th 5	/
	34748
	<i></i>
Annual Reporting Period: October	5999 TO October 2000
Based on each term or condition of the Title V general air permit, r 62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ntinuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
#2. Term or condition of the general permit that has not been in co	ntinuous 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:	
Product describe demonstrate compilation	
As the responsible official, I hereby certify, based on information a in this notification are true, accurate and complete. Further, my an purchase receipts, does not exceed 2,100 gallons per year for dry-t combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	nual consumption of perchloroethylene solvent, based upon

^{*}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

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 f Air Monitoring Remove Label AIRS ID # 0694811

Do NOT Remove Label

AIRS ID # 0694811

SOUTHSIDE CLEANERS MINH T NGUYEN 1321 SOUTH 14TH STREET LEESBURG FL 34748

M

FOR GOVERNMENT USE ONI Org.: 37550101000 EO: A Fund: 20-2-035001

Obj.: 002273

Z 510 PP5 9P9

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

10 AIRS ID # 0694811001AG MINH T NGUYEN SOUTHSIDE CLEANERS 1321 SOUTH 14TH STREET LEESBURG FL 34748

	Certified Fee	
	Special Delivery Fee	
ے.	Restricted Delivery Fee	
April 1995,	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to:	A. Received by Blease Print Glearly) C. Signature X. Amaly and Charles Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
10 AIRS ID # 0694811001AG MINH T NGUYEN SOUTHSIDE CLEANERS 1321 SOUTH 14TH STREET LEESBURG FL 34748	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 2. Article Number (Copy from service label) PS Form 3811, July 1999	######################################

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50,00 Mobile Source Mobile Source Monitors and AIRS ID # 0694811

Do NOT Remove Label

SOUTHSIDE CLEANERS MINH T NGUYEN 1321 SOUTH 14TH STREET LEESBURG FL 34748

POR GOVERNMENT USE ONLY Orga 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

P 265 302 187

No Insurance Coverage Provided.

AIRS ID#: 0694811

MINH T NGUYEN
MINH T NGUYEN
1321 SOUTH 14TH STREET
LEESBURG FL 34748

	· voiligo	•
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
٦	Postmark or Date	
PS Form 3800 ,	2/14/	97

on the reverse side?	SENDER Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): In the mailpiece, or on the back if space does not extra fee): In the mailpiece below the article number. We to whom the article was delivered and the date. In also wish to receive the following services (for an extra fee): In the mailpiece below the article number. We to whom the article was delivered and the date.		ceipt Service.
IN ADDRESS completed on	AIRS ID#: 0694811 MINH T NGUYEN MINHT NGUYEN 1321;SOUTH 14TH STREET LEESBURG FL 34748	4b. Service 1 ☐ Registere ☐ Express I	Type od Certified Mail Insured Desipt for Merchandise COD	you for using Return Re
Is your <u>RETURN</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) No. 5. 2011	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank
	PS Form 3811 , December 1994		Domestic Hetum Heceipt	

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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

JAN 28 98

Do NOT Remove Label

AIRS ID#0694811

MINH T NGUYEN MINH T NGUYEN 1321 SOUTH 14TH STREET LEESBURG FL 34748 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261120

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

RECEIVED MAIL ROOM

FEB 21 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0694811

MINH T NGUYEN MINH T NGUYEN 1321 SOUTH 14TH STREET LEESBURG FL 34748 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obl.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358318

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

RECEIVED TOTAL AMOUNT DUE: \$50.00 AIL ROOM

JAN 25 99

Do NOT Remove Label

AIRS ID # 0694811

SOUTHSIDE CLEANERS MINH T'NGUYEN 1321 SOUTH 14TH STREET LEESBURG FL 34748

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273