

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 23, 1996

Mr. Vijay Patel President Cina Industry, Inc. d.b.a. James Dry Cleaners 328 Ardice Avenue Eustis, Florida 32726

Re: Facility I.D. No. 0694812

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in January 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/jw

cc: Mr. Louis Nichols, Central District

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

# #0694812

	Jamies Dry Cleaners  1.(b) mark out and initial 4. should be new large area source W/refrig. con. 5.(f) required
	· · · · · · · · · · · · · · · · · · ·
,	·
1 844	

## Perchloroethylene Dry Cleaning Facility Notification

## **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
CINA INDUSTRY INC
2. Site Name (For example, plant name or number):
D.B.A. JAMIES DRY CLEANERS  3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLD 981029473
4. Facility Location: 328, ARDICE AVE Street Address: City: Fustis County: AKE Zip Code: 32726
City: Eustis County: LAKE Zip Code: 32726
5: Facility Identification Number (DEP Use):
0694812
Responsible Official
6. Name and Title of Responsible Official:
VIJAY PATEL PRESIDENT.
7. Responsible Orucial Mailing Address:
Organization/Firm: Street Address:
Street Address: City: A County: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (352) 589 - 0221 Fax: ()
Facility Contact (If different from Responsible Official)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
As Arsov S
10. Facility Contact Address:
Street Address: City:  County:  County:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) As Agous
·

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#### **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	Date		Date	Date		Date	Date
	#1	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Гуре of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	7/2/5 ¢ 03-OCT-93	<b>9</b> /15/ <b>96</b> 12-NOV-93	#2	08-DEC-91	. •	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	AER	otech 4	10 D DK	Y 2	TO DKY 6	CLEAMIN	Ma	ich.	1
(1) w/ ref. condenser	X		1				1		
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		1.50			ı	<u> </u>			1.5
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			and the second	•	1 14 1 A				****
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							C.N.		
Reclaimer Unit	: .		*					1.1	A sometimes
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(c) No control devices  2.(a) What was the total (a) 265-63	are re	equired to be	e installed [_		J	in the latest	12 moi	<sub>nths?</sub> See	95 To 1
702-07	gallo	ns							124
(b) If less than 12 mont									
Check why it is less	s than	12 months:	New owner:	[	_] New store	e: [] Die	d not k	eep records:	
3. What is the facility's so		alassification	n hasad on the	a dafi	nitions foun	d in caction	(2) of	Dort IIO	
(Indicate with an "X".					mitions Iouli	a in section	( <i>3)</i> 01		
Existing small and	ea so	urce [ 🏂]	Ne	w sn	nall area sou	rce [			
Existing large ar	ea so	urce [ ]	Ne	ew la	rge area sou	rce [X	1		

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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
(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)

ease 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)
	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 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.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
	0 x/3//95.

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

Signature

	BEST AVAILABLE COPY $\#0694812$	
-	Jamies Dry Cleaners (1)	
1	P.14 1.(b) mark out and initial  p.15 4. should be new large area source	,
٠. ح	p. 15 4. should be new large area source	
2.	Sit - W/refrig. Con. 5.(f) required	
3.	На	
	Annual de la companya del companya del companya de la companya de	
4.	FA FIPLICATION WAS FILLED DUT FOR A St Cit DIFFERENT MACHINE, NEW MACHINE	52726
5	1015-01 1 A 101 Along alo Que accientant	
	CHANGES FROM NEW LARGE AREA	94812
	TO NEW SMALL AREA.	
6.	Na & Whichol	
7.	11/26/96	<u> </u>
	Or Str	-
	Ci	<b>:</b>
8.	Te Te	
9.	Name and Title of Facility Contact (For example, plant manager):	
	4 ArsovE	
10.	Facility Contact Address:	
	Street Address: City: County: A Assure Zip Code:	
11.	Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) A Agou	

RECEIVED

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AUG 3 0 1996

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

l .	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):
	D.B.A. JAMIES DRY CLEANERS Hazardous Waste Generator Identification Number:
3.	•
	FLD 981029473
4.	Street Address: 328, ARDICE AVE
	Facility Location: 328, ARDICE AVE Street Address: 328, ARDICE AVE City: Eustis County: ZACE Zip Code: 32726
5.	Facility Identification Number (DEP Use):
	0694812
	Responsible Official
6.	Name and Title of Responsible Official:
••	VIJAY PATEL PRESIDENT
7.	
	Organization/Firm:
	Street Address: City: As Arson County: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: (352) 589 - 0221 Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	4s Arsov =
10.	Facility Contact Address:
	Street Address:
	Street Address: City:  County:  County:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) A Agose

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## **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	Date		Date	Date		Date	Date
•	AI	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	7/2/5 ¢ 03-0CT-93	9/15/56 12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	AER	o Tech 41	IN D DK	4 7	O DKY C	11/26/96	MA	ch	
(1) w/ ref. condenser	X	06-18-96	96 NON 80		Welle.	11/26/96			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit						•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber	T -	·		<u> </u>		ŀ			
(6) w/ no controls			-						
Oryer Unit					1 (1)			1	. igas
(7) w/ ref. condenser					1				
(8) w/ carbon adsorber									
(9) w/ no controls	<del> </del>			<b>-</b>	1				
Reclaimer Unit									
(10) w/ ref. condenser	-	I		Γ	1	T		· ·	<del>,                                      </del>
(11) w/carbon adsorber	_								<del>                                     </del>
(12) w/ no controls									
(12) W No controls									
(b) Control devices are (c) No control devices  2.(a) What was the total of the control of the control devices	are re	equired to be	installed [_		ال				95 To A
`(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (i	3) of	Part II?	
Existing small ar	ea so	urce 🔀	Ne	ew sm	iall area sour	ce [*	]	(d) (1/2	1
Existing large are	ea soı	irce []	Ne	w lar	ge area sour	ce [ <i>A</i>	W	ct (1/2	6158

4. What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber  [] Refrigerated condenser	Wald ululis
New small area source Refrigerated condenser	
New large area source Refrigerated condenser  [4] W 10 11 26/96	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur in	ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements 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	Wilrelgs Wills

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

## Surrender of Existing Air Permit(s)

Please indicate	ate with an "X" the appropriate selection:	·
	I hereby surrender all existing air permits authorizing facility indicated in this notification form; specifically	
	No air permits currently exist for the operation of the this notification form.	facility indicated in
	Responsible Official Certification	ation
this notifi statement maintain	dersigned, am the responsible official, as defined in Par fication. I hereby certify, based on information and beli nts made in this notification are true, accurate and comp n the air pollutant emissions units and air pollution cont with all terms and conditions of this general permit as se	ef formed after reasonable inquiry, that the lete. Further, I agree to operate and rol equipment described above so as to
I will pro	omptly notify the Department of any changes to the infor	mation contained in this notification.
Signature	e Water	$\frac{68/31/95}{Date}$ .
	01011	1 201 01



## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY   ON
FACILITY LOCATION: 328 ARDICE.	
Eusns, Fr. 3	2726
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	Á
2. New facility notified DARM 30 days prior to sta	rtup
3. Facility failed to notify DARM to use general pe	rmit 🗆
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 M
If no, please check the appropriate classification:	NEW SMALL AREA
facility qualified for a general per facility exceeds above limits and i	mit as number above s not eligible for a general permit
B. The total quantity of perchloroethylene (perc) profacility was 120 gallons. ESTIMATE	urchased within the preceding 12 months by this dry cleaning FOR NEW MACHINE

## 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? $\Box$ Y $\Box$ N 2. Examining the containers for leakage? $\Box$ Y $\Box$ N N□ YR 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? $\Box$ Y $\Box$ N 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

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

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

verifying that the coolant had been completely charged?

condenser on a weekly basis?

condenser exceeded 45°F?

LESS THAN 40°

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?	□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?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	
Has the responsible official:	A ON
Has the responsible official: (check appropriate boxes)	OY DIN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	OY DIN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	OA YU AA ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	Y ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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	A ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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?	AY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 direct reading instruments only)	AY ON AV/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	AY ON OY ON DY/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	

## PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?

_		<del></del>				
2.	Which method of detection is used by t	-			V	
	Visual examination (condensed s	olvenț or	exterior	surfaces)	A.	
	Physical detection (airflow felt th	<b>Þ</b>	•			
	Odor (noticeable perc odor)	$ tilde{\mathbb{A}}$				
	Use of direct-reading instruments					
	If using direct-reading instrum					
	a. Capable of detecting	$\Box Y$	□N			
	b. Calibrated against a s (PID/FID only)?	to and after each use	ΩY	□N		
	c. Inspected for leaks ar	nd obviou	ıs signs o	f wear on a weekly basis?	ΩY	□N
	d. Kept in a clean and s		-		ΠY	□И
	_	te samples (calorimetric only)?	ΩY	□и		
3.	Has the facility maintained a leak <u>log</u> ?	•	10 LE	•	ΔÝ	□N
	Does the responsible official check the					
	Hose connections, fittings,			•		
	couplings, and valves	<b>X</b> Y	ПΝ	Muck cookers	YY	DN
	Door gaskets and seating	XY	ПN	Stills	<b>₩</b> Y	□N
	Filter gaskets and seating	Άγ	□N	Exhaust dampers	ΠY	□N
	Pumps	ΔY	□N	Diverter valves	ΩŶ	ПN
	Solvent tanks and containers	<b>∮∕</b> Y	ПN	Cartridge filter housings	Y	□N
	Water separators	YY	□N	- JPM FIL	-/E7	
	, 0					
_	Name of Responsible Offici	 al				
	LOUIS A. NICHOL	2	11/26/96			
	Inspector's Name (Please Pri	nt)	Date of Inspe	ction		

Jamie's Dry Cleaners

Inspector's Signature

Vijay & Gita

328 Ardice Ave. Eustis, Fla. 32726 USA (352) 589-0221

#### ADDITIONAL SITE INFORMATION:

- · MARSTRO M-40 40 LB MACHINE NEW
- · CONTAINMENT PAN INSTALLED W/MACHINE
- · EPORY ON FLOOR
- · TWO SPINDISC PILTERS ONE USED FOR WHURS ONLY CLEAN AT 10 LBS. - EVERYTWO DAYS.

  SECONDARY CARBON ADSORBER WHEN DOOR OPENED
- · PEAC GOES DIRECTLY TO MACHINE 3 TANKS, ONE IN RESERVE

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM ECFIVED

Annual Reporting Period: 157 Jaw 1997 TO 3157 DEC	19 <u>_7</u>
Annual Reporting Period: 157 Jan 1997 TO 3157 BEC	19 <u>_7</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Ru 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period sta	ted above:
Exact period of non-compliance: from to	<sup>3</sup> R 2 C 2 C
Action(s) taken to achieve compliance:	25
Method used to demonstrate compliance:	<u>z</u>
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period state	ted above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purche does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.	s made in this ise receipts,
RESPONSIBLE OFFICIAL: VIJAY PATEL WWW // Name (Please Print) Signature	4/58

\*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the

discretion of the responsible official to use this form.

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

۲.	180
	As'.
0	1/28/98

In Alux

TYPE OF INSPECTION:

ANNUAL

Ø₹ □

COMPLAINT/DISCOVERY

dry-to-dry only,  $140 \le x \le 2,100$  gal/yR E C E | V

transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ 

RE-INSPECTION

AIRS 1D#: 0694812 DATE: 1/28/98 TIME IN: 1:05 TIME OUT: 1:50							
FACILITY NAME: James	Drydeaning	}					
FACILITY LOCATION: 328 Aydice St.							
<u>Eust</u>	13, Fr. 32	726					
RESPONSIBLE OFFICIAL: Vijay Patel PHONE: 352-589-0221							
CONTACT NAME:	<b>J</b>		<u>.</u>				
PART I: NOTIFICATION							
(check appropriate box)							
1. New facility notified DARM 30 days prio	r to startup						
2. Facility failed to notify DARM to use gen	eral permit						
PART II: CLASSIFICATION							
Facility indicated on notification form that	t it is:	☐ No notification form					
(check appropriate box)		☐ Drop store/out of bus	iness/petroleum				
A.  1. Existing small area source	2. New small ar	rea source	<b>1</b>				
dry-to-dry only, x < 140 gal/yr	dry-to-dry only,						
transfer only, x < 200 gal/yr	transfer only, x <	0 ,	lyrold				
both types, x < 140 gal/yr (constructed before 12/9/91)	both types, $x < 1$ (constructed on constructed)	~ ·	, J				
3. Existing large area source	4. New large ar	rea source C	1				

both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91) both types,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91) FEB

5. This is a correct facility classification  $\Box Y \Box N$   $\Box Can$  not determine Bureau or

Can not determine Bureau of Air Monitoring & Mobile Sources

A 1998

If no, please check the appropriate classification:

dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ 

transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ 

above

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 <u>tO</u> gallons. (new machine)

#### 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?

> not on. Premisis איאוֹבל אם צב

2. Examining the containers for leakage?

24x □x

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?

AVY UN YE

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

OY ON MYNA

#### 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?

AA OV

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

DAY ON ON/A

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

DOY ON ON/A

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 condenser exceeded 45°F?

Y ON ON/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

ØŶ □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 loc	ated
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□У □И
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	□Y □N □N/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring	
perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	□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)							
1. Maintained receipts for perc purchased?	ØrY □N						
2. Maintained rolling monthly total of perc consumption? ( Only 10 50 ( A r )	ØY □N						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?  We have all the contract of the co	OY ON BN/A						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MANA						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WAY						
6. Maintained startup/shutdown/malfunction plan?	ATY ON						
7. Maintained deviation reports?							
Problem corrected?	OY ON SAN/A						
8. Maintained compliance plan, if applicable?	DY DN PN/A						

## PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						Ī	
	inspection?					ΆΥ	□N	
2.	Has the facility maintained a leak log?					ZXX.	□N	
3.	Does the responsible official check the f	ollo	wing a	reas for leaks?		, ,		
	Hose connections, fittings, couplings, and valves	þ	Y ON	□N/A	Muck cookers	ďΥ	□N □N/A	
	Door gaskets and seating	4	Y 🗆 N	□N/A	Stills	dY	□N □N/A	
	Filter gaskets and seating	4	Y ON	□N/A	Exhaust dampers	h <sub>Y</sub>	□N □N/A	
	Pumps		Y DN	□N/A	Diverter valves	ΔY	□N □N/A	
	Solvent tanks and containers		Y ON	□N/A	Cartridge filter housings	( <sub>DY</sub>	□N □N/A	.
	Water separators		ND Y	□N/A				
4.	Which method of detection is used by the	ne r	esponsi	ble official?		,		
	Visual examination (condensed so	lve	nt on e	xterior surfaces)	•	Ø		
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)							
	Use of direct-reading instrumenta	tion	(FID/I	PID/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instru	ume	entatio	n, is the equipm	ent:	□N/	A	
	a. Capable of detecting p	erc	vapor	concentrations is	n a range of 0-500 ppm?	$\Box$ Y	□N	
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> <li>□Y □N</li> </ul>						□N	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						□N	
	d. Kept in a clean and secure area when not in use?						□N	
	e. Verified for accuracy	by ı	use of d	uplicate samples	(calorimetric only)?	ΠY	□и	

SAADVA QUEESHI	1/28/98
Inspector's Name (Please Print)	Date of Inspection
	1/99
Inspector's Signature	Approximate Date of Next Inspection

## ADDITIONAL SITE INFORMATION:

maestro

pan? yos

Opony? yes on spotting board and so Sufely clean.
Cound's every 3 maths

IN COMPLANCE

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:00 TIME OUT:	12:45	airs id#: 06°	14812
TYPE OF FACILITY: Dry Weani	n <u>g</u>		
FACILITY NAME: James 1	myca	ning	DATE: 12/29/98
FACILITY LOCATION: 328 Av	dice A	venue	
<u> </u>	8 FC.	32726	
RESPONSIBLE OFFICIAL: Vijay Pate	<u> </u>	PHONE NUMBER:	352-589-0221
Based on the results of the compliance requir compliance with DEP Rule 62-213.300, Flor		- · · · · · · · · · · · · · · · · · · ·	ity is found to be in
Based on the results of the compliance requir discrepancies were noted:	rements evalua	ted during this inspection, the follo	owing compliance
COMPLIANCE REQUIREMENT/PRO	OBLEM	FOLLOW-UP ACTION	ON REQUIRED
No records of logs for Leak + condens	Qr sv	win fat Cypy 1 mth - w	of records in
		hec	CSSan
•			
-			
		,	
-	_		
		٠	
<u> </u>			
COMMENTS:			
•			
The Annual Compliance Certification form has been p	properly certifi	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	3/98		
/	$\langle \mathcal{A} \rangle$	proximate) A DUKESH1	
INSPECTION CONDUCTED BY:	(Ple	ease Print)	
INSPECTOR'S SIGNATURE:	7	PHONE NUMBER:_	407-893-3333
	Page	_of	Revised 10/96

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

In Jam

COMPLIANCE INSPECTION CHECKLIST ANNUAL COMPLAINT/DISCOVERY TYPE OF INSPECTION: RE-INSPECTION AIRS ID#: 0694812 DATE: 12/29/94 TIME IN: 12:00 TIME OUT: 12:45 FACILITY NAME: Jamies D. C. FACILITY LOCATION: 328 Avdice Ave. SustB FL. 32726 RESPONSIBLE OFFICIAL: Vijan Patel PHONE: 352-589-0221 PHONE: CONTACT NAME: 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 ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/yr2425 (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only,  $140 \le x \le 2,100$  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)  $\square N$ □Can not determine 5. This is a correct facility classification  $\Box Y$ 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) purchased within the preceding 12 months by this dry cleaning

facility was \_ /ab gallons.

## 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 Spin allers 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? AVA UN 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? 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 condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

2 of 5

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	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	ПИ	□N/A
3.	Measured and recorded the pers concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		<b></b>	5
	if machines are equipped with a carbon adsorber?	ЦY	ЦΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПИ	□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?	Y	ИП	□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: , nokeks Y ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days XY ON ON/A and parts installed w/in 5 days of receipt? AIND ND YES 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XXIA 5. Maintained exhaust duct monitoring data on perc concentrations? MY □N 6. Maintained startup/shutdown/malfunction plan? DY DN MN/A 7. Maintained deviation reports? OY ON XXVA Problem corrected? MY ON ON/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							
	inspection?					YY	□и	
2.	Has the facility maintained a leak log	?				QΥ	<b>B</b> W	
3.	Does the responsible official check th	e followi	ng ar	eas for leaks?				
	Hose connections, fittings, couplings, and valves	PY	ДΝ	□N/A	Muck cookers	ФY	□N □N/A	
	Door gaskets and seating	ΩY	ПN	□N/A	Stills	ÞY	□N □N/A	
	Filter gaskets and seating	þΥ	ПN	□N/A	Exhaust dampers	ÞΥ	□N □N/A	
	Pumps	фү	ПN	□N/A	Diverter valves	ΩY	□N □N/A	
	Solvent tanks and containers	фY	ПN	□N/A	Cartridge filter housings	l <sup>D</sup> Y	□N □N/A	
	Water separators	ФA	ΠN	□N/A				
4. Which method of detection is used by the responsible official?								
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt t	A A A						
	Odor (noticeable perc odor)		Ø					
	Use of direct-reading instrumen	tation (F	ID/PI	D/calorimetric	tubes)			
	Halogen leak detector							
•	If using direct-reading inst	rumenta	ation,	is the equipm	nent:	שא	/A	
	a. Capable of detecting	g perc va	por c	oncentrations i	in a range of 0-500 ppm?	QΥ	ПN	
	b. Calibrated against a	standard	i gas	prior to and aft	ter each use			
	(PID/FID only)?					ΠY	N	
	c. Inspected for leaks a	and obvi	ous si	gns of wear or	a weekly basis?	ΩY	ПΝ	
d. Kept in a clean and secure area when not in use?							ΩΝ	
	e. Verified for accurac	es (calorimetric only)?	ΩY	ПN				
=								

DAIDAADIA (LURESTI	7/29/98
Inspector's Name (Please Print)	Date of Inspection
2 Ini	3/99
Inspector's Signature	Approximate Date of Next Inspection

maestro -aerotek pan ges, eposyyes. no pere on board 

## 6948/2 DRY CLEANER AIR QUALITY GENER

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: James DA	y CEMENS	DATE: 12/29/98
FACILITY NAME: James Da	ARRIVE AXE	
E2571)	M 32726	
	·	
Annual Reporting Period:	DEC 1997 TO	19 78
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		<u> </u>
If NO, complete the following:		
#1. Term or condition of the general permit th	^	iance during the reporting period stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:	KEED RECORDS	~o~
Method used to demonstrate compliance:	DAY CETANING CALE	ino M
#2. Term or condition of the general permit th	nat has not been in continuous compl	liance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:	·	·
Method used to demonstrate compliance:		
made in this notification are true, accurate an	nd complete. Further, my annual coi	ed after reasonable inquiry, that the statements insumption of perchloroethylene solvent, based illities or 1,800 gallons per year for transfer or  Signature  Date

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 VINSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION IN
TIME IN: 1'05 TIME OUT: 1'50	AIRS ID#: 0694812
TYPE OF FACILITY: Dry deaning	
FACILITY NAME: James DC.	DATE: \\\\28\98\\
FACILITY LOCATION: 328 Andico St.	Eustis 51-32726
RESPONSIBLE OFFICIAL: Vi Jay Patel	PHONE NUMBER: 893-3333
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
	•
	RECEIVED
	RECEIVED
·	,
COMMENTS: New machine, bought 10 gal sene	FEB & 1998  Bureau of Air Monitoring  & Mobile Sources
COMMENTS: new machini, bought 10 gal pend W/ 90 gal from pievons madure) &	FEB 1998  Bureau of Air Monitoring & Mobile Sources  i machine started limitally  Kay record (cepty)
COMMENTS:  New machini, bought 10 gal pend  W/ 90 gal from previous machine) &  The Annual Compliance Certification form has been properly certification.	Bureau of Air Monitoring & Mobile Sources  i machine started linitally  Kay record (cepty)
new machine, bought 10 gal pende w/ 90 gal from previous machine) &  The Annual Compliance Certification form has been properly certification form the property certification for the property certification for the property certification for the property c	Bureau of Air Monitoring & Mobile Sources  i machine started limitally  Kay record (ceptry  mailed J/invoice fied and submitted to the inspector. YES NOT
new machini, bought 10 gal pende w/ 90 gal from pievons machine) &  The Annual Compliance Certification form has been properly certification form has been properly certification form has been properly certification of NEXT INSPECTION:  [April 1998]  INSPECTION CONDUCTED BY:  [April 2016]  [April	Bureau of Air Monitoring & Mobile Sources  i machine started limitally  Kay record (ceptry  mailed J/invoice fied and submitted to the inspector. YES NOT
new machini, bought 10 gal pende w/ 90 gal from pievons machine) &  The Annual Compliance Certification form has been properly certification form has been properly certification form has been properly certification of NEXT INSPECTION:  [April 1998]  INSPECTION CONDUCTED BY:  [April 2016]  [April	Bureau of Air Monitoring & Mobile Sources  i machine started limitally  Kay record (cepting)  mailed J/invoice fied and submitted to the inspector. YES NOT

## PERCHLOROETHYLENE DRY CLEANERS

🤌 TITLE V GENERAL PERMIT

ARMS UPDATED

COMPLIANCE INSPECTION CHECKLIST

T	YP	E	0	F	r	īS	P	E	C	T.	10	N	:
---	----	---	---	---	---	----	---	---	---	----	----	---	---

ANNUAL

JA. 

COMPLAINT/DISCOMERY RO

**RE-INSPECTION** 

## 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 DN/A 2. Examining the containers for leakage? DY ON DANA 3. Closing and securing machine doors except during loading/unloading? XX ON 4. Draining cartridge filters in their housing or in sealed containers for at spindistis DY DN **E**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 ON DINA 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) AND N 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DAY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the A/NO NO YEL 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? **∑**Y □N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DYY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after **M**Y 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?	ΠY	אם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□NÏA
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,			
l	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□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?	ΟY	ПN	□n/a
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	<b>⊅</b> SY □N				
2. Maintained rolling monthly averages of perc consumption?	> <b>&gt;</b> □N				
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?	DY ON <b>A</b> N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN <b>XX</b> VA				
5. Maintained exhaust duct monitoring data on perc concentrations?	ÆY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?					
Problem corrected?	ava <b>z</b> a no vo				
8. Maintained compliance plan, if applicable?	ay on <b>e</b> nva				

#### 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 ND YEL DY DN DN/A Muck cookers couplings, and valves A/NO NO YA MY ON ON/A Stills Door gaskets and seating AVAD NO VÆ Exhaust dampers KY ON ON/A Filter gaskets and seating AY ON ON/A MY ON ON/A Pumps Diverter valves AVO NO YÉ Solvent tanks and containers Cartridge filter housings XY DN DN/A TY ON ON/A 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) A Odor (noticeable perc odor) **X** Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: UN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN

Kundall (unningham	11-10-99
Inspector's Name (Please Print)	Date of Inspection
Dolall Col	11-2000
Inspector's Signature	Approximate Date of Next Inspection

b. Calibrated against a standard gas prior to and after each use

d. Kept in a clean and secure area when not in use?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

(PID/FID only)?

DY DN

OY ON

DY DN

ADDITIONAL SITE INFORMATION:

## AIRO IDH.

## **BEST AVAILABLE COPY**

Revised 09/15/97

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

Ade
-----

FACILITY NAME: Jamids Dry Cleaning		DATE: <u>  - 0-99</u>
FACILITY LOCATION: 328 Ardice Ave.		
Eustis, FL 32726		
Annual Reporting Period: November 199	CY TO Novem	ber 19 <b>9</b> 9
Based on each term or condition of the Title V general air permit, my faci 62-213.300, Florida Administrative Code (F.A.C.), during the period cover	· ·	
If NO, complete the following:	•	
#1. Term or condition of the general permit that has not been in continuo	us compliance during the rep	corting 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 continuo	ous compliance during the rep	corting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	<del></del>	
As the responsible official, I hereby certify, based on information and be made in this notification are true, accurate and complete. Further, my a upon purchase receipts, does not exceed 2,100 gallons per year for dry-to combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	nnual consumption of perchlo	oroethylene solvent, based

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 📈	COMPI	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:46 am		11:15	AIRS ID#: 064	14812
TYPE OF FACILITY: $\rho_{\gamma}$	Clean			·
FACILITY NAME: Jani	<del></del>	1115		DATE: 11-10-29
FACILITY LOCATION: 32	8 Ardice Ave.			
E	ustis FL 32	726		
RESPONSIBLE OFFICIAL:\	Sijay Patel		PHONE NUMBER:	352-589-0221
<b>4</b>	he compliance requiremen ule 62-213.300, Florida A		d during this inspection, the facing Code (F.A.C.).	lity is found to be in
Based on the results of the discrepancies were noted	•	nts evaluated	d during this inspection, the follo	owing compliance
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLLOW-UP ACTI	ON REQUIRED
<del></del>				
				,
COMMENTS:				
In Compl.	iance			·
The Annual Compliance Certifica		erly certified	and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	N: 11-200	00		
INSPECTION CONDUCTED I	BY: Randa	11 C	oximate) VNN ingham e Print)	
INSPECTOR'S SIGNATURE:	<1//////// T	-f	PHONE NUMBER:	(407) 893-3333

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	10-19-00
ВУ	Re

YPE OF INSPECTION:

ANNUAL (INS1, INS2) COMPLAINT/DISCOVERY\_(CI)

RE-INSPECTION (FUI) □

	· · · · · · · · · · · · · · · · · · ·
AIRS ID#: 06 94812 DATE: 10//6 TIME IN: 12:30 TIME O	UT: 1:00 #
FACILITY NAME: Jamie's Cleaners	
FACILITY LOCATION: 328 Ardice Ave,	Maria
Eustis, FL 32706	
RESPONSIBLE OFFICIAL: Vijay Patel PHONE: 352-5	89-0221
CONTACT NAME:PHONE:	
PART I: NOTIFICATION	
(check appropriate box) Facility Compliance Status:	IN DEL
1. New facility notified DARM 30 days prior to startup	MNC 🗆
2. Facility failed to notify DARM to use general permit	SNC 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box)	ness/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 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)	Bur
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 $12/9/91$ )	OCT 2 7 2000 reau of Air Monitoring & Mobile Sources
5. This is a correct facility classification $\square$ $\square$ $\square$ $\square$ $\square$ Can not determine	oring s
If no, please check the appropriate classification:  facility qualified for a general permit as number above	ļ
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) purchased within the preceding 12 months by the	nis 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?	OY ON MINA		
2. Examining the containers for leakage?	DY DN ZN/A		
3. Closing and securing machine doors except during loading/unloading?	XY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? $5\rho n d r 5 \pi$	OY ON SAN/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON <b>M</b> N/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part	v		
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser		
If classification 3 has been checked, the machine should be equipped with either 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 source (check appropriate boxes)	:s:		
1. Equipped all machines with the appropriate vent controls?	ØY □N		
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?	AY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Дау ом		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ZY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>⊅</b> Y □N		

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	Ωи	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\square_{Y}$	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?	QY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩÝ	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	ZY ON	
2. Maintained rolling monthly total of perc consumption?	ZY ON	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A	
<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 ØN/A	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ØN/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A	
6. Maintained startup/shutdown/malfunction plan?	AY ON	
7. Maintained deviation reports?	DY DN 97N/A	
Problem corrected?	OY ON ZIN/A	
8. Maintained compliance plan, if applicable?	OY ON DN/A	

#### 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? ΖÍΥ $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A couplings, and valves Muck cookers DY ON ON/A ΦY □N □N/A Stills **d**y □n □n/a Door gaskets and seating Filter gaskets and seating DY ON ON/A Exhaust dampers DY DN DN/A DY ON ON/A Diverter valves DY ON ON/A **Pumps** Solvent tanks and containers DY ON ON/A Cartridge filter housings DY ON ON/A Water separators DY ON ON/A 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) 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: **Z**N/A $\Box$ Y $\Box$ N a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use OY ON (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON $\Box$ Y $\Box$ N d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? OY ON

Randall Conningham Inspector's Name (Please Print)	10-16-2000
Inspector's Name (Please Print)	Date of Inspection
noull Ex	10-2001
Inspector's Signature	Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	Cleaning DATE: 1076-00
FACILITY LOCATION: 328 Acdice 1	re,
Eustis, FL 3	
Annual Reporting Period: Octobel	20 TO October 20 60
Based on each term or condition of the Title V general air per	rmit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	n in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
•	<del></del>
Method used to demonstrate compliance:	
	tion and belief formed after reasonable inquiry, that the statements made my annual consumption of perchloroethylene solvent, based upon dry-to dry facilities or 1,800 gallons per year for transfer or  Signature  Date

Page	of	
1 450	OI.	,

<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: ANNU	al 🔀	COMPLAINT/I	DISCOVERY	RE-INSPEC	TION 🔲
	IME OUT:	00	AIRS ID#: 064	14812	
TYPE OF FACILITY: Dry Clean	<b>y</b>				
FACILITY NAME: James D	ry Cleaner	5		_DATE: <u> [() ~</u>	4-00
FACILITY LOCATION: 328 Ard	FL 3270 1				
RESPONSIBLE OFFICIAL: Vija	y Patel		PHONE NUMBER:_	367-589	-0221
Based on the results of the complication compliance with DEP Rule 62-21.	•	_		ity is found to be	in
Based on the results of the compli discrepancies were noted:	ance requirements	evaluated during	this inspection, the follo	owing compliance	
COMPLIANCE REQUIREME	ENT/PROBLE	M FC	LLOW-UP ACTION	ON REQUIR	ED
	·				
		·			
	-				
COMMENTS:	mpl	iance			
The Annual Compliance Certification form	/ n has been properly	certified and sub	mitted to the inspector.	YÉS	_ NO[
DATE OF NEXT INSPECTION: (Approximate)					
INSPECTION CONDUCTED BY: Randall Consingham  (Please Print)					
INSPECTOR'S SIGNATURE:	VER Z		PHONE NUMBER:	407-89	<u> </u>
	P	ageof			Revised 10/96

US Postal Servico	667 027
Receipt for Ce	TITIEG Mail AIRS ID # 0694812
IAMIES DRY CLEANE VITJAY PATEL 328 ARDICE AVE EUSTIS FL 32726	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	

SENDER: COMPLE of equipments address	ovo anil 15 blog Nov Derinera
Complete items 1, item 4 if Restricted perivery 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.	Signature  Agent  Addressee  B. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0694812	
JAMIES DRY CLEANERS	
VITJAY PATEL 328 ARDICE AVE	
EUSTIS FL 32726	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  Insured Mail  C.O.D.
Z 333 667 027	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
<u> </u>	1111 1 11 11 1 1 11 1 1
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  6-8-0)  C. Signature			
Attach this card to the back of the mailpiece, or on the front if space permits.	X Addressee			
Article Addressed to:	D. Is delivery address different from item 1?			
, AIDS ID # 0004010001 + G	FIVED			
10 AIRS ID # 0694812001AG VITJAY PATEL	JUN 1 1 Sui			
JAMIES DRY CLEANERS 328 ARDICE AVE	3. Service Ypeau of A.			
EUSTIS FL 32726	Certified Mail			
·	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789			

## Z 510 PP5 9Pd

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

10 AIRS ID # 0694812001AG

VITJAY PATEL
JAMIES DRY CLEANERS
328 ARDICE AVE
EUSTIS FL 32726

Form <b>3800</b> , April 1995	r υσια <b>γ</b> υ	-
	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	
For	. *	
PS		

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

401030

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

JAMIES DRY CLEANERS VITIAY PATEL

328 ARDICE AVE EUSTIS FL 32726

AIRS ID # 0694812 FOR GOVERNMENT USE ON Org.: 37550101000 EO: 4 Fund: 20-2-035001

Obi.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0392380

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 # 0694812 JAMIES DRY CLEANERS VITJAY PATEL

328 ARDICE AVE EUSTIS FL 32726

FOR GOVERNMENTINGE O Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50,00 97

Do NOT Remove Label

CINA INDUSTRY INC VITJAY PATEL 328 ARDICE AVE EUSTIS FL 32726 AIRS ID# 0694812

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

301058

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

CINA INDUSTRIES INC VITJAY PATEL 328 ARDICE AVE EUSTIS FL 32726 AIRS ID#0694812

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0354967

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

RECEIVED MAIL ROOM TOTAL AMOUNT DUE: \$50.00 DEC 21 98

Do NOT Remove Label

RECEIVED

AIRS ID # 0694812

JAMIES DRY CLEANERS VITJAY PATEL 328 ARDICE AVE

EUSTIS FL 32726

DEC 2 8 1995

Bureau of Air Monitoring

& Mobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273