

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 16, 1996

Mr. Eugene Boeglin Palmetto Service Cleaners 1304 8th Avenue West Palmetto, Florida 34221

Dear Mr. Boeglin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 22, 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 Fernandez, Southwest District

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

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PALMETTO SERVICE CLEANERS DATE: 4/15/97 FACILITY LOCATION: 1304 8th AVE W
FACILITY LOCATION: 1304 8th AVE W
TACHETT BUCKTON
PALMETTO FL 34221
Annual Reporting Period: SEPT 1 1996 TO APRIL 15 1997
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:  Record Keeping - Leak theck and refrige. Cond. Henry.
Exact period of non-compliance: from 9/1/96 to 4/15/97
Action(s) taken to achieve compliance: Create leak log and temp. Log
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period taled above:
Exact period of non-compliance: from to
Action(s) taken to achieve compliance:  REPARAMONITORS
Method used to demonstrate compliance:  But su Notifie 5
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 rolling averages of 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: Eugene Boeglin Eugen Buege 4/15/97  Name (Please Print) 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.

N)	•
p.13	· · · · · · · · · · · · · · · · · · ·
•	add title - should be owner because of block #1
8.	add telephone number
p. 14	
•	add date control device installed
l (c)	should not be marked
. :	
: . ناب حمر نوست . ا	

## TITLE V AIR QUALITY GENERAL INSPECTION SUMMARY REP

,
L PERMIT PORT
OVERY RE-INSPECTION
_AIRS ID#:
DATE: 4/15/97
HONE NUMBER: 941-722-8880
nspection, the facility is found to be in C.).
nspection, the following compliance
OW-UP ACTION REQUIRED
np log
,
CEIVED

TYPE OF INSPECTION: ANNUAL X COI	MPLAINI/DISCOVERY [ RE-INSPECTION [
TIME IN:TIME OUT:	AIRS ID#: 0810166
TYPE OF FACILITY: PDC	
	LEANERS DATE: 4/15/97
0.1	
falmetto Fr 342	
RESPONSIBLE OFFICIAL: Eugene Boeglin	PHONE NUMBER: <u>941 - 72 2 -8880</u>
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	·
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	- 1200 1-
Dud on Alana	eure (OG
Record keeping	- temp too
	( )
	·
<u> </u>	
	RECEIVED  APRIL 1997  APRIL 19
	Apply of Air Monitoring Sources
	of All Sources
	Brice Woping
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.
$\bigwedge \Lambda \Lambda$	to and submitted to the inspector.
DATE OF NEXT INSPECTION:	<u>L'48</u>
2	proximate)
INSPECTION CONDUCTED BY: IMARGARET	CANGRO
	ease Print)
INSPECTOR'S SIGNATURE: harguret Cangus	PHONE NUMBER: 813/744-6100
	/ x/25
Page	_6f <u>/</u> . Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	DN D	COMPLAINT/DI	SCOVERY	
AIRS ID#: <u>08/0/66</u>					
FACILITY NAME: PALM					
FACILITY LOCATION: _/_	304 SH	AVE.	W.		
f	ALIMETTO	Ä	34221		
PART I: NOTIFICATION					
(check appropriate box)	•				
1. Existing facility notified DA	RM by 9/1/96				×
2. New facility notified DARM	30 days prior to sta	rtup			a
3. Facility failed to notify DAR	M to use general pe	rmit		-	۵
	<del></del>	<del></del>		<del>70</del>	
PART II: CLASSIFICATION	I		EL		
Facility indicated on notificati (check appropriate box)  A.	on form that it is:		RECEI.	1997 Air Monitorine	
1. Existing small area sour 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)	ce . 🗅	2. New small dry-to-dry onl transfer only, both types, x< (constructed o	area source of y, x<140 gallyr 8 NC x<200 gallyr 140 gallyr n or after 12/9/91)	p <sub>ile</sub> □ L. Pon.	
3. Existing large area sourdry-to-dry only, 140 <x<2, 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" galloonstructed="" gallooth="" only,="" td="" transfer="" types,=""><td>00 gal/yr gal/yr</td><td>transfer only, both types, 140</td><td>arca source y, 140<x<2, 100="" gal="" y<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>T</td><td></td></x<2,>	00 gal/yr gal/yr	transfer only, both types, 140	arca source y, 140 <x<2, 100="" gal="" y<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>	T	
This is a correct facility classific	cation	ФУ □И			
If no, please check the appropri	ate classification:				
	ed for a general perr s above limits and is				
B. The total quantity of perchlo facility was ACA gallons.	roethylene (perc) pu	rchased within	the preceding 12 mon	ths 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? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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? A/NO NO YX 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 YY 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 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?

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	М́М	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	VA
	Is the temperature differential equal to or greater than 20° F?	ΠY	Ωи	NA
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?			D N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	,
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	□и	NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			<b>Ž</b> W/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	AVVA
PA	ART V: RECORDKEEPING REQUIREMENTS	-		
	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	DA	ΠN	
2.	Maintained rolling monthly averages of perc consumption?	MY	ПΝ	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	ПΥ	N	
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ΠY	MM	
4.	Maintained calibration data? (for direct reading instruments only)	ΩY	ПΝ	ΦΩV/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	ΠY	ПΝ	NA
6.	Maintained startup/shutdown/malfunction plan?	ΣĮΥ	ПΝ	
7.	Maintained deviation reports?	ПY	DIN	
	Problem corrected?	ΩY	ЮN	,
8.	Maintained compliance plan, if applicable?	ΩY	ПΝ	AVVA
D A	RT VI: LEAK DETECTION AND REPAIRS			
* (1	IN THE DESIGNATION AND RELAINS	,		

2.	Which method of detection is used by	the respo	nsible offi	icial?		
	Visual examination (condensed	solvent or	n exterior	surfaces)	Þ	
	Physical detection (airflow felt the	ırough ga	iskets)		×	
	Odor (noticeable perc odor)				M M	
	Use of direct-reading instrument	ation (FII	D/PID/cal	orimetric tubes)	o`	
	If using direct-reading instrum	entation	, is the eq	uipment:		
	a. Capable of detecting	perc vap	or concen	trations in a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΩY	□N
	c. Inspected for leaks a	nd obviou	ıs signs of	f wear on a weekly basis?	ΩY	□и
	d. Kept in a clean and s	secure are	a when n	ot in use?	ΠY	□и
	e. Verified for accuracy	by use o	f duplicate	e samples (calorimetric only)?	ΠY	□и
3.	Has the facility maintained a leak log?				□Y ¸	<b>pa</b> (v
4.	Does the responsible official check the	following	g areas fo	r leaks?	•	,
	Hose connections, fittings, couplings, and valves	ŻΥ	ПN	Muck cookers	ÆÝ	□и
	Door gaskets and seating	ΣΥ	ПΝ	Stills	ΔY	□N
	Filter gaskets and seating	<b>⊅</b> Y	ПΝ	Exhaust dampers	ДÝ	□и
	Pumps	ΔY	ПN	Diverter valves	ŹΥ	□N
	Solvent tanks and containers	ŔΥ	□N	Cartridge filter housings	ÆΥ	□N
	Water separators	ΔÍΥ	□N			

Name of Responsible Official

Margaret Cangro

Inspector's Name (Please Print)

Marguet Cangro

Date of Inspection

April 98

Approximate Date of Next Inspection

Miracleon Rock 35 Serial H R 380826

JUN 2 4 1997

## PERCHLOROETHYLENE DRY CLEANERS Bureau of Air Monitoring

## TITLE V GENERAL PERMIT

& Mobile Sources

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY	
AIRS ID#: 08/0/66	/_ /	_	<del>-</del>	ME OUT: _	
FACILITY NAME: PALM		t CL	EANERS		
FACILITY LOCATION: _/:	304 8th.	AVE.	$W_{\cdot}$		
F	ALMETTO	Fi	34221		
			- /		
PART I: NOTIFICATION			<u> </u>		
(check appropriate box)					
1. Existing facility notified DAI	RM by 9/1/96				Ř
2. New facility notified DARM	30 days prior to startup				
3. Facility failed to notify DARI	M to use general permit				
-	· · · · · · · · · · · · · · · · · · ·		<u></u>	·····	
PART II: CLASSIFICATION					
Facility indicated on notification	on form that it is:				
(check appropriate box)			. 1		* t.
A.  1. Existing small area sourd dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	dry- tran both	to-dry only sfer only, x types, x <l< td=""><td>area source , x&lt;140 gal/yr &lt;200 gal/yr 40 gal/yr or after 12/9/91)</td><td></td><td></td></l<>	area source , x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr dry- al/yr trans yr both</td><td>to-dry only sfer only, 2 types, 140</td><td>nrea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td>**</td></x<2,>	0 gal/yr dry- al/yr trans yr both	to-dry only sfer only, 2 types, 140	nrea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		**
This is a correct facility classific	eation XY	ΠN			
If no, please check the appropria	ate classification:				
	ed for a general permit as above limits and is not e		above a general permit		
B. The total quantity of perchlor facility was $\mathcal{L}(\Omega)$ gallons.	roethylene (perc) purchase	ed within t	ne preceding 12 months	s 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. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XNA 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? 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 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?

PART III: GENERAL CONTROL REQUIREMENTS

_				
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?	' □Y	М'n	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			VA
i	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	NA
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?			DN/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	NA
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,	i		
ŀ	or expansion; and downstream from no other inlet?	ΠY	ΠИ	N/+
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	ZYV/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	DAV/A
=				
PA	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: neck appropriate boxes)			
1.	Maintained receipts for perc purchased?	DX	ПИ	
2.	Maintained rolling monthly averages of perc consumption?	MY	ПΝ	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	ΠY	M)X	
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY	MM	
4.	Maintained calibration data? (for direct reading instruments only)	ΠY	ПИ	¢ <b>X</b> ₹₹/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	$\Box$ Y	ПΝ	NA
6.		_		l II
	Maintained startup/shutdown/malfunction plan?	XY	ПΝ	
	Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	YD Y		
		•	pin	
7.	Maintained deviation reports?	ΠY	NO NO	χίνα
7. 8.	Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?	□Y □Y	NO NO	ŽV/A
7. 8.	Maintained deviation reports?  Problem corrected?	□Y □Y	DI DI	ŽĮV/A

2.	2. 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)	Ď.
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<u> </u>
	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)?	OY ON
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	מם עם
	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	)? □Y □N
3.	Has the facility maintained a leak log?	□Y <b>Þ</b> (v
4.	Does the responsible official check the following areas for leaks?	/ >
	Hose connections, fittings,	
:	couplings, and valves $\Sigma$ Y $\square$ N Muck cookers	⊅YY □N
77	Door gaskets and seating DY DN Stills	מם אָם
	Filter gaskets and seating $\mathbf{\Delta}\mathbf{Y}$ $\mathbf{\Box}\mathbf{N}$ Exhaust dampers	Æ(Y □N
	Pumps Diverter valves	ØY □N
	Solvent tanks and containers AY ON Cartridge filter ho	ousings XY ON
	Water separators	· · · · · sir · · · · · · 4 · .\$ }
	A Company of the Comp	

EUGENE BOEGLIN	State of the state
Name of Responsible Official	
Margaret Cangro	4-15-97
Inspector's Name (Please Print)	Date of Inspection
Margaret Cargo	April 98
Inspector's Signature U	Approximate Date of Next Inspection
,1	

Miraclean Rock 35 Serial H R 380826

1.31

## Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Fun Buck
-	Site Name (For example, plant name or number):
2.	
	Palmetto Survice Cleamers -
3.	Hazardous Waste Generator Identification Number:
	Facility Location: Street Address: 1304-820 AUW
4.	Facility Location:
	City: Palmotto County: MANATER Zip Code: 34321
ļ	City: PAlasto County: MANATER Zip Code: 34321
5.	Facility Identification Number (DEP Use):
	Responsible Official
	·
6.	Name and Title of Responsible Official:
	Fue Boselin
7.	Eugone Boscliw Responsible Official Mailing Address:
, ·	Organization/Firm:
	Street Address: 1301-8 AUW
	Organization/Firm: Street Address: 1301-8th AUW City: Polynetto County: Mawake Zip Code: 45001
8.	Responsible Official Telephone Number:
	Telephone: ( ) - Fax: ( ) -
l	
	Facility Contact (If different from Responsible Official)
	Tachny Contact (It different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Facility Contact Address:
10.	Tability Comact Madicos.
	Street Address:
	City: Zip Code:
1.7	Parille Contract Talanham Number
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
	Telephone: ( ) - Fax: ( ) -
<u> </u>	

RECEIVED

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AUG 2 2 1996

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-
Dry-to-Dry Unit				• • •				•	
(1) w/ ref. condenser	1	1-aug 90							
(2) w/ carbon adsorber		र्ख							
(3) w/ no controls		_							
Washer Unit			<u> </u>		in the				in a second
(4) w/ ref. condenser									
(5) w/ carbon adsorber		_							
(6) w/ no controls									
Dryer Unit					The same	1.2	:		+ a. V.:
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	2 mg/	**		1. /		The English Control	* .		
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	-								
(b) Control devices are (c) No control devices at 2.(a) What was the total q  [ 210 ]  (b) If less than 12 month Check why it is less	uant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation 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

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

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

## Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
4	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility addressed in facility addressed in facility addressed in facility, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signature	8/7/9b Date

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

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	$\mathcal{F}_{\text{tot}} \Rightarrow 0$
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Palme Ho Survice Cleames - Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	Facility Location: Street Address: 1304-8th AUW
4.	Facility Location:
	Street Address: 1304 - 8 140 County: MAN ATER Zip Code: 34321
	City: PAIncHO County: MANNATER Zip Code: 34321
5.	Facility Identification Number (DEP Use):
	08/0/66
	Responsible Official
6.	Name and Title of Responsible Official:
	$\mathcal{O}_{1}$
	Responsible Official Mailing Address:
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 3304-8-4000
	Organization/Firm: Street Address: 1304-8 AUW City: Palmetto County: Mawater Zip Code: 42001
8.	Responsible Official Telephone Number:
	Telephone: (941) 722 \$880 Fax: ( ) -
	141 102 3320
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:  Street Address:
10.	Facility Contact Address:
	Facility Contact Address:
	City: Zip Code:
11	Facility Court of Tallankara Name
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
	Telephone: ( ) - Fax: ( ) -

RECEIVED

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AUG 2 2 1996

#### **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.

<b>\.</b>		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	lD	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser	}	1-aug 90	1 AUG 90						
(2) w/ carbon adsorber		-5	1						
(3) w/ no controls				l					
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			<del></del>					+. *	•
(7) w/ ref. condenser				_					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	7	-1			<del>'</del>				ı
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			_				1		
<ul> <li>(b) Control devices are</li> <li>(c) No control devices are</li> <li>2.(a) What was the total q</li> <li>[]</li> <li>(b) If less than 12 month Check why it is less</li> </ul>	uant gallo	equired to be ity of perchlons ow many? [_	installed sproethylene (	perc)					
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.)	w sn	nitions found all area sour	rce [	•	Part 11?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

## Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
L/A	No air permits currently exist for the operation of the facility indicated in this notification form.
·	this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
Signature	8/7/9b  Date 4/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0810166
EUGENE BOEGLIN
EUGENE BOEGLIN
1304 8TH AVE W
PALMETTO FL 34221

Do NOT Remove Label

Annual Reporting Period:	# Jan 1988 TO	V	- 15.4
Based on each term or condition of the Title V seneral 62-213.300, Florida Administrative Code (F. s.C.), dur.	air permit, my facility has remaing the period covered by this st	ined in compliance with	DEP Rule
If NO, complete the following:	,		
#1. Term or condition of the general permit that has no	ot been in continuous complianc	e during the reporting pe	eriod stated above:
Exact period of non-complian:e: from	to	0	
Action(s) taken to achieve compliance:	•		
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has no	ot been in continuous compliance	e during the reporting pe	riod 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 inforn		sonable inquiry that the st	

<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.

AIRS ID#:	0810166	
$\alpha \omega \omega_n$ .	•	



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

n Re	vised 1	0/10/96
Bure	F20	$\mathbf{C}$
K Z O	<b>A</b> 2	7
O P	0	

* (9			•	<u> </u>	7.0	4
FACILITY NAME: Palmette	Service	Cleaner		DATE:	S 1 3 / 5	38
FACILITY LOCATION: 1304	8th Ave	. W.			ces	
FACILITY LOCATION: 1304 Palmetto	, FL 31	1221	<u>.                                    </u>		- 300	
	•		· · · · · · · · · · · · · · · · · · ·			_ :
Annual Reporting Period:	4-15-	19 <u>9</u> 7 to	4	- 13	1	9 <u>9</u> 8
Based on each term or condition of the Titl	e V general air permi	t, my facility has r	emained in complian	nce with DE	P Rule	
62-213.300, Florida Administrative Code (	F.A.C.), during the po	eriod covered by th	is statement.	ES	UNO.	
If NO, complete the following:						
#1. Term or condition of the general permi	it that has not been in	continuous compl	iance during the rep	orting perio	d stated abo	)ve:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·		to		<u> </u>	
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance:						
#2. Term or condition of the general permi	t that has not been in	continuous compli	ance during the repo	orting periox	i stated abo	ve:
Exact period of non-compliance: from	<u>-</u>		to			
Action(s) taken to achieve compliance:			•			
					_	
Method used to demonstrate compliance:				_		
As the responsible official, I hereby certify, made in this notification are true, accurate appon rolling averages of purchase receipts, wear for transfer or combination facilities.	and complete. Furthe	r, my annual cons	umption of perchlore	oethylene so	olvent, base	d
RESPONSIBLE OFFICIAL: Eugene Nar	e Boeg Un ne (Please Print)	_ Eugo	Signature	<u> </u>	4/13/9 Date	8

<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

~ · · · · · · · · · · · · · · · · · · ·	V GENERAL PERMIT E INSPECTION CHECKLIST	Bur
		Bureau & N
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY	u of Air Mobile
RE-INSPECTI	ON	10
00 - 11	/	Monitor
AIRS ID#: <u>U8/0/66</u> DATE: <u>4/13</u>	/98 TIME IN: ///SS TIME OUT: 12	giring
FACILITY NAME: Palmetto Se	rvice Claner	
FACILITY LOCATION: 1304 Sth	Ave W	
Palmetto	FL 34221	
RESPONSIBLE OFFICIAL: EUGLA	Boeglin PHONE: 941-722-88.	3 <u>0</u>
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		<u> </u>
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:		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petro	leum
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	☐ Drop store/out of business/petro  2. New small area source ☐	leum
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petro  2. New small area source dry-to-dry only, x < 140 gal/yr	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	☐ Drop store/out of business/petro  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	leum
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ Drop store/out of business/petro  2. New small area source dry-to-dry only, x < 140 gal/yr	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	☐ Drop store/out of business/petro  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)	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ Drop store/out of business/petro  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)	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petro  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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petro  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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petro  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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petro  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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petro  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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Y □N □Can not determine	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classif	Drop store/out of business/petro  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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Y □N □Can not determine	leum
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classif facility qualified for a general source	Drop store/out of business/petro  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 ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  Y □N □Can not determine	leum

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 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? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XN/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) **X**Y □N 1. Equipped all machines with the appropriate vent controls? ANO NO YA 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 DY 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 Y ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after `XXY □N. 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?	DE ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	באראבל אם אם
	Is the temperature differential equal to or greater than 20° F?	DY DN DONA
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 DONA
	ls the perc concentration equal to or less than 100 ppm?	OY ON XIVA
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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DAVA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	` <b>⊠</b> Ý □N
2. Maintained rolling monthly total of perc consumption?	MA DN
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 KN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XV/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DON'A
6. Maintained startup/shutdown/malfunction plan?	DA ON
7. Maintained deviation reports?	DY DN KANA
Problem corrected?	DY DN BRYA
8. Maintained compliance plan, if applicable?	OY ON DONA

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			NO VE		
2. Has the facility maintained a leak log?			DN DN		
3. Does the responsible official check the fo	llowing areas for leaks?	e.			
Hose connections, fittings, couplings, and valves	W ON ON/A	Muck cookers	Y ON ON/A		
Door gaskets and seating	DY DN DN/A	Stills	DY DN DN/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A		
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used by the	e responsible official?				
Visual examination (condensed solv	vent on exterior surfaces)		×		
Physical detection (airflow felt thro	×				
Odor (noticeable perc odor)			De .		
Use of direct-reading instrumentation	on (FID/PID/calorimetric t	cubes)			
Halogen leak detector					
If using direct-reading instrur	mentation, is the equipme	ent:	ΣΚΑ/V		
a. Capable of detecting pe	erc vapor concentrations in	a range of 0-500 ppm?	אם צם		
b. Calibrated against a sta (PID/FID only)?	ndard gas prior to and afte	r each use	□Y □N .		
c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	OY ON		
d. Kept in a clean and sec	ure area when not in use?		OY ON		
e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON		
	·				

MAREARET CANGRO

Inspector's Name (Please Print)

Marguet Cangro

Approximate Date of Next Inspection

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	и	COMPLAINT/DIS	COVERY	0
AIRS ID#: <u>08/0166</u> FACILITY NAME: <u>Pal</u>	metto Ser	vice Cle	aners		
FACILITY LOCATION:	almetto	FZ 34	22/		
RESPONSIBLE OFFICIAL	: Eugene B	seglin	_phone: <u>94/</u> -	722-85	880
CONTACT NAME:			PHONE:		
					· .
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARN	A 30 days prior to star	tup			
2. Facility failed to notify DA	RM to use general per	mit			<u> </u>
DARTH. CLASSIFICATIO	NI				
PART II: CLASSIFICATIO	<del></del>				
Facility indicated on notifical (check appropriate box)  A.	tion form that it is:		☐ No notification in Drop store/out o		oleum
1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr r	transfer only, x both types, x <	, x < 140 gal/yr < 200 gal/yr	rew	igneat Talled
3. Existing large area sou dry-to-dry only, $140 \le x \le 1$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/yr 00 gal/yr 9 gal/yr	transfer only, 2 both types, 140	rea source , $140 \le x \le 2,100 \text{ gal/}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ):	yr Be	<b>7</b> 0
5. This is a correct facility	classification	> 文	□Can not determin	eau of Air Monito & Mobile Sources	
If no, please check the	e appropriate classific	ation:		Mo Sou	
☐ faci	lity qualified for a ger	neral permit as nu		ve rces	
	lity exceeds above lin		,		
B. The total quantity of perch facility was 125 gallon		irchased within th	ne preceaing 12 monti	ns 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? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DON/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 Y 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 □N □N/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?	אם צם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		·
	if machines are equipped with a carbon adsorber?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□N/A
4.	Assured that the sampling port on the earbon 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	□N/A
<i>5.</i>	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?		□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:  (check appropriate boxes)					
1. Maintained receipts for perc purchased?	XY ON				
2. Maintained rolling monthly total of perc consumption?	Y 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				
<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>	DY DN ÆN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ZXV/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MYA				
6. Maintained startup/shutdown/malfunction plan?	ØY □N				
7. Maintained deviation reports?	DY DN MA.				
Problem corrected?	DY DN PAN/A				
8. Maintained compliance plan, if applicable?	DY DN ZNA				

## 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?					ΔY	ПN
2.	Has the facility maintained a leak log?					λy.	ΠN
3.	Does the responsible official check the	followi	ng ar	eas for leaks?		. `	
	Hose connections, fittings, couplings, and valves	ÞÝ	ПΝ	□N/A	Muck cookers	<b>₹</b> ay	□N □N/A
	Door gaskets and seating	AY	ПИ	□N/A	Stills	₽Y	ON ON/A
	Filter gaskets and seating	<b>Æ</b> (Y	ПΝ	□N/A	Exhaust dampers	BA	□N □N/A
	Pumps	XY	ПN	□N/A	Diverter valves	ALA	□N □N/A
	Solvent tanks and containers	XY	ПN	DN/A	Cartridge filter housings	BA	□N □N/A
	Water separators	<b>₽</b> Y	ПN	□N/A			
4.	Which method of detection is used by	he resp	onsib	le official?		,	
	Visual examination (condensed s	olvent c	n ext	terior surfaces)		JA.	
	Physical detection (airflow felt th	rough g	gaske	ts)		<b>A A</b>	
	Odor (noticeable perc odor)					B	
	Use of direct-reading instruments	ation (F	D/PI	D/calorimetric t	ubes)		
	Halogen leak detector					o,	
	If using direct-reading instr	umenta	tion,	, is the equipme	ent:	<b>প্রা</b> ম	'A .
	a. Capable of detecting	perc va	por c	oncentrations in	a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a s (PID/FID only)?	standard	gas	prior to and afte	r each use	ΩY	ПN
	c. Inspected for leaks a	nd obvid	ous si	ens of wear on a	a weekly basis?	ΩY	□и
	d. Kept in a clean and s			-		_	□N
	e. Verified for accuracy				(calorimetric only)?		□N

MARGARET CANGRO
Inspector's Name (Please Print)

Marguel Carage

Inspector's Signature)

April 2000
Approximate Date of Next Inspection

AIRS 1D#: 08/01/66

Ade

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

FACILITY NAME: Palmetto Se	rvice Cleaners		DATE: 4/7/99
	8th Ave W.		
Palmetto	, FL 34221		
Annual Reporting Period:	4-14- 1998	то	4-7- 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		\	<u></u>
If NO, complete the following:			.'
#1. Term or condition of the general permit	that has not been in continuous	compliance during the re	porting period stated above:
		·	
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			<u>.</u>
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in continuous	compliance during the re	PR Mob
Exact period of non-compliance: from	·	to	S S
Action(s) taken to achieve compliance:			9 999 r Monito Scurces
Method used to demonstrate compliance:			ក់ ២ 
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: LIGHTEN Nation	and complete. Further, my ann does not exceed 2,100 gallons p	ual consumption of perch	loroethylene solvent, based

<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.

Revised 10/10/96

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

FACILITY NAME: Palmetto S	sirce Clear	es	DATE: 4/4/00
FACILITY LOCATION: 1304 8	th Ave W		
Annual Reporting Period:	4-8-1	99 то	4-4-2000
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			
If NO, complete the following:	•		•
#1. Term or condition of the general permit	that has not been in cont	nuous compliance during	the reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit	that has not been in cont	inuous compliance during	g 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, a made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, n does not exceed 2,100 ga	y annual consumption of	perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Eugene Nar	Boeglin ne (Please Print)	Signa	$\frac{4/4/00}{\text{Date}}$

<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

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	COVERY CANO	PR -
AIRS ID#: 08/0/66 I  FACILITY NAME: Pal  FACILITY LOCATION: 1  CONTACT NAME:	netto Ser 304 8th almetto	_ TIME II  Vice (  Ave	11:25 TIN 1000001 11:25 TIN 11:25 TIN 11:25 TIN 11:25 TIN	Air Monitor	ng
PART I: NOTIFICATION					_
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DARI					а
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification fo☐ Drop store/out of		etroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91)</li> </ul>	te 2.  fr dry  trai  bot  (cc  te 4.  100 gal/yr dry  ) gal/yr trai  al/yr bot  (cc	nsfer only, x th types, x < onstructed on  New large a y-to-dry only, nsfer only, 20 th types, 140 onstructed on	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $  40 \text{ gal/yr}$ or after $  12/9/91 \rangle$ rea source $  140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $  12/9/91 \rangle$	f business/po	etroleum
<ul> <li>(check appropriate box)</li> <li>A.</li> <li>1. Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 g (constructed before 12/9/91)</li> <li>5. This is a correct facility classification, please check the a facility</li> </ul>	te 2.  Train both (control of the second of	v-to-dry only, nsfer only, x th types, x < onstructed on New large a v-to-dry only, nsfer only, 20 th types, 140 onstructed on Y XN	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $  40 \text{ gal/yr}$ or after $  12/9/91 \rangle$ rea source $  140 \le x \le 2,100 \text{ gal/yr}$ $  50 \le x \le 1,800 \text{ gal/yr}$ or after $  12/9/91 \rangle$ Can not determin mber $  2 \rangle$ above	business/po	etroleum

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

#### 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/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?

Δī	ПN

- MY ON ON/A
- AND NO AND
- XY DN
- MA ON ON/A

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?	DY DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	
	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 apstream 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?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official:  (check appropriate boxes)							
1. Maintained receipts for perc purchased?	<b>р</b> у он						
2. Maintained rolling monthly total of perc consumption?	NO R						
3. Maintained leak detection inspection and repair reports for the following:	·						
a. documentation of leaks repaired w/in 24 hrs? or;	AYNO NO YE						
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	avage no ro						
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XVA						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON BYNA						
6. Maintained startup/shutdown/malfunction plan?	אם אם						
7. Maintained deviation reports?	DY DN DXN/A						
Problem corrected?	ם א <b>על</b> איא						
8. Maintained compliance plan, if applicable?	OY ON BYMA						

PART VI: LEAK DETECTION AND REPAIRS								
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				BX	ПN		
2.	Has the facility maintained a leak log?				BOY	□и		
3.	Does the responsible official check the	-						
	Hose connections, fittings, couplings, and valves	MY ON	□N/A	Muck cookers	TAY	□N □N/A		
	Door gaskets and seating	אם צים	□N/A	Stills	ΠY	□N □N/A		
	Filter gaskets and seating	DY ON	□N/A	Exhaust dampers	QΥ	□N □N/A		
	Pumps	DY DN	□N/A	Diverter valves	ΠY	□N □N/A		
ŀ	Solvent tanks and containers	GY ON	□N/A	Cartridge filter housings	ДY	□N □N/A		
	Water separators	DY DN	□N/A					
4. Which method of detection is used by the responsible official?								
	Visual examination (condensed solvent on exterior surfaces)					\$		
	Physical detection (airflow felt through gaskets)					<b>a</b>		
	Odor (noticeable perc odor)					Þ		
	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?  b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?							
						A		
						□N		
						ПИ		
						□N		
						□N		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ΠY	חח		
			•		•			

MARGART CANGRO

Inspector's Name (Please Print)

Marguet Cangro

Inspector's Signature

Approximate Date of Next Inspection



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**

412:

41239 DEC31 2001

Do NOT Remove Label

AIRS ID # 0810166
PALMETTO SERVICE CLEANERS
EUGENE BOEGLIN
1304 8TH AVE W
PALMETTO FL
34221

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

01194

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID # 0810166

PALMETTO SERVICE CLEANERS

EUGENE BOEGLIN 1304 8TH AVE W PALMETTO FL 34221 12-28-00 pd

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273



0389998

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# **TOTAL AMOUNT DUE: \$50.00**

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PALMETTO SERVICE CLEANERS EUGENE BOEGLIN 1304 8TH AVE W PALMETTO FL 34221 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

392958

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 Pureau of

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AIRS ID # 0810166

PALMETTO SERVICE CLEANERS EUGENE BOEGLIN 1304 8TH AVE W

PALMETTO FL 34221

Bund: 20-2-035001

259089

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# 0810166
PALMETTO SERVICE CLEANERS
EUGENE BOEGLIN
1304 8TH AVE W
PALMETTO FL 34221

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273 Jervice Cleaner 1304 8th Ave W Palmetto, FL 34221





TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070 0

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

301540

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

**TOTAL AMOUNT DUE: \$50.00** 

RECEIVED MAIL ROOM

FEB -2 98

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

AIRS ID#0810166

EUGENE BOEGLIN EUGENE BOEGLIN 1304 8TH AVE W PALMETTO FL 34221 FOR GOVERNMENT USE ONEY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



0355734

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 # 0810166 PALMETTO SERVICE CLEANERS EUGENE BOEGLIN

1304 8TH AVE W PALMETTO FL 34221 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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.  AIRS ID # 0810166  PALMETTO SERVICE CLEANERS EUGENE BOEGLIN 1304 8TH AVE W	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  D. Is delivery address different from item 1?  If YES, enter delivery address below:
PALMETTO FL 34221	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	Z, 333	667 OS3
		-5. 233
	US Postal Service	
ł	Receipt for Cer	tified Mail
	No Insurance Coverage	Provided.
}	Do not use for Internation	nal Mail (See reverse)
		AIRS ID # 0810166
PA	LMETTO SERVICE C	LEANERS
	GENE BOEGLIN	i
	4 8TH AVE W	
	LMETTO FL 34221	
	1.	- <del>-</del>
	Certified Fee	
	Special Delivery Fee	
ß	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
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2867	U.S. Postal S CERTIFIED (Domestic Mail o	MAIL REC	EIPT Coverage Provided)	
0026 4330	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
2000	Recipie 10 EUGENE E Street, PALMETTO City, Sta PALMETTO PS Form	O SERVICE CLEAD VE W	NERS	ations

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Prof. Clearly)  Sherce (C. Signature  X
Article Addressed to:	If YES, enter delivery address below:
10 AIRS ID # 0810166001AG EUGENE BOEGLIN PALMETTO SERVICE CLEANERS 1304 8TH AVE W	RECEIVED
PALMETTO FL 34221	3. Service Type  **Codified Alfail of A. Express Mail  Regist Recommobile Return Receipt for Merchandise College Mobile College Colleg
{	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 6000 4130 280	67
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Malaidan Baddinia kalabilah dan dan M

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

9563	NU.S. Postal Se CERTIFIED. (Domestic Mail Onl)	MAIL <sub>IM</sub> RE	Coverage Provided) 🐧	
34	Fordelivery information			
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ш	Postage \$			
김	Certified Fee			
000			Postmark	
	Return Receipt Fee (Endorsement Required)		Here	
510	Restricted Delivery Fee (Endorsement Required)			
'n	Total Postage			
二	AIRS ID# 810166 3 <sup>rd</sup> Cert04			
700	PALMETTO SERVICE CLEANERS			
L-	Street, Apt. No. 1304 8th Ave W			
	or PO Box No. PALMETTO, FL 34221			
	City, State, ZiP			
	PS Form 2000			

ļ.	'
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by ( Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? 🖂 Yes If YES, enter delivery address below: 🖂 No
AIRS ID# 810166 3 <sup>rd</sup> Cert04 PALMETTO SERVICE CLEANERS 1304 8th Ave W	, ,
PALMETTO, FL 34221	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 🖂 🖁 4	2510 0002 3939 9563
PS Form 3811, February 2004 Domestic Retu	um Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTIONS MAIL STATION 5510
2600 BLAIR STONE ROAD
AMASSEE, FLORIDA 32399-2400 • Sender: Please print your name, address, and ZIP+4 in this box •

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