

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. Navin Patel Manager Mr. Cleaner 3280 North U.S. Highway 441 Mount Dora, Florida 32757

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

0694813

6. Spoke to Navin Dated 9-18-96, he is in Charge of all operations at all times

P.14
1.(a) add date control device installed

P.15 4. new Small r.c. Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	RAMESH PATEL
2.	Site Name (For example, plant name or number):
	MR CLEANER.
3.	Hazardous Waste Generator Identification Number:
	FLD 984252320
4.	Facility Location: 3280 N. US HWY 441 Street Address:
	City: MOUNT DORA County: FLORIDA Zip Code: 32757
5.	Facility Identification Number (DEP Use):
	0694813
	Responsible Official
6.	Name and Title of Responsible Official:
	NAVIN PATEL - MANAGER.
7.	
	Organization/Firm: MR CLEANER Street Address: 3280 N. 138 HUNY 4411
	Street Address: 3280 N. US HWY 441 City: MOUNT DORA County: FLORIDA Zip Code: 32757
8.	Responsible Official Telephone Number:
	Telephone: (352) 383-1003 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: () -

RECEIVED

AUG 3 0 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit		2						And the second	1. 1. (1.1.)
✓(I) w/ ref. condenser	# 1	23 July 96							T
(2) w/ carbon adsorber								_	
(3) w/ no controls									
Washer Unit		The same of the sa	-1		1 11			a get a suite a	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						i.		Transfer (1976)	· Dard H
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1 2	1					i regis	. 44 . 49.	
(10) w/ ref. condenser									
(11) w/carbon adsorber				i					
(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 (b) If less than 12 montrol Check why it is less	are required	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in	1 the latest 12			,
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	initions found nall area sour	rce [X		Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".) \bowtie \bigwedge \bigwedge .	ection (3) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated	d condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C. Verify that all steam and hot water go exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total h boiler HP or less), and (2) are fired exclusively by natural gas exc during which propane or fuel oil containing no more than one per	cept for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	ATURAL GAS.
Equipment Monitoring and Recordko	eeping 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	$ \mathcal{L}_{\mathbf{I}} $
(d) Carbon adsorber exhaust perc concentration monitoring	[X]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

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

Page 15 of 16

Surrender of Existing Air Permit(s)

Please indicat	Please indicate with an "X" the appropriate selection:							
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
X	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
	mptly notify the Department of any changes to the information contained in this notification. 24 Aug 196							
Signature	Date							

DEP Form No. 62-213.900(2)

Effective: 6-25-96

1:	• ,	BEST AVAILABLE COPY
		# 06 94813
		P.13
		6. Spoke to Navin Patel
1.	Fraility Over	9-18 46, heisin
1.	Facility Owne	Charge of all operations at out times
2.	Site Name (F	P 14
_	My	1-(a) add date control device
3.	Hazardous W	installed.
4.	Facility Loc	P.15
	Street Addr City: MC	4. New Small-r-G Should 32757 be marked
-	Facility Ide	be-marked
		Corrections made 1/26/96 813
6.	Name and	
	N	
7.		ficial Mailing Address: irm: MR CLEANER
	Street Address:	144 East 20 N ORCE
		NT DORA County: FLORIDA Zip Code: 32757
8.		ficial Telephone Number: (352) 383-1003 Fax: () -
		Facility Contact (If different from Responsible Official)
9.	Name and Title	of Facility Contact (For example, plant manager):
10.	Facility Contac	t Address:
	Street Address: City:	County: Zip Code:
-,;		
11.		t Telephone Number: () - Fax: () -
		·

RECEIVED

AUG 5 0 1070

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

Bureau of Air Menitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	
	RAMESH PATEL
2.	Site Name (For example, plant name or number):
	MR CLEANER.
3.	Hazardous Waste Generator Identification Number:
	FLD 984252320 Facility Location: 3280 N. US HWY 441 Street Address: 3280 N. US HWY 441
4.	Facility Location: 2.250 N. U.S. HWY 441
	Street Address: SZBB (4. US (1003) 44. City: MOUNT DORA County: FLORIDA Zip Code: 32757
	ony, 1710011 12011 20000 3270
5.	Facility Identification Number (DEP Use):
	11. The second of the second o
riganes es	。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Responsible Official
6.	Name and Title of Responsible Official:
	NAVIN PATEL - MANAGER.
7.	
′ ·	Organization/Firm: MR CLSANER
	Street Addressio 3250 KN. US HUNY 441
	Organization/Firm: MR CLEANER Street Address: 3250KN. US HWY 441 City: MOUNT DORA County: FLORIDA Zip Code: 32757
8.	Responsible Official Telephone Number:
	Telephone: (352) 383-1003 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
٠.	Name and The of Facility Contact (For example, plant manager).
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

AUS 3 0 1990

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		Date Machine	Date Control		Date Machine Initially	Date Control Device
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit			8-1	11/26	196.	:			
(1) w/ ref. condenser	# 1	23.Tuly 96	23 July 9/	 	1	1			
(2) w/ carbon adsorber	_	25003.70	3 1					·	
(3) w/ no controls									
Washer Unit		•				•			-: \ '"
(4) w/ ref. condenser									
(5) w/ carbon adsorber									<u> </u>
(6) w/ no controls	_			_					
Dryer Unit			1					•	to participate
(7) w/ ref. condenser						1			
(8) w/ carbon adsorber						·			
(9) w/ no controls									
Reclaimer Unit	: -,	<u></u>						·	
(10) w/ ref. condenser]					T .	
(11) w/carbon adsorber									
(12) w/ no controls	 				, , , , , ,				1
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are requant gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased i	n the latest I			
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.)	ew sn	initions foun nall area sou rge area sour	rce [<u>X</u>		Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser [X] 11 26 96 8
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 NATURAL GAS.
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please indicate 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)						
X	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement 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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	mptly notify the Department of any changes to the information contained in this notification. The Aug 196 Date						
6	26th Hoy 96						

RECEIVED

DEC 5 1997

FROM
MR CLEANER
16840 US HWY 441
MOUNT DORA, FL 32757

Air Monitoring 12-2-97

10

Bureau of Air Monitoring & Mobile Sources

STATE OF FLORIDA,

DEPT OF ENVIRONMENTAL PROTECTION

MS 5510-37550 304000

2600 BLAIR STUNE RD,

TALLAHASSEE, FL 32399-2400.

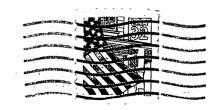
REF AIRS ID #0694813

- 1 PLEASE NOTE THAT LOW BUSINESS LOCATION IS SAME, BUT THE POSTAL SHOP NUMBER HAS BEEN CHANGED TO 16840 FROM 3280.
- 2 SO FAR I HAVE NOT RECEIVED BY THE CERTIFICATE.
 FOR THIS YEAR.

THAKING YOU,

N. Patel Mr Cleanus, M. Doro. MR cleanes 16840 b.S. Hwx 441. MT Dora, FL32757.





STATE OF FLORDA.

DEPT OF ENVIRONMENTAL PROTECTION

MS SSIO-37550 304000

2600 BLAIR STONE RD,

TALLAHASSEE, FL32399-2400

tallandadalahkaddadladladladdalah

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	196 TIME IN: 9:40 TIME OUT: 10:30
FACILITY LOCATION: 3286 N U	5 Hwy 441 Z. 32757
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	×
2. New facility notified DARM 30 days prior to s	artup
3. Facility failed to notify DARM to use general p	permit
PART II: CLASSIFICATION	
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="" 200<x<1,800="" 201<="" gal="" only,="" p="" transfer="" yr=""></x<2,>	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" th="" transfer="" types,="" yr=""></x<2,>
If no, please check the appropriate classification:	
facility qualified for a general po	ermit as number above I is not eligible for a general permit
	purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN 2. Examining the containers for leakage? DY DN 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? CARSON FILTER EVERY 2 YEARS 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly 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?

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?	ואם עם
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?	. ОУ ОИ
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	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	ض □N
Has the responsible official: (check appropriate boxes)	M ON ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	<i>w</i> .
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? NEW MACHINE	<i>w</i> .
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:	OY 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	OY ON NO Y
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?	MO Y ON MO Y
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)	MY ON MY ON MY ON 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? 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?	OY ON OY ON OY ON 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? 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 ON OY ON OY ON ON/A 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? 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?	OY ON YOUN OY ON OY ON OY ON 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? 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? Problem corrected? 8. Maintained compliance plan, if applicable?	OY ON YY ON OY ON ON/A OY ON OY ON OY ON 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? 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? Problem corrected? Wew Machine we Pubbles	OY ON YY ON OY ON ON/A OY ON OY ON OY ON OY ON OY ON

2	Which method of detection is used by	the respon	sible offic					
ے.	Visual examination (condensed s	-			od/			
	Physical detection (airflow felt th	· ·	XX					
	Odor (noticeable perc odor)		\mathcal{L}					
	Use of direct-reading instrument	rimetric tubes)	₹					
	If using direct-reading instrum	-		,	_			
			-	-	ΠY	□NI		
	•	-		rations in a range of 0-500 ppm?	ЦI	ПN		
	b. Calibrated against a (PID/FID only)?	standard g	gas prior t	o and after each use	ΠY	□N		
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	$\Box Y$	□И		
	d. Kept in a clean and s	secure are	a when no	t in use?	$\Box Y$	□N		
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	$\Box Y$	□N		
3.	Has the facility maintained a leak log?				XΥ	□N		
4.	Does the responsible official check the	following	g areas for	leaks?	/ \			
	Hose connections, fittings, couplings, and valves	YY	□N	Muck cookers	χÍΥ	□N		
	Door gaskets and seating	Y	ПП	Stills	ÞΥ	□N		
	Filter gaskets and seating	Y	ПИ	Exhaust dampers	ďY	ПN		
	Pumps	X Y	ПN	Diverter valves	ΩΥ	□N		
	Solvent tanks and containers	XY	ПИ	Cartridge filter housings	Y	□N		
	Water separators	XY Y	ΠN					
	NAVIN PATEL							
	Name of Responsible Office	aı						

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

No GARD

4 of 4

ADDITIONAL SITE INFORMATION:

- 38,000 BOWE PASSAT P350 35 LB MACHINE
- · CONTAINMENT PAN INSTALLAD WITH MACGINE
- · SPIN FILTER & CARBON FILTER CARBON FILTER DRAINED TO STILL BACK WEEK.
- * AUTOMATIC SZUDLA DEVICES PUMPS SLUDGE FROM STILL TO DRUM STORAGE
- · ONE SOLVENT TANK NO PEAC ADDED SINCE STARTUP.
- · CONTAINMENT PAN BEHIND MACHINE FOR SLUBGE DRUM WILL BE INSTALLED _ ALSO SPOTTING BOARD & VACUUM UNIT FOR PRESSES.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION P
TIME IN: 10,30TIME OUT: 11,3	30AIRS ID#:
TYPE OF FACILITY: Dry Cleaning	
FACILITY NAME: Mr. Cleaner	DATE: 1/28/98
FACILITY LOCATION: 16840 N. Hvy.	441 Mt. Dora, FC. 32757
M = M + 0	2,52 1.55
RESPONSIBLE OFFICIAL: Navin Patel	PHONE NUMBER: 352-383-1003
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	RECEIVED
	FEB 4 1998
	Bureau of Air Monitoring
COMMENTS:	& Mobile Sources
35H machine, sludge pun,	ped indirectly
35H machini, sludge pun, Uses D.C. Cabendar, Very y	
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 199	(Approximate)
INSPECTION CONDUCTED BY: AADIA	LULES H7
A A A.	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: <u>893-3853</u>
Page	:of Revised 10/9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

facility was _____ gallons.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS 1D#: 0694813 DATE: 1/28	198 time in: 10:50 time out: 11:30
FACILITY NAME: <u>Mr. Geaner</u>	
FACILITY LOCATION: 16840 N	- thru 441
	FL. 32757
RESPONSIBLE OFFICIAL: NAVIN	
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	artup 🗅
2. Facility failed to notify DARM to use general p	ermit 🗅
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source ☐ dry-to-dry only, 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	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/y}$
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1{,}800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr FFR 4 1998
(constructed before 12/9/91)	(constructed on or after 12/3/31)
5. This is a correct facility classification	Y UN Can not determine Bureau of Air Monitoria & Mobile Sources
If no, please check the appropriate classif	fication: general permit as number above

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

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

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?	ØY □N □N/A				
2. Examining the containers for leakage?	XY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	ND YE				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ちゃんだん	OY ON SYM/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MANA				
	*.				
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?	Mar American				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DYY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Washum Not equipes I that fund	OY MIN ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DA ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Xy on on/a				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	XY ON				

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	NO YES				
2. Maintained rolling monthly total of perc consumption?	XIY □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	XY 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 AMA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DU MINA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON CANA				
6. Maintained startup/shutdown/malfunction plan? ✓ Y □N					
7. Maintained deviation reports?					
Problem corrected?	A/MEN YO				
8. Maintained compliance plan, if applicable?	OY ON XIN/A				

PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					XY		JN
2.	Has the facility maintained a leak log?					A Y		IN
3.	Does the responsible official check the fo	llow	ing ar	eas for leaks?				
	Hose connections, fittings,							
	couplings, and valves	ÞΥ	ΠN	□N/A	Muck cookers	ďУ	ПN	□N/A
	Door gaskets and seating	ÞΥ	ПN	□N/A	Stills	□Y	ПN	□N/A
	Filter gaskets and seating	фΥ	ΠN	□N/A	Exhaust dampers	dY	ПN	□N/A
	Pumps	μ¥	ПΝ	□N/A	Diverter valves	d _Y	□и	□N/A
	Solvent tanks and containers	фx	ПN	□N/A	Cartridge filter housings	фУ	ПN	□N/A
	Water separators	dч	ПN	□N/A		J		
4.	Which method of detection is used by the	resp	onsit	ole official?				
	Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector							
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N							
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?							
	c. Inspected for leaks and	obvi	ous s	igns of wear on	a weekly basis?	ΠY	□и	
	d. Kept in a clean and sec	ure a	ırea v	when not in use?		ΠY	ΠN	
	e. Verified for accuracy by	use use	of du	iplicate samples	(calorimetric only)?	QY	ΠN	

SAADLA CLIEBALI	1/26/98
Inspector's Name (Please Print)	Date of Inspection
	1/29
Inspegtor's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Bone Passat

35# Machine

Contain ment pan? yes

epory?yes

containment pan for spotting board 2 403.

Studge 75 abety ekan (takes 6-8 mbs to fill) (automatically pumped out)

Revised 09/15/97

0694813

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Mr C	lean	en		DATE: 1	29 9
FACILITY LOCATION:	16841	1 Neu	a few	1 441		
	MTI	fora:	FC	32757	`	
Annual Reporting Period:	De	centre	1 1997 T	o Dec	entre	1958
Based on each term or condition 62-213.300, Fiorida Adminis					_	Rule]NO
If NO, complete the following	g:		•	. ·		
#1. Term or condition of the	general permit	that has not been	in continuous con	ipliance during the re	porting period s	tated above:
Exact period of non-complian	nce: from			to		
Action(s) taken to achieve co	mpliance:					
Method used to demonstrate	compliance:			·		
#2. Term or condition of the	e general permit	that has not been	in continuous cor	npliance during the re	eporting period :	stated above:
Exact period of non-complia	ince: from			to		
Action(s) taken to achieve o	ompliance:					
Method used to demonstrate	compliance:					
As the responsible official, made in this notification ar upon purchase receipts, do combination facilities. RESPONSIBLE OFFICL	e true, accurate es not ezceed 2.	and complete. Fu 100 gallons per ye	rther, my annual	consumption of percifacilities or 1,800 gain	hlorce:hylene so	lvent, based
	N	ame (Please Print)		Signature		Date V

*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 CO	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:00 TIME OUT: 11:52 TYPE OF FACILITY: My Cleaners	AIRS ID#: 0694813
FACILITY NAME: 16840 New Hwy 44	DATE: 12/24/98
FACILITY LOCATION: Mt. DOVA FL	. 32 754
RESPONSIBLE OFFICIAL: Navin Patel	PHONE NUMBER: 352-383-1003
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	duated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
,	·
COMMENTS: Good record keeping, res, IN Co.	ponsible official.
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12	99
INSPECTION CONDUCTED BY: Gadia	Approximate) Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-893-3333
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

In am

TYPE OF INSPECTION:

ANNUAL

区

COMPLAINT/DISCOVERY

RE-INSPECTION			
AIRS ID#: OGY 13 DATE: 12/29/99 TIME IN: 11:00 TIME OUT: 11:45 FACILITY NAME: My Cleaner			
FACILITY LOCATION: 168 + 40 New thy HH			
mt. Dora. Fl. 3257			
RESPONSIBLE OFFICIAL: Naving Patel PHONE: 352-383-1003			
CONTACT NAME:PHONE:			
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			
DART II. CLASSIFICATION			

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(constructed before $12/9/91$) 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 $12/9/91$)	(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 $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
·	· ·
facility was gallons.	Tonasca within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers and a net stored 2. Examining the containers are a sealed and impervious containers are ped a net stored 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? Spin disk DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MO AM 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DN ON/A cendenser 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? sine calenda 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DAY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? **⊠**Y □N

B.	Has the responsible official of an existing large or new large area source also:			
ì.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	□и	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□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?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□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 a. documentation of leaks repaired w/in 24 hrs? or; and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? NO YEA 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN DYNA DY DN MN/A Problem corrected? DY DN DN/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?	20016	:	V ^D Y □N
2.	Has the facility maintained a leak log?	nokaks	·	DN □N
3.	Does the responsible official check the	following areas for leak	s?	
	Hose connections, fittings, couplings, and valves	□Y □N □N/A	Muck cookers	DY DN DN/A
	Door gaskets and seating	Y ON ON/A	Stills	CY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	Y ON ON/A
	Pumps	DY DN DN/A	Diverter valves	אימם מם צים
	Solvent tanks and containers	dy □N □N/A	Cartridge filter housings	DY ON ON/A
	Water separators	OY ON ON/A		
4.	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed solvent on exterior surfaces)			
	Physical detection (airflow felt through gaskets)			<u>/</u> d •
	Odor (noticeable perc odor)			P
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	Halogen leak detector			
	If using direct-reading instrumentation, is the equipment:			□N/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and	after each use	□У □И
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	□Y □N
	d. Kept in a clean and secure area when not in use?			OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	

Jaadia Vureshi	12/789/98
Inspector's Name (Please Print)	Date of Inspection
	12/79.
Inspector's Signature	Approximate Date of Next Inspection

New machine 2 yrsold.

Bowe Passat P350
has pan + epay.

has 2 wdany conte for spotting board.

Using calendar good record Kepring in compliance

PERCHLOROETHYLENE DRY CLEANERS ARMS U

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

Œ

COMPLAINT/DISCOVERYPQ

RE-INSPECTION

AIRS ID#: 069 4813 DATE: 11-16-99 TIME IN:	11:15 TIME OUT: 11:45
FACILITY NAME: Mr. Cleaners	- FM
FACILITY LOCATION: 16840 US Hwy 441	Bures OF
Mt. Dura, FL	No.
	HONE: 352 8 3 83 4003 51
•	HONE:
	<u>σλ</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	DN OCan not determine	
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit		
B. The total quantity of perchloroethylene (perc) pu facility was 25 gallons.	irchased within the preceding 12 months by this dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? A/MR NO YO DY ON DENIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? NO YES 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN ANA Spin disk 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ZN/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? AND ND AND 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? MD MS 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YY verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	z é y □n		
2. Maintained rolling monthly averages of perc consumption?	MO Y		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AYOO NO YA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A		
4. Maintained calibration data? (for applicable direct reoding instruments)	ay x no yo		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X (N/A		
6. Maintained startup/shutdown/malfunction plan?	ØYY □N		
7. Maintained deviation reports?	AVM Y NO YO		
Problem corrected?	DY DN À N/A		
8. Maintained compliance plan, if applicable?	DY DN (SN/A		

4

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, Y ON ON/A couplings, and valves Muck cookers AYM MO YA AVAD ND YES DY ON ON/A Door gaskets and seating Stills A/MD MD YEQ Exhaust dampers XY ON ON/A Filter gaskets and seating AYO NO YX AVAD ND YX Diverter valves Pumps AVA UN UNIA Cartridge filter housings XY ON ON/A Solvent tanks and containers MY 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) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) П Halogen leak detector AWADK If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? NO YO 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)? NO YO

Inspector's Name (Please Print)

Addle Comingham

Inspector's Name (Please Print)

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspection

٠:٠

ADDITIONAL SITE INFORMATION:	
• • • • • • • • • • • • • • • • • • •	
	·
·	·
•	
	.•
	•
	1
	·
•	·
••	
	·

ALCO IDH:

BEST AVAILABLE COPY

Revised 09/15/97

0694823

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Ala

FACILITY NAME: Mr. Cleanors	DATE: 1/-/6-49
FACILITY LOCATION: 16840 US they 44	
FACILITY LOCATION: 16840 US they 44 1 Mt. Dora, FL	
Annual Reporting Period: November 1998 TO Novem	ber 19 89
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the report	ing 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 report	ing period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquestion made in this notification are true, accurate and complete. Further, my annual consumption of perchloroe upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	thylene solvent, based

*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 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:15 TIME OUT: 11:4	5 AIRS ID#: 069 4813
TYPE OF FACILITY: Dry Clean	
FACILITY NAME: Mr. Cleaner	DATE: 11-16-89
FACILITY LOCATION: 16840 US Hwy 441	
mt. Dura, FL	
RESPONSIBLE OFFICIAL: Navin Patel	PHONE NUMBER: 35 2-383-1003
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	·
COMMENTS:	
InCompliance	
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11-2000	
INSPECTION CONDUCTED BY: Randall CVn	proximate) <u>Angham</u> ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (407) 843-3333
Page	of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED	
DATE.	10-17-00	-
BY	Re	

TYPE OF INSPECTION:

ANNUAL (INS1, INS2) 🙇

COMPLAINT/DISCOVERY (CI) _____

RE-INSPECTION (FUI)

AIRS ID#: 069493 DATE: 10-16-00 TIME	IN: 2:00 TIME OUT: 2:30	4 de -
FACILITY NAME: M/, Clean e/5	· · ·	.
FACILITY LOCATION: 16 840 US Huy	441	
Mt. Dura, FL 32	157	
RESPONSIBLE OFFICIAL: Navin Patel	PHONE: 352-383-1003	
CONTACT NAME:	PHONE:	
		=
PART I: NOTIFICATION		
(check appropriate box)	Facility Compliance Status: IN	
1. New facility notified DARM 30 days prior to startup	(ARMS Data) MNC	ı
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)	☐ No notification form ☐ Drop store/out of business/petroleum	
transfer only, $x < 200 \text{ gal/yr}$ transfer only, both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	y, x < 140 gal/yr x < 200 gal/yr < 140 gal/yr on or after 12/9/91) Bure Comparison Co	
transfer only, $200 \le x \le 1,800$ gal/yr transfer only, both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	area source y, 140 \le x \le 2,100 gal/yr 200 \le x \le 1,800 gal/yr 0 \le x \le 1,800 gal/yr	
5. This is a correct facility classification	□Can not determine	_
If no, please check the appropriate classification: facility qualified for a general permit as a facility exceeds above limits and is not e		
B. The total quantity of perchloroethylene (perc) purchased within facility was _30 gallons.	the preceding 12 months by this dry cleaning	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ZY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Spin Pi3H DY DN XV/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN KN/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) MU YEN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ZY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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	ΠN	
2. Measured and recorded the washer exhaust temperature at the condenser			D
inlet and outlet weekly?	ЦY	ΨN	□N/A
Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□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?	ЦY	UN	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	•		
or expansion, and downstream from no other inlet?	. □ Y	□N.	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual			
condenser coils?	ПY	ΠN	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□N ·	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY ON
2. Maintained rolling monthly total of perc consumption?	DAY ON
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?	OY ON Z N/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ZN/A
6. Maintained startup/shutdown/malfunction plan?	ZY ON
7. Maintained deviation reports?	OY ON ØN/A
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	DY DN 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? ДY 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 DY ON ON/A couplings, and valves Muck cookers TY ON ON/A Stills DY ON ON/A Door gaskets and seating DY DN DN/A DY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A OY ON ON/A Pumps Diverter valves Solvent tanks and containers DY DN DN/A Cartridge filter housings OY ON ON/A OY 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) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector ØN/A ₪ 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 OY ON (PID/FID only)? 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? \Box Y \Box N e. Verified for accuracy by use of duplicate samples (calorimetric only)? OY ON

Randall Conningham Inspector's Name (Please Print)	10-16-00
Inspector's Name (Please Print)	Date of Inspection
Phill Tall Inspector's Signature	Approximate Date of Next Inspection



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Mr. Clea	11915		· 	• .	_DATE: _	10-16-00
FACILITY LOCATION: 16 940	US Hwy	441				
						
Annual Reporting Period: Octobe	<u></u>	1449	то	Octob	20	2000
Based on each term or condition of the Title	•			/		
62-213.300, Florida Administrative Code (F.	A.C.), during the	period covered	by this statem	nent. YE	s [NO
If NO, complete the following:						
#1. Term or condition of the general permit	that has not been	in continuous c	ompliance du	ring the reporti	ng period st	ated above:
	· · ·				· · · · · · · · · · · · · · · · · · ·	
Exact period of non-compliance: from	<u> </u>		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 c	ompliance du	ing the reporti	ng period st	ated 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 in this notification are true, accurate and conpurchase receipts, does not exceed 2,100 gall combination facilities.	mplete. Further, t llons per year for d	ny annual cons dry-to dry facili	umption of per	rchloroethylene	solvent, bo	ised upon
RESPONSIBLE OFFICIAL: NAV	IN M F	ATEC	B	ans	16	16/2000
Nan	ne (Please Print)		Sig	gnature	Date	

Page of

^{*}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 COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2'00 TIME OUT: 2'30 TYPE OF FACILITY: Dry Cleun	AIRS ID#: 069 4813
FACILITY NAME: MY, Chaners	DATE: 10-16-00
FACILITY LOCATION: 16 840 US Hwy 441	DATE: 10-16 CO
mt. Dura, FL	
RESPONSIBLE OFFICIAL: Navia Patel	PHONE NUMBER: 352-383-1003
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administr	ative Code (F.A.C.).
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
th Complian	(-
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: 10 - 2001	
INSPECTION CONDUCTED BY: Randall (P)	proximate) Con Agham ease Print) 10 202 - 202 2
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 47895-3355
Page <u>/</u>	$_{\rm of}$ Revised 10/96

(cut here,

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401285

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 # 0694813

MR CLEANER NAVIN PATEL 16840 US HWY 441 MOUNT DORA FL 32757 FOR GOVERNMENT USE ON Org.: 37550101000 EO 1

Fund: 20-2-035001 Obj.: 002273

	Z 5	J O PI	62	870		
	US Postal Ser Receipt f No Insurance	or Cer			I	
ì	0 NAVIN PAT MR CLEANE 16840 US HV MOUNT DOI	EL ER VY 441		6948130	001AG	
			Þ			
	Certified Fee					
	Special Delivery	Fee				
	Restricted Delive	ry Fee		-		1
1995	Return Receipt S Whom & Date De			_		1
, Apri	Return Receipt Show Date, & Addressee's]
800	TOTAL Postage	& Fees	\$			
PS Form 3800 , April 1995	Postmark or Date	9				

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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee Addressee Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 0694813001AG NAVIN PATEL MR CLEANER	
16840 US HWY 441 MOUNT DORA FL 32757	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	3111 1 1 1 1 1 1 1 1
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

.

Z 333 667 398

AIRS ID # 0694813

MR CLEANER NAVIN PATEL 16840 US HWY 441 **MOUNT DORA FL 32757**

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
•	Restricted Delivery Fee	
April 1990	Return Receipt Showing to Whom & Date Delivered	
4	Return Receipt Showing to Whom, Date, & Addressee's Address	
Ś	TOTAL Postage & Fees	\$
rs rorm sou	Postmark or Date	

ב גפוווגט שני שונים של שליים של שליים של שליים של שליים של שליים של שליים שלים של	
SENDER: COMPLETE of adolavna to dot	NO DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery - 26
 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. 	e. Sisynatrine
1. Article Addressed to:	D. Is delivery address different from item 1? Yes
AIRS ID # 0694813 MR CLEANER NAVIN PATEL	If YES, enter delivery address below: ☐ No
16840 US HWY 441 MOUNT DORA FL 32757	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
2 333 667 398	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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392676

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 # 0694813

MR CLEANER NAVIN PATEL 16840 US HWY 441 MOUNT DORA FL 32757 AIL RO

FOR GOVERNMENT USE ONLY Org.: 37550101000 ECEB1

Fund: 20-2-035001 Obj.: 002273

		ified Mail 2000		
1	AIRS ID # 0694813 MR CLEANER			
	VIN PATEL			
	16840 US HWY 441			
MO	MOUNT DORA FL 32757			
	,	•		
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
,,	Restricted Delivery Fee			
1996	Return Receipt Showing to Whom & Date Delivered			
Aprii	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

SENDER: COMP of envelope to dot rever top of envelope segments of the return address	Fold at line
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. AIRS ID # 0694813 MR CLEANER	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
NAVIN PATEL 16840 US HWY 441 MOUNT DORA FL 32757	3. Service Type Certified Mail
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

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

Do NOT Remove Label

AIRS ID # 0694813

MR CLEANER NAVIN PATEL 16840 US HWY 441 MOUNT DORA FL 32757

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301666

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

TOTAL AMOUNT DUE

Do NOT Remove Label

AIRS ID#0694813

RAMESH PATEL NAVIN PATEL 16840 US HWY 441 **MOUNT DORA FL 32757** FOR GOVERNMENT USE ONLY

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

JAN 27 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0694813

MR CLEANER **NAVIN PATEL** 3280 N US HWY 441 **MOUNT DORA FL 32757** FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273