

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Robert Kennedy Ambassador Cleaners of Lake County 12209 Sherington Place Groveland, Florida 34736

Re: Facility I.D. No. 0694818

Dear Mr. Kennedy:

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

Ďotty 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"

## #0694818

-	Ambassador Cleaners of Lake County
	7. add firm
,	1.(a) add date control device installed
7K	1.(c) mark out "V" and initial 5.(f) required
	- CJ ZI CHINI CO
-	

## Perchloroethylene Dry Cleaning Facility Notification

## **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
Ambassador Cleanurs of Lake County	
2. Site Name (For example, plant name or number):	
Ambassadon cleaners of lake lovaty	
3. Hazardous Waste Generator Identification Number:	
, m , s , a , a , a , a , a , a , a , a , a	
FLD CESOG	
4. Facility Location: Street Address: 850 E. MONTROSE ST.	
Street Address: 836 E. Montesse 31.	
City: Clermont Fl. County: Lake Zip Code: 3471	
5. Facility Identification Number (DEP Use):	
FLR000010546 0694818	
FLR000010546 0694818	
Dible Official	
Responsible Official	
6. Name and Title of Responsible Official:	
Robert Kennery president  () Responsible Official Mailing Address:	
Responsible Official Mailing Address:	
Organization/Firms	
Street Address: 12204 Shereington PL.	
City: County: Lake Zip Code: 3473	
City: Groveland F1. County: Lake Zip Code: 3473	6
8. Responsible Official Telephone Number:	
Telephone: (352) 429 - 5735 Fax: (352) 394 - 6160	
352-394-6160	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Gode	
11. Facility Contact Telephone Number:	
Telephone: ( ) - Fax: ( ) CED 7 5	
Street Address: City:  County:  Zip Gode/ ED  11. Facility Contact Telephone Number: Telephone:  Telep	
Bureau of Air Monites	
Bureau Mobile Sour	
<i>ن بن ا</i>	

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

## **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry Unit	]	luve							ef
(1) w/ ref. condenser	/	01 43	1 M. 15	Ì					
(2) w/ carbon adsorber					1				
(3) w/ no controls									
Washer Unit		1				1			1
(4) w/ ref. condenser									
(5) w/ carbon adsorber			_						
(6) w/ no controls									
Dryer Unit	, .	134	Tanana arang		ing the state of	Tally state of the		entra e de de	
(7) w/ ref. condenser									_
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			12 2					<del></del>	
(10) w/ ref. condenser		T .	Γ	Ť	I	Ī		1	<u> </u>
(11) w/carbon adsorber				<del>                                     </del>			<u> </u>		
(12) w/ no controls									-
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mont Check why it is less	are r quant gallo	equired to be ity of perchlons ow many?	proethylene (	(perc)	purchased in	ं ृत			
3. What is the facility's so (Indicate with an "X".  Existing small ar	urce Selec	classification	based on the	)	nitions found			Part II?	
別 例 Existing large are	ea so	urce [ ]	No	ew lai	ge area sour	ce [	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required (Indicate with an "X".)	d on machines p	oursuant to section (5) of I	Part II of this notification form?
Existing large area source Carbon adsorber	]	Refrigerated condenser	
New small area source Refrigerated condenser	<b>X</b> J		
New large area source Refrigerated condenser			
5. A facility which contains non-exert to Rule 62-213.300, F.A.C. Verify the exemption criteria or that no such unit	nat all steam and		
All steam and hot water generating un boiler HP or less), and (2) are fired ex during which propane or fuel oil conto	exclusively by na	tural gas except for perio	ds of natural gas curtailment
All steam and hot water generating un No such units on-site	nits exempt		
Novine		a d Donne Honoria a Tafan	
	_	nd Recordkeeping Infor	
Check all logs which are required to b	oe kept on-site ii	n accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent purc	chases		
(b) Leak detection inspection and repa	air		
(c) Refrigerated condenser temperatur	re monitoring		
(d) Carbon adsorber exhaust perc con-	centration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction p	olan		

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

## Surrender of Existing Air Permit(s)

lease indicat	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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.
T Y	X X /2-31-96

Date

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

Signature

Ambassador Cleaners of Lake County  1. Facility  P. 13. 7. add firm  2. Site Nat  p. 14 1. (a) add date control device installed  1. LC) mark out "V" and initial  p. 15. 5. (f) required  4. Facility Street A City:  7. 10	
1. Facility  1. Facility  1. Facility  2. Site Nat  2. Site Nat  3. Hazardo  4. Facility  Street A  1. (a) add date control device  1. (b) mark out "V" and initial"  7. (5) required	
2. Site Nat P. H 1. (a) add date control device ty installed  3. Hazardi P. K 1. (c) mark out "V" and initial to 5. (f) required  4. Facility Street A	
2. Site Nation P. 14 1. (a) add date control device ty installed  3. Hazardi P. 15 5. (f) required  4. Facility Street A	
3. Hazardo p. 15. (f) required  4. Facility Street A	
3. Hazardo p. 15. (f) required  4. Facility Street A	
p. B. 5.(f) required  4. Facility Street A	
4. Facility Street A	
Street A	,
l 4	
5. Facility Corrections made 1/6/97	
P Covering made 1/6/1	
Jujungon	
6. Name a	
Rob	
7. Respons	$\neg$
Organiz Street A	
City: 6	6
8. Respons Telepho	
Telephie ;	
9. Name and Title of Facility Contact (For example, plant manager):	}
10. Facility Contact Address:	
Street Address:	
City: County: Zip Gode!	
Street Address: City: County:  Zip Gode/ ED  11. Facility Contact Telephone Number: Telephone:  Telephone:  () - Fax: () SEP 2.3 1995	·

Bureau of Air Monitoring Sources

## Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Ain bassadon Cleaners of Lake County Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Aubassadon Cleaners of Lake County
3.	Hazardous Waste Generator Identification Number:
	FLD CESOG
4.	Facility Location: Street Address: 850 E. MONTROSE ST.
	City: Clermont, Fl. County: Lake Zip Code: 34711
5.	Facility Identification Number (DEP Use):  FLR 0000/0546 06948/8
	Responsible Official
6.	Name and Title of Responsible Official:
,	Robert Kinnery president
7.	Responsible Official Mailing Address: Organization/Firm: Am DASS adox Cleanus of Lake County DAGO 1-6 Street Address: 122 og Sherrington pt. 850 E. monthose ST City: Cleanunt County: Lake Zip Code: 347 36
8.	
	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 Codes E
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( )
	+ Air Monitorne
	SEP 2. Sources Bureau of Air Monitoring Sources

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

## **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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			. [	Pla	1-7-8	7			
(1) w/ ref. condenser	1	010 119	10/ Yours	5	Τ' -				
(2) w/ carbon adsorber									<u></u>
(3) w/ no controls									
Washer Unit				I				•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•			•				1000
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			·	p.1		. Tellin			
(10) w/ ref. condenser					ľ				
(11) w/carbon adsorber									
(12) w/ no controls				<b> </b>					
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 mont Check why it is less	are requanting gallo	equired to be ity of perchlo ons ow many?	installed [_oroethylene (	perc)	purchased in	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	ication only.) Ne	ew sm	nitions found nall area sour rge area sour	ce 🗶		Part II?	

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

4. What control technology is req (Indicate with an "X".)	uired on machines	pursuant to section (5) of l	Part II of this notification form?
Existing large area source Carbon adsorber	<u>e</u> []	Refrigerated condenser	
New small area source Refrigerated condenser	$\bowtie$		
New large area source Refrigerated condenser			
5. A facility which contains non-to Rule 62-213.300, F.A.C. Verif exemption criteria or that no such	y that all steam an	d hot water generating uni	
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil to	ed exclusively by n	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generatin No such units on-site	g units exempt		
·			
Equipm	nent Monitoring a	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 temper	ature monitoring		
(d) Carbon adsorber exhaust perc	concentration mor	nitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfuncti	on plan		V 18/10 1-7-49

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

## Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.   - 10 9 7
Signature	Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96



## TITLE V GENERAL PERMIT

COME	LIANCE	NSPECTION CHECKL	IST	
TYPE OF INSPECTION: ANN RE-I	UAL NSPECTIC		LAINT/DISCOVERY	
AIRS ID#: 06948/8 DATE: FACILITY NAME: AMBASSAD	//	,	TIME OUT:	1:20
FACILITY LOCATION: 850	E. MI	NTROSE ST.	,	
CLEA	MONT	Fz. 34711		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM by 9.	/1/96	1		
2. New facility notified DARM 30 days	prior to sta	tup 9/23/	76	
3. Facility failed to notify DARM to use	general pe	rmit	,	
PART II: CLASSIFICATION		<del> </del>		
Facility indicated on notification form (check appropriate box)	that it is:			
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 soundry-to-dry only, x<140 g transfer only, x<200 galboth types, x<140 gal/yr (constructed on or after	al/yr /yr	
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></td><td>4. New large area sour dry-to-dry only, 140<x< (constructed="" 200<x<1,800="" after<="" on="" only,="" or="" td="" transfer=""><td>2, 100 gal/yr 300 gal/yr ) gal/yr</td><td>•</td></x<></td></x<2,>		4. New large area sour dry-to-dry only, 140 <x< (constructed="" 200<x<1,800="" after<="" on="" only,="" or="" td="" transfer=""><td>2, 100 gal/yr 300 gal/yr ) gal/yr</td><td>•</td></x<>	2, 100 gal/yr 300 gal/yr ) gal/yr	•
This is a correct facility classification		YY ON		
If no, please check the appropriate class	ification:	•		
facility exceeds above	limits and i	s not eligible for a general		
B. The total quantity of perchloroethyle facility was 53 gallons.	ne (perc) p	archased within the preced	ling 12 months by this	dry cleaning

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? NO STORAGE 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in sealed containers for at SPIN FILTERS least 24 hours prior to disposal? Two OY ON 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 condenser on a weekly basis? 4A5 NOT RECORDED 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?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
Is the temperature differential equal to or greater than 20° F?	DY DN
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?	מם צם
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
	ar an
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	<u>_</u>
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AY ON
2. Maintained rolling monthly averages of perc consumption?	NO Y
	/ \
3. Maintained leak detection inspection and repair reports for the following:	
3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;	DY DN
	OY M

UY UN
MA DN
□Y YN
AY ON
'מע אם אם אוא
N DY

5. Maintained exhaust duct monitoring data on perc concentrations?

□Y □N

2.	Which method of detection is used by	the respon	nsible offici	al?		
	Visual examination (condensed s	urfaces)	X			
	Physical detection (airflow felt the	•	Á			
	Odor (noticeable perc odor)				X	
	Use of direct-reading instrument	ation (FII	D/PID/calor	imetric tubes) BGEN DETECTOR	o`	
	If using direct-reading instrum	entation,	, is the equi	ipment:		
	a. Capable of detecting	perc vape	or concentra	ations in a range of 0-500 ppm?		JN
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use		JN
	c. Inspected for leaks a	nd obviou	ıs signs of v	vear on a weekly basis?		JN
	d. Kept in a clean and	secure are	a when not	in use?		lN
	e. Verified for accuracy	by use o	f duplicate s	samples (calorimetric only)?		M
3.	Has the facility maintained a leak log?				DY )	N
4.	Does the responsible official check the	followin	g areas for l	leaks?	,	1
	Hose connections, fittings, couplings, and valves	XY	□N	Muck cookers	Y	□N
	Door gaskets and seating	Y	□N	Stills	YY	□N
	Filter gaskets and seating	Y	□N	Exhaust dampers	ΠY	□N
	Pumps	Y	_ DN	Diverter valves	ΠY	ΠN
	Solvent tanks and containers	Y	ПN	Cartridge filter housings	ПY	ΠN
	Water separators	#YY	ΠN			
	ROBERT KENNEDY					
	Name of Responsible Office	ial				
_	LOUIS A. NICHE	15		1/6/97	7	
	Inspector's Name (Please Pr	int)		Date/of Inspe	ection	
_	Xouis Whicher			<del></del>		
	Inspector's Signature			Approximate Date of	Next Ins	pection

Smoke Damage Specialist
Commercial Drapery
Cleaning
Costume Cleaning

Robert Kennedy

850 E. Montrose St. 

Clermont, Florida 34711

(904) 394-6160

35 2 5

#### ADDITIONAL SITE INFORMATION:

- MCF PICKS UP WASTE
- TERO WASTE MACHINE \$2400 FOR SEPERATOR WATER EPUXY AROUND SPOTTING BURRO ON 1/10/97
- ORION 30 LB MDL KIST 2 SPIN FILTERS ONE FOR DARK, ONE FOR LINGT
- HAS CONTAINMENT PAN
- , ABOUT I QT SEPARATOR WATER DAY
- SEALED WASTE ON CONVANIMENT DAN.
- NATL GAS BOILER

ATRS ID#: 0694818

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Am BASSAdor Cleaners of Lake. Co DATE: 3-18-98  FACILITY LOCATION: 850 E. Munticuse st.  Cleanant fc. 34711
FACILITY LOCATION: 850 E. Monticuse st.
Cleumont Fl. 34711
Annual Reporting Period: MARCH 1997 TO MARCH 1998
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Fale 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period sates about
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL Response Print)  Signature  Date

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

INSPECTION SUMMARY REPORT ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION TYPE OF INSPECTION: AIRS ID#: TIME IN: TYPE OF FACILITY: FACILITY LOCATION: RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY:

(Please Print) PHONE NUMBER: INSPECTOR'S SIGNATURE: Revised 10/96 Page\_\_\_of\_

•	B 5P2 31	20	1.96
	US Postal Service Receipt for Cer	tifie	d Mail
RO	AIRS ID BASSADOR CLEANER BERT KENNEDY 209 SHERINGTON PLA COVELAND PARK FL 34	S OF CE	94818 LAKE COUNTY
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1996	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date  2/14/	9	7

delivered.  3. Article Addressed to:  AIRS ID#: 0694818  AMBASSADOR CLEANERS OF LAKE COUNTY ROBERT KENNEDY 12209 SHERINGTON PLACE GROVELAND PARK FL 34736  5. Received By: (Pript Name)  5. Received By: (Pript Name)  6. Signature: (Addressee or Agent)  X Consult postmaster for fee.  4a. Article Number  ABC Service Type  Begistered	Complete Print you card to permit.	te items 1 and/or 2 for additional serete items 3, 4a, and 4b. bur name and address on the reverse you. this form to the front of the mailpiece	of this form so that we , or on the back if space illpiece below the article	can return this e does not e number.	following extra fee	g service e): Address	ceive the es (for an see's Address
10 - /	AMBA ROBB 12200 GROV	AIRS ID#: 06948 ASSADOR CLEANERS OF LA ERT KENNEDY SHERINGTON PLACE VELAND PARK FL 34736 Eived By: (Pript Name)	KE COUNTY	4b. Service Registere Express Return Re 7. Date of De 8. Addressee	Type ed Mail ceipt for Me ellivery	erchandis	Q Certified ☐ Insured e ☐ COD

302158

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED
FEB 1 2 1998
Bureau of Air Monitoring & Mobile Sources

AIRS ID#0694818
AMBASSADOR CLEANERS OF LAKE
COUNTY
ROBERT KENNEDY
12209 SHERINGTON PLACE
GROVELAND PARK FL 34736

RECEIVED MAIL ROOM FEB 10 98

Do NOT Remove Label

Annual Reporting Period: _		$\angle$	<u>/</u> 19 <b>97</b>	TO	/,	<u> </u>	<u>/</u> 1	<b>و</b>
	/				7			

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

If NO, complete the following:	
#1. Term or condition of the general permi	it that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permi	it that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: ROBERT T. KINNERY J. D. Signature

Signature

Date

<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.

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINT/DI	SCOVERY NO	TAN A
RESPONSIBLE OFFICIAL :	E. Ma Crmont	F3471/ Ennedy PHONE: 39	4-6160	Ay
PART I: NOTIFICATION				
(check appropriate box)	<del></del>			
1. New facility notified DARM 30 d	ays prior to stan	шр		
2. Facility failed to notify DARM to	use general per	mit		۵
PART II: CLASSIFICATION				
Facility indicated on notification for (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	orm that it is:	☐ No notification ☐ Drop store/out  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	n form t of business/petro	oleum
(constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 ga	П gal/ут l/ут	(constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ gal		95

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ abo

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

 $\Box$ Y

both types,  $140 \le x \le 1,800 \text{ gal/yr}$ 

□Can not determine

(constructed on or after 12/9/91)

 $\square N$ 

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

facility was 40 gallons.

both types,  $140 \le x \le 1,800$  gal/yr

5. This is a correct facility classification

(constructed before 12/9/91)

## 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?

7 pumped

DY DN XVIVA

2. Examining the containers for leakage?

3. Closing and securing machine doors except during loading/unloading?

MD SE

4. Draining cartridge filters in their housing or in sealed-containers for at least 24 hours prior to disposal?

AVA NO YE

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

OY ON XN/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?

XY □N

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

Y ON ONA

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

OY ON ON A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

MD Y

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

DY N N/A

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

ordered new coils for condenser also

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

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
Maintained receipts for perc purchased?	MD AK						
2. Maintained rolling monthly total of perc consumption?	MD A <b>X</b>						
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?	X □N □N/A						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>P</b> N/A						
5. Maintained exhaust duct monitoring data on perc concentrations?	או אל אם אם						
6. Maintained startup/shutdown/malfunction plan?	XXY □N						
7. Maintained deviation reports?	YZY ON ON/A						
Problem corrected?	AMAC NO YO						
8. Maintained compliance plan, if applicable?	AND NA						

## PART VI: LEAK DETECTION AND REPAIRS

_					_		
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				ÆÝ.	□и	
2.	Has the facility maintained a leak log?				W.	□и	
3.	Does the responsible official check the	following areas fo	or leaks?		·		
	Hose connections, fittings, couplings, and valves	מם מם צמ	A M	luck cookers	ם צים	N □N/A	
	Door gaskets and seating	אס מם אל	A' St	ills	DY C	N □N/A	
	Filter gaskets and seating	אם אם אס	A E:	xhaust dampers	OY C	IN □N/A	
	Pumps	אם אם אף	A D	iverter valves	םץ כ	IN □N/A	
	Solvent tanks and containers	אם אם אם	A C	artridge filter housings	OY C	IN □N/A	
	Water separators	אם מם אף	A				
4.	Which method of detection is used by t	the responsible off	ficial?				
	Visual examination (condensed s	olvent on exterior	surfaces)				
	Physical detection (airflow felt th	rough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrument	ation (FID/PID/ca	lorimetric tub	oes)			
	Halogen leak detector					-	
	If using direct-reading instr	rumentation, is th	ie equipment	t:	□N/A		
	a. Capable of detecting	perc vapor concer	ntrations in a	range of 0-500 ppm?	QY (	N□	
	b. Calibrated against a (PID/FID only)?	standard gas prior	to and after	each use	QY (	וע⊏	
	c. Inspected for leaks a	nd obvious signs o	of wear on a v	veekly basis?	OY (	⊐N	
d. Kept in a clean and secure area when not in use?						□и	
	e. Verified for accuracy	by use of duplica	ite samples (c	alorimetric only)?	QY (	□и	

Saadia arveshi	3) 18620
Inspector's Name (Please Print)	Date of Inspection
Som-	3)90
Inspector's Signature	Approximate Date of Next Inspection

Machine 2 yrs old 8 mon Replacing coils of retrofit fan for inloading clothis

epopy? yes

Containment pan? yes

heis revocable machen

-changes filkers 1/mth

MEF hazardores waste

# after agm (Tuesday)

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	- CA-1
ARM'S.	IPDATED
DATE_	7-15-99
BY 7	2 e

TYPE OF INSPECTION:

ANNUAL

Ø

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 069 4818 DATE: 7-15-99 TIME	EIN: 9:30 TIME OUT: 10:00
FACILITY NAME: Ambassadus (leune	15 of Latte-loubt
FACILITY LOCATION: 450 E. Montrose	15
Clermont, FL 3	4711
RESPONSIBLE OFFICIAL: Robert Fran Nedy	PHONE: 329~67600
CONTACT NAME:	PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🗀
2. Facility failed to notify DARM to use general per	rmit 🔘
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON OCan not determine
If no, please check the appropriate classific    facility qualified for a genumber of the facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pure facility was 117 gallons.	archased within the preceding 12 months by this dry cleaning

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5 pin distill

### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### 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)

(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? Manufacture Sund doesn't need

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?

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

ND YD

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□И	□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,	D		
	or expansion; and downstream from no other inlet?	ЦΥ	⊔N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПП	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПП	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			PAN DN	
2.	Has the facility maintained a leak log?			MD AM	
3.	Does the responsible official check the	following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	by on on/a	Muck cookers	Ay ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A	
	Filter gaskets and seating	dy on ona	Exhaust dampers	Y ON ON/A	
	Pumps	MY ON ONA	Diverter valves	AYR ON ON/A	
	Solvent tanks and containers	Y ON ONA	Cartridge filter housings	Y ON ON/A	
	Water separators	OY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed se	olvent on exterior surface	es)		
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equip	oment:	□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			אם אס		
<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>			DA ON		
c. Inspected for leaks and obvious signs of wear on a weekly basis?			άλ □N		
d. Kept in a clean and secure area when not in use?			QY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
_					

Inspector's Signature

Approximate

Approximate

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE IN	FORMATION:	
	· ·	
·		
		·

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 4130 TIME OUT: 10:00	AIRS ID#: 0694418
TYPE OF FACILITY: Dry Clause 15	
FACILITY NAME: Am hassadur Cleaners Ul	Latre County DATE:
FACILITY LOCATION: 450 E. Montrose	
Clermont, FL 3471	
RESPONSIBLE OFFICIAL: ROBERT MEANERY	PHONE NUMBER: 394-6/60
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	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
·	·
	;
COMMENTS:	
In Complian	C-E
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION: 7- 2000	
INSPECTION CONDUCTED BY: Randall Cu	nningham
INSPECTOR'S SIGNATURE: A SAULT COPI	ease Print) PHONE NUMBER: 407 - 893-3333
	1
Page (	of . Revised 10/96

Revised 09/15/97

AIRS ID#: <u>069 4819</u>\_\_\_\_

AUC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ambassador'S Cleanis of Lake Countrate:
FACILITY LOCATION: 450 E. Montrose St.
(Hermont, FL 34711
Annual Reporting Period: July 1948 TO July 1949
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
f NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromtoto
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: fromtototo
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: Robert Kenney Signature  Name (Please Print)

<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.

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCO

RE-INSPECTION

AIRS ID#: 0694818 DATE: 7/-10-49 TIME	IN: 12!15	TIME OUT: _	12:45
FACILITY NAME: Ambassador Cleaners of	Lake Count	4	<del>73</del>
FACILITY LOCATION: 850 E. Montrose St.		<u> </u>	<u> </u>
Clermont, FL 34711		DEC Jireau & 1	
RESPONSIBLE OFFICIAL: Robert Kennedy	PHONE:	349-6160	
CONTACT NAME:	_ PHONE:	1999 100N	
		ces	
		ng	
PART I: NOTIFICATION			

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup ·
2. 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.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	Y ON OCan not determine
☐ facility exceeds above lim	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was <u>14</u> gallons.	archased 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 <b>X</b> V/A	
2. Examining the containers for leakage?	OY ON 🏂 VA	
3. Closing and securing machine doors except during loading/unloading?	AY ON .	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  5 pin dism	A'N' אַ אם אם אם	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אוא 🗷 אם צם	
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 ref (complete A and B below).	rigerated condenser	
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	·	
1. Equipped all machines with the appropriate vent controls?	ODY ON	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANNO NO YES	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	XY ON ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	XATY ON	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	אויים אם א <b>פל</b>	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	Ø¥ □N	

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly averages of perc consumption?	MD YAQ
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 DAVA
4. Maintained calibration data? (for applicable direct reading instruments)	A/N <b>X</b> NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ÆN/A
6. Maintained startup/shutdown/malfunction plan?	ATY DN
7. Maintained deviation reports?	DY DN ANA
Problem corrected?	אואלל, אם אם
8. Maintained compliance plan, if applicable?	DY DN DAVA

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AY ON ON/A Muck cookers couplings, and valves AYND NO YE AY ON ON/A Stills MYND NO YX Door gaskets and seating MY ON ON/A MY ON ON/A Exhaust dampers Filter gaskets and seating TY ON ON/A A/MD ND YX Diverter valves Pumps Cartridge filter housings AY ON ON/A Solvent tanks and containers AVIO NO VER 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) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: DY DN 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 DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

Approximate Date of Next Inspection

dall Conning ham
Inspector's Name (Please Print)

ADDITIONAL SITE INFORMATION:	
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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Ambassadurs Cleaners of Lakelounty DATE: 11-10-99
FACILITY LOCATION: 850 E, Mon trose St.
Clermont, FL 34711
Annual Reporting Period: November 1918 TO November 1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: 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 made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:    Cohert   Kennegy   1/-10-99     Name (Please Print)   Signature   Date
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	NNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:15  TYPE OF FACILITY: Dry C	_time out: 12!4 leaner		1 4818
FACILITY NAME: Ambas FACILITY LOCATION: 850 Clerm	E, montrosest.		DATE: 1/-/u~ 99
RESPONSIBLE OFFICIAL: KOB	ert Hennedy	PHONE NUMBER:	344-6160
compliance with DEP Rule	52-213.300, Florida Administ	rated during this inspection, the facility rative Code (F.A.C.).	
discrepancies were noted:			
COMPLIANCE REQUIR	EMENT/PROBLEM	FOLLOW-UP ACTION	N REQUIRED
·			
		·	
	_		
COMMENTS:			
In Complia	nce	·	7
The Annual Compliance Certification	n form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:_	11-2000	pproximate)	
INSPECTION CONDUCTED BY:	Randall Co	Inningham  Jease Print	
INSPECTOR'S SIGNATURE:	dall C	PHONE NUMBER:	407-893-333
	Page_	<u></u>	Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

•	(INS1, INS2) COMPLAINT/DISCOVERY (CIPATED)  CTION (FUI) DATE 10-20
· ·	20 -00 TIME IN: 9!00 TIME OUT: 9!30
FACILITY LOCATION: 850 E.	Montrose St.
RESPONSIBLE OFFICIAL: Robert	t, FL 347/1  Mennedy PHONE: 352-394-6/60  PHONE:
	THORE.
PART I: NOTIFICATION	· == <del>V==================================</del>
<ol> <li>(check appropriate box)</li> <li>New facility notified DARM 30 days prior t</li> <li>Facility failed to notify DARM to use generated</li> </ol>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it (check appropriate box)  A.	is:   No notification form  Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	✓Y □N □Can not determine
	ssification: a general permit as number above ve 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)			
Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A		
2. Examining the containers for leakage?	OY ON DN/A		
3. Closing and securing machine doors except during loading/unloading?	ØY □N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? $Sριλ disK$	OY ON <b>M</b> ON/A		
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PANA		
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 refu (complete A and B below).	rigerated condenser		
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	<b>:s:</b>		
1. Equipped all machines with the appropriate vent controls?	74 ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	AT ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	AY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON		

B.	Has the responsible official of an existing large or new large area source also:			· · ·
II	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?	ΩΥ	ÜΝ	
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	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?	ΩY	ΠN	□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,			
		ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	ΠV		
	condenser coils?	U Y	UM.	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ONA
<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 DIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	מאיאם אם צם
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	DY DN DN/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				
inspection?			<b>⊠</b> Y □N	
2. Has the facility maintained a leak log	?		ΔY ON	
3. Does the responsible official check th	e following areas for leaks	s?		
Hose connections, fittings, couplings, and valves	dy On On/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	OY ON ON/A	Diverter valves	dy on on/a	
Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	DY DN DN/A	
Water separators	OY ON ON/A		,	
4. Which method of detection is used by	the responsible official?		·	
Visual examination (condensed	solvent on exterior surface	es)		
Physical detection (airflow felt through gaskets)			<u> </u>	
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector			Ø	
If using direct-reading inst	72AN/A			
a. Capable of detecting	$\Box Y$ , $\Box N$			
b. Calibrated against a standard gas prior to and after each use				
(PID/FID only)? □Y □			OY ON	
c. Inspected for leaks and obvious signs of wear on a weekly basis?				
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)?			□Y □N	
The street of th	5 (P. C	STATE COLOR SEASON STATE OF THE	5 1 7 7 8 15 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	
Randall Cons	alam	10-20-00		
Inspector's Name (Please Pri	m)	Date of Inspection		

Revised 07/28/00

10-200 | Approximate Date of Next Inspection

Inspector's Signature



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Am bassadurs C	leaners of La	ke County	DATE: _ /0-	20 - 00
FACILITY LOCATION: 850 E, Man	trose st			
Clermont, F				
, , , , , , , , , , , , , , , , , , , ,		_ *		
Annual Reporting Period: Uctober	1999 TO	october	· · · · · · · · · · · · · · · · · · ·	_20 <i>_00</i>
Based on each term or condition of the Title V general a	ir permit, my facility has r	emained in compliance	with DEP Rule	·
62-213.300, Florida Administrative Code (F.A.C.), durir	ng the period covered by th	nis statement. TYE	s 🗖 NC	)
If NO, complete the following:				
#1. Term or condition of the general permit that has not	been in continuous compl	iance during the reporting	ng period stated a	bove:
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 compl	iance during the reportir	ng period stated a	bove:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:	•	<u> </u>		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on infoin this notification are true, accurate and complete. Fur purchase receipts, does not exceed 2,100 gallons per year combination facilities.	ther, my annual consumpti ar for dry-to dry facilities o	ion of perchloroethylene	solvent, based uj	
RESPONSIBLE OFFICIAL: Name (Please P	rint)	Test of Signature	Date	9,00

<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 X COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9 200	TIME OUT: 4:30	AIRS ID#: 06 4	4818
TYPE OF FACILITY: Dry	Cleantrs		
FACILITY NAME: Ambas	sadar lleants	of Lake County	DATE: 10 - 20 -00
FACILITY LOCATION: 450	E, Man trose St		·
	mont, FL 3471		
RESPONSIBLE OFFICIAL: K	obert Kennedy	PHONE NUMBER: 3	52-394-6160
<b>J</b>	compliance requirements evalu e 62-213.300, Florida Administr	ated during this inspection, the facilit ative Code (F.A.C.).	y is found to be in
discrepancies were noted:		ated during this inspection, the follow	
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
·			
COMMENTS:			
In Con	pliance	·.	
The Annual Compliance Certificati	on form has been properly certif	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	10. 5. 1		
INSPECTION CONDUCTED BY	Randall Cu	oproximate) un ingham	
INSPECTOR'S SIGNATURE:_	Raull C-4	PHONE NUMBER:	407-893-333
	Page	of /	Revised 10/96



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

0390727

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**

HAIL ROOM

Do NOT Remove Label

AIRS ID # 0694818
AMBASSADOR CLEANERS OF LAKE
COUNTY
ROBERT KENNEDY
12209 SHERINGTON PLACE
GROVELAND PARK FL 34736

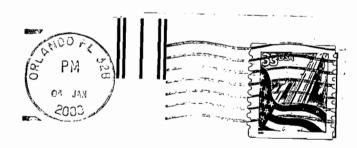
11 )

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

AMBASSADOR CLEANERS OF LAKE COUNTY 850 E. Montrose Street Clermont, FL 34711



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
9972					
75		Postage	\$	 	Je .
93		Certified Fee		Pos	stmark 3
0200	(Endors	urn Receipt Fee ement Required)		٠	tere . $\sqrt{}$
	(Endors	ted Delivery Fee ement Required)		-	3
	Total F	Pantona & Face	<b>S</b>	Ι .	.5
052	Recip	10 ROBERT K	AIRS ID # 0694 ENNEDY	1818001AG	iler)
10	Street,	AMBASSA!	DOR CLEANERS	OF LAKE	
7000	City, S	12209 SHEI	RINGTON PLACE ND PARK FL 3473	6	رچ
<u>.                                    </u>	PS For	UKO VELA!	DEARK FL 34/3		Structions

CENDED, COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  10 AIRS ID # 0694818001AG ROBERT KENNEDY AMBASSADOR CLEANERS OF LAKE	A. Received by (Please Print Clearly)  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
COUNTY 12209 SHERINGTON PLACE GROVELAND PARK FL 34736	3. Service Type  Certified Mail
2. Article Number (Copy from service label) 7000 0520 0020 9372	9972
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-00-M-0952

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

402639

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 /

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AIRS ID # 0694818

AMBASSADOR CLEANERS OF LAKE COUNTY ROBERT KENNEDY

12209 SHERINGTON PLACE GROVELAND PARK FL 34736 JAN 12

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO. A1

Fund: 20-2-035001 Obj.: 002273

AMBASSADOR CLEANERS OF LAKE COUNTY 850 E. Montrose Street Clermont, FL 34711 PM SON

TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

#### Do NOT Remove Label

AIRS ID# 0694818 AMBASSADOR CLEANERS OF LAKE COUNTY RÖBERT KENNEDY 12209 SHERINGTON PLACE GROVELAND PARK FL 34736 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

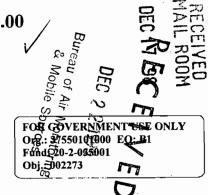
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 354630

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 # 0694818 AMBASSADOR CLEANERS OF LAKE COUNTY ROBERT KENNEDY 12209 SHERINGTON PLACE GROVELAND PARK FL 34736



## Z 333 612 989

# US Postal Service ' Receipt for Certified Mail No Insurance Coverage Provided AIRS ID 0694818

AMBASSADOR CLEANERS OF LAKE COUNTY ROBERT KENNEDY 12209 SHERINGTON PLACE GROVELAND PARK FL 34736

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

IN ADDRESS completed on the reverse side?	■Print your name and address on the reverse of this form so that we can return this card to you.  ■Attach this form to the front of the mailpiece, or on the back if space does not permit.  ■Write "Return Receipt Requested" on the mailpiece below the article number.  ■The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eipt Service.
	AIRS ID 0694818  AMBASSADOR CLEANERS OF LAKE COUNTY ROBERT KENNEDY 12209 SHERINGTON PLACE GROVELAND PARK FL 34736	4a. Article Number  2 333 6 / 2 989  4b. Service Type  Registered  Express Mail Return Receipt for Merchandise  COD  7. Date of Delivery		you for using Return Rec
Is your <u>RETUR</u>	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994  10.	8. Addressed and fee is 2595-97-8-0179	e's Address (Only if requested paid)  Domestic Return Receipt	Thank

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

302158

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#0694818
AMBASSADOR CLEANERS OF LAKE
COUNTY
ROBERT KENNEDY
12209 SHERINGTON PLACE
GROVELAND PARK FL 34736

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273