

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Peter J. Van Pelt Birkey's Cleaners 4650 SR 64 E Bradenton, Florida 34208

Facility I.D. No. 0810170

Dear Mr. Van Pelt:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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,

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Fernandez, Southwest District

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

Hey Rick!

Birkey's Cleaners (0810170) has sold their dry cleaning machine and is now a drop store only. Please inactivate their GP.

Thanks, Maggie

Oct 2, 1996

Inoctrate

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): | | | | |
|----------------------|---|--|--|--|--|
| F | PLV CORPORATION DBA BIRKEY'S CLEANERS | | | | |
| 2. | Site Name (For example, plant name or number): | | | | |
| Ε | BIRKEY'S CLEANERS | | | | |
| 3. | Hazardous Waste Generator Identification Number: | | | | |
| C | SAD981269095 | | | | |
| 4. | Facility Location: | | | | |
| | Street Address: 4650 SR 64E | | | | |
| | City: BRADENTON County: MANATEE Zip Code: 34208 | | | | |
| 5. | Facility Identification Number (DEP Use): | | | | |
| | 0810170 | | | | |
| Responsible Official | | | | | |
| 6. | Name and Title of Responsible Official: | | | | |
| | PETER J. VAN PELT PRESIDENT | | | | |
| | D "11 Off": 114 "1" 4.11 | | | | |

| 6. | 6. Name and Title of Responsible Official: PETER J. VAN PELT PRESIDENT | |
|----|--|-----------------|
| 7. | 7. Responsible Official Mailing Address: | |
| | Organization/Firm: PLV CORPORATION DBA BIRKEY'S CLEA | NERS |
| | Street Address: 4650 SR 64 E | |
| | City: BRADENTON County: MANATEE | Zip Code: 34208 |
| | | • |
| 8. | 8. Responsible Official Telephone Number: | |
| | Telephone: (941) 746-3726 Fax: () | |
| | | |

Facility Contact (If different from Responsible Official)

| 3) | Name and Title of Facility Contact (For example, plant manager): THOMAS SARVER | | | | | | |
|------------|--|---|-----|-----------|-------|--|--|
| 10. |). Facility Contact Address: | | | | | | |
| | Street Address: City: Bradenton | BIRKEY'S CLEANERS 4650SR 64E County:Manatee | | Zip Code: | 34208 | | |
| 11. | Facility Contact Telephone Telephone: (94) 7 | | () | - | | | |

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SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

#0810170

| | Birkeys Cleaners |
|--------------|---|
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| + 12 | and tille |
| P.13 | 9. add title |
| | |
| _P.14_ | 1. (a) and date control device |
| , | 1. (a) add date control device installed |
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Facility Information

(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.

| Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92 Dry-to-Dry Unit (1) w/ ref. condenser #1 04 - APR + 96 | T. C.M. 1. | | Date Machine Initially | Date Control Device | | Date Machine Initially | Date Control Device | | Date Machine Initially | Date Control Device |
|--|---|----------------|---|---------------------------|-------|------------------------------|---------------------------|-------|------------------------------|---------------------------|
| Dry-to-Dry Unit (1) w/ ref. condenser | Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| (1) w ref. condenser (2) w/ carbon adsorber (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (8) w/ carbon adsorber (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ carbon adsorber (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ carbon adsorber (| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| (2) w/ carbon adsorber (2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (11) w/ carbon adsorber (11) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ no controls (13) w/ no controls (14) w/ no controls (15) w/ no controls (16) w/ no controls (17) w/ ref. condenser (18) w/ carbon adsorber (19) w/ no controls (19) w/ no control devices are required to be installed [| Dry-to-Dry Unit | - | | | | | | | | |
| (3) w/ no controls | (1) w/ ref. condenser | #1 | 04-APR | 96 | | | | | | |
| Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ arbon adsorber (11) w/ arbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [| (2) w/ carbon adsorber | | | | | | | | | |
| (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ no controls (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ carbon adsorber (16) w/ carbon adsorber (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ carbon adsorber (10) w/ | (3) w/ no controls | | | | | | | | | |
| (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (13) w/ ref. condenser (14) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref | Vasher Unit | | 1 | · Committee | | z . | | | | |
| (6) w/ no controls | (4) w/ ref. condenser | | | | | | | | | |
| Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (14) w/ carbon adsorber (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ no controls (19) w/ no controls (19) w/ no control devices are required to be installed (19) w/ no cont | (5) w/ carbon adsorber | | | | | | | | | |
| (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [490.8*] gallons includes 140 gal. to fill new machine after installation on 04-APR (b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: New store: Did not keep records:] What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) | (6) w/ no controls | | | | | | | | | |
| (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls | Oryer Unit | | | A Market Company | £ | - 1,6+ c - 1,6 | | 7.7. | | September 1997 |
| (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [490.8*] gallons includes 140 gal. to fill new machine after installation on 04-APR (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source New small area source | (7) w/ ref. condenser | | | | | | | | | |
| Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/carbon adsorber (15) w/ no control devices are required, but not yet installed (15) w/ no control devices are required to be installed (16) w/carbon adsorber (17) w/no control devices are required to be installed (17) w/carbon adsorber (18) w/carbon adsorber (18) w/carbon adsorber (19) w | (8) w/ carbon adsorber | | | | | | | | | |
| (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (d) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [490.8*] gallons includes 140 gal. to fill new machine after installation on 04-APR (12) includes 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) | (9) w/ no controls | | | | | | | | | |
| (b) Control devices are required, but not yet installed | eclaimer Unit | | · · · · · · · · · · · · · · · · · · · | | | | 1.14 in 1 | | in the automotive | 1 |
| (b) Control devices are required, but not yet installed | (10) w/ ref. condenser | | | | | | | | | |
| (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [490.8*] gallons includes 140 gal. to fill new machine after installation on 04-APR (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source [] New small area source [] | (11) w/carbon adsorber | | | | | | | | | |
| (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] (a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [490.8*] gallons includes 140 gal. to fill new machine after installation on 04-APR (b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: [] What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.) Existing small area source [] New small area source [] | (12) w/ no controls | | | | | | 1 | | | |
| (Indicate with an "X". Select one classification only.) Existing small area source New small area source] | (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [490.8*] gallons includes 140 gal. to fill new machine after installation on 04-APR_96 (b) If less than 12 months, how many? [] months | | | | | | | | | |
| Existing large area source X New large area source | (Indicate with an "X". Existing small ar | Selec ea so | t one classifi | ication only.) Ne | ew sm | nall area sour | rce [| 3) of | Part II? | |

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| What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".) | | | | | |
|---|--|--|--|--|--|
| Existing large area source Carbon adsorber [] Refrigerated condenser [X_] | | | | | |
| 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 pursuan 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 [X] | | | | | |
| | | | | | |
| | | | | | |
| 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 [X_] | | | | | |
| (c) Refrigerated condenser temperature monitoring | | | | | |
| (d) Carbon adsorber exhaust perc concentration monitoring | | | | | |
| (e) Instrument calibration [X_] | | | | | |
| (f) Start-up, shutdown, malfunction plan | | | | | |
| | | | | | |
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Surrender of Existing Air Permit(s)

| Please indicate with an "X" the appropriate selection: | | | | | | | | |
|---|---|------------------------------------|--|--|--|--|--|--|
| | I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) | | | | | | | |
| [X_] | No air permits currently exist for the oper this notification form. | ation of the facility indicated in | | | | | | |
| | Responsible Official Certification | | | | | | | |
| I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. | | | | | | | | |
| I will promptly notify the Department of any changes to the information contained in this notification. August 29, 1996 | | | | | | | | |
| Signature | PETER J. VAN PELT | Date | | | | | | |
| | AS PRESIDENT | | | | | | | |

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): | |
| PLV CORPORATION DBA BIRKEY'S CLEANERS | |
| 2. Site Name (For example, plant name or number): | |
| BIRKEY'S CLEANERS | |
| | |
| 3. Hazardous Waste Generator Identification Number: | |
| GAD981269095 | |
| 4. Facility Location: | |
| | |
| City: BRADENTON County: MANATEE Zip Code: 34208 | |
| | ale (S.egir |
| 5. Facility Identification Number (DEP Use). | |
| 0810110 | $\boldsymbol{\wedge}$ |
| Street Address: 4650 SR 64E City: BRADENTON County: MANATEE Zip Code: 34208 Responsible Official Responsible Official: PETER J. VAN PELT Responsible Official Mailing Address: Organization/Firm: PLV CORPORATION DBA BIRKEY'S CLEANERS Street Address: 4650 SR 64 E City: BRADENTON County: MANATEE Zip Code: 34208 | <u> </u> |
| Responsible Official | |
| (Name of Title of Processed In Office I | <u> </u> |
| 6. Name and Title of Responsible Official: | ٠,٠ |
| PETER J. VAN PELT PRESIDENT | Moult |
| 7. Responsible Official Mailing Address: | F PON, |
| Organization/Firm: PLV CORPORATION DBA BIRKEY'S CLEANERS | "ic |
| Street Address: 4650 SR 64 E | |
| City: BRADENTON County: MANATEE Zip Code: 34208 | |
| 8. Responsible Official Telephone Number: | _ |
| Telephone: (941) 746-3726 Fax: () - | |
| | |
| | _ |
| Facility Contact (If different from Responsible Official) | |
| 9. Name and Title of Facility Contact (For example, plant manager): | \neg |
| THOMAS SARVER PRODUCTION MANAGER | |
| | } |
| 10. Facility Contact Address: | |
| BIRKEY'S CLEANERS | |
| Street Address: 4650SR 64E City: Bradenton County:Manatee Zin Code: 34208 | |
| City: Bradenton County: Manatee Zip Code: 34208 | |
| 11. Facility Contact Telephone Number: | $\overline{}$ |
| Telephone: (941) 746 - 3726 Fax: () - | |
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Europu of Air Monitorins & 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 | Date | | Date | Date | | Date | Date |
|--|-------|----------------|---------------|-------|---------------|-----------|-------|-----------|-----------|
| | | Machine | Control | | Machine | Control | | Machine | Control |
| | | Initially | Device | | Initially | Device | | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-92 |
| Dry-to-Dry Unit | | | 1. | | | | | | |
| (1) w/ ref. condenser | #1 | 04-APR | 96 41419 | 0 | | | | | |
| (2) w/ carbon adsorber | | | 1 7 7 | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | • | | | • | · |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | . • | | 1.5 | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/carbon adsorber | | _ | | | | | | | |
| (12) w/ no controls | | | | | | | | | |
| (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? | | | | | | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small ar | Selec | t one classifi | cation only.) |) | nitions found | \/ | 3) of | Part II? | · |
| Existing large are | ea so | urce 🔼 | Ne | ew la | rge area sour | ce [| J | | |

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| 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 | [<u>=X</u> `] | | | | | |
| 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: | | | | | | | |
| boiler HP or less), and (2) are fired exclusively by n | 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 [X] | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Fauinment Manitaring | and Recordkeeping Inform | agtion | | | | | |
| Check all logs which are required to be kept on-site | | | | | | | |
| (a) Purchase receipts and solvent purchases | in accordance with the requ | | | | | | |
| | | | | | | | |
| (b) Leak detection inspection and repair | | | | | | | |
| (c) Refrigerated condenser temperature monitoring | | | | | | | |
| (d) Carbon adsorber exhaust perc concentration mor | itoring | | | | | | |
| (e) Instrument calibration | | [X]. | | | | | |
| (f) Start-up, shutdown, malfunction plan | | \bowtie | | | | | |

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

Surrender of Existing Air Permit(s)

| Please indicate | 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) | | | | | | |
| | • | | | | | |
| [X] | No air permits currently exist for the operation of the facility indicated in this notification form. | | | | | |
| | Responsible Official Certification | | | | | |
| I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form. | | | | | | |
| I will promptly notify the Department of any changes to the information contained in this notification. | | | | | | |
| Signature | PETER J. VAN PELT AS PRESIDENT | | | | | |
| X_ | APRIL 15, 1997 | | | | | |

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

| TYPE OF INSPECTION: ANNUAL COM | PLAINT/DISCOVERY RE-INSPECTION |
|--|--|
| TIME IN:TIME OUT: | |
| TYPE OF FACILITY: POC | · |
| FACILITY NAME: Birkey's Cleaners | DATE: 4/15/97 |
| FACILITY LOCATION: ALSO SR 64 E | |
| 1. Adenton | Cu. 71/ 1701 |
| RESPONSIBLE OFFICIAL: Peter Van Pelt | PHONE NUMBER <u>/4/- 746-3726</u> |
| Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra | · · |
| Based on the results of the compliance requirements evaluated discrepancies were noted: | ted during this inspection, the following compliance |
| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
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| | RECEIVED APAR Monitoring Of Air Monitoring |
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| | Bureau of Air Menitoring Bureau of Air Menitoring |
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| COMMENTS: | |
| | |
| | |
| | · |
| The Annual Compliance Certification form has been properly certified | ed and submitted to the inspector. YES NO |
| DATE OF NEXT INSPECTION: 1-1 FFLL | oroximate) |
| INSPECTION CONDUCTED BX: MARGARET | CANGRO |
| | ase Print) |
| INSPECTOR'S SIGNATURE: Marguet Ching | D PHONE NUMBER: 813/744/6100 X |
| () Page | of / / / / / / / / / / / / / / / / / / / |



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JUN 2 4 1997

PERCHLOROETHYLENE DRY CLEANERS Bureau of Air Monitoring

TITLE V GENERAL PERMIT

| | COMPLIANCE | INSPECTI | ON CE | IECKLIST | & MODILE | Sources |
|---|-------------------|--|---|--|-----------|------------|
| TYPE OF INSPECTION: | ANNUAL | Ž | X | COMPLAINT/DISC | COVERY | |
| | RE-INSPECTION | ис ис | ם ב | | | |
| | | | • | | | |
| AIRS 10#: <u>08/0/70</u> D | | | | | 1E OUT: _ | |
| FACILITY NAME: BIRK | EU'S 1 | CLEAN | IER | 2 | | |
| FACILITY LOCATION: 46 | 50 SR | 64 | E | | | |
| FACILITY LOCATION: 46 | Madento | on, F | 1 | 34208 | | |
| | | | | · | | · |
| | | | | | | |
| PART I: NOTIFICATION | | | | | | |
| (check appropriate box) | | | | | | \ |
| Existing facility notified DAR | √1 by 9/1/96 | | | | | - A |
| 2. New facility notified DARM 30 | days prior to sta | ırtup | | | | |
| 3. Facility failed to notify DARM | to use general pe | ermit | | | • | |
| | | | | | | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notification | form that it is: | | | | | |
| (check appropriate box) | | | | . ' | | |
| 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) | | transfer or both types (constructe | only, x 1ly, x<2 , x<140 | <140 gal/yr 00 gal/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>gal/yr /yr</td><td>transfer or both types</td><td>only, 1- dy, 200 , 140<x< td=""><td>ea source 40<x<2, 100="" gal="" yr<br=""><x<1,800 gal="" yr<br=""><1,800 gal/yr r after 12/9/91)</x<1,800></x<2,></td><td><u> </u></td><td></td></x<></td></x<2,> | gal/yr /yr | transfer or both types | only, 1- dy, 200 , 140 <x< td=""><td>ea source 40<x<2, 100="" gal="" yr<br=""><x<1,800 gal="" yr<br=""><1,800 gal/yr r after 12/9/91)</x<1,800></x<2,></td><td><u> </u></td><td></td></x<> | ea source 40 <x<2, 100="" gal="" yr<br=""><x<1,800 gal="" yr<br=""><1,800 gal/yr r after 12/9/91)</x<1,800></x<2,> | <u> </u> | |
| This is a correct facility classificat | tion | □Y ∑ | ħλ | | | |
| If no, plcase check the appropriate | e classification: | | | | | |

√() gallons.

facility was

facility qualified for a general permit as number ___

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

1 of 4

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

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? AD VÆ 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 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN YDX/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

1. Equipped all machines with the appropriate vent controls?

(complete A and B below).

- 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?

Burney Commencer

- 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?

₹OY □N

11 500



MD YES

| 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? | DY DN |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | OY ON |
| Is the temperature differential equal to or greater than 20° F? | OY ON |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | □Y □N □N/A |
| Is the perc concentration equal to or less than 100 ppm? | DY ON |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | מם עם |
| 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? | DY ON ON/A |
| | |
| PART V: RECORDKEEPING REQUIREMENTS | |
| | |
| Has the responsible official: (check appropriate boxes) | |
| | MO NO |
| (check appropriate boxes) | אם אס |
| (check appropriate boxes) 1. Maintained receipts for perc purchased? | אם עס אם עצי |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? | אם אם אפ אם אס |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: | אם אס אם אס אם אס אם אס |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ·4 |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | ₽Y ON |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) | DA DN MANV |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? | OY ON NA |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | DY ON NA DY ON NA DY ON NA |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? | DY ON DANA OY ON DANA OY ON OY ON |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? | DY ON DY/A DY ON DY DY ON DY ON DY ON |
| (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? | DY ON DY/A DY ON DY DY ON DY ON DY ON |

| 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) |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □ |
| | 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)? □Y □N |
| | 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? □Y □N |
| | e. Verified for accuracy by use of duplicate samples (calorimetric only)? |
| 3. | Has the facility maintained a leak log? □N |
| 4. | Does the responsible official check the following areas for leaks? |
| | Hose connections, fittings, couplings, and valves \heartsuit Y \square N Muck cookers \bowtie Y \square N |
| | Door gaskets and seating QY \(\text{DN} \) Stills \(\text{Sty} \) \(\text{DN} \) |
| | Filter gaskets and seating AY ON Exhaust dampers OY ON |
| | Pumps ♥Y □N Diverter valves ₩Y □N |
| | Solvent tanks and containers Sy DN Cartridge filter housings TY DN |
| | Water separators UN CONTROL OF THE SECOND CO |

| Peter Van Pelt | | |
|---------------------------------|----|--|
| Name of Responsible Official | ١. | |
| Margaret Cangro | | |
| Inspector's Name (Please Print) | | |
| Margaret Cangro | | |
| Inspector's Signature | | |

100

 $\frac{4-15-9.7}{\text{Date of Inspection}}$

Approximate Date of Next Inspection

no ID label on

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL RE-INSPECTION | à | COMPLAINT/DISCOVERY | <i>r</i> • |
|--|--------------------------|---------------------------------|--|---------------------|
| AIRS ID#: 08/0/70 FACILITY NAME: 31 R FACILITY LOCATION: 4 | KEY'S CL | EANER | 2 | ·: |
| PART I: NOTIFICATION | - | | | |
| (check appropriate box) 1. Existing facility notified DA 2. New facility notified DARM 3. Facility failed to notify DAR | 30 days prior to startup | | | |
| Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 <x<2, 10<="" td=""><td>on form that it is: ce</td><td>New large are to-dry only, l</td><td>x<140 gal/yr 200 gal/yr) gal/yr r after 12/9/91)</td><td>APA 2 1 1997</td></x<2,> | on form that it is: ce | New large are to-dry only, l | x<140 gal/yr 200 gal/yr) gal/yr r after 12/9/91) | APA 2 1 1997 |
| | /yr both (concation | types, 140< astructed on o | (<1,800 gal/yr r after 12/9/91) | APR 2 1 No. Horizon |
| B. The total quantity of perchlo facility was 10 gallons. | roethylene (perc) purcha | sed 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? 2. Examining the containers for leakage? AEN □N 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? ÆYY □N 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN YDX /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 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? □N □N/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| B | Has the responsible official of an existing large or new large area source also: | | | |
|------------------------------|--|--|---|--------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΩΥ | ÐŃ | |
| 2. | . Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΠY | ПN | |
| | Is the temperature differential equal to or greater than 20° F? | ΠY | ПΝ | |
| 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 | □и | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | ΠИ | |
| 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 | |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΟY | ПN | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПN | □N/A |
| | | | | |
| | | | | |
| = | ART V: RECORDKEEPING REQUIREMENTS | | | |
| H | art V: RECORDKEEPING REQUIREMENTS as the responsible official: theck appropriate boxes) | | | |
| (c | as the responsible official: | - Y | ОИ | |
| H (c | as the responsible official: heck appropriate boxes) | ŽÝY ŽÝY | ПИ | |
| H (c 1. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? | AY Y | UN ON | |
| H (c 1. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? | Sty Sty Sty | _и Ои | |
| H (c 1. | as the responsible official: check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: | AN A | ПN | |
| H (c 1. 2. 3. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days | gá. | u П | XN/A |
| H (cc 1. 2. 3. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | gá. | и Ои Ои | DAN/A N/R |
| H (c 1. 2. 3. 4. 5. | As the responsible official: sheck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) | dy dy dy | □и □и □и | IN/A NP |
| H (c 1. 2. 3. 4. 5. 6. | As the responsible official: Theck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? | | ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО П | MN/A Np |
| H (c 1. 2. 3. 4. 5. 6. | as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? | DY DY | ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО ПО П | MIN/A NP |
| 1. 2. 3. 4. 5. 6. 7. | As the responsible official: sheck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? | MA MO TO THE MAN TO TH | | DN/A VP |
| H (c 1. 2. 3. 4. 5. 6. 7. 8. | Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? | MA MO TO THE MAN TO TH | | NA |

| _ | | | | <u> </u> | | |
|---|--|--------------|------------|----------------------------------|------|-----|
| 2. | Which method of detection is used by | the respon | sible offi | cial? | / | |
| | Visual examination (condensed solvent on exterior surfaces) | | | | | |
| | Physical detection (airflow felt through gaskets) | | | | | |
| | Odor (noticeable perc odor) | | | | | |
| | Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | | | |
| | If using direct-reading instrumentation, is the equipment: | | | | | |
| | a. Capable of detecting | g perc vapo | r concent | rations in a range of 0-500 ppm? | ΠY | □N |
| | b. Calibrated against a | a standard g | as prior t | o and after each use | , | · |
| | (PID/FID only)? | | | • | ΠY | □N |
| | c. Inspected for leaks | and obvious | signs of | wear on a weekly basis? | ŪΥ | □N |
| | d. Kept in a clean and secure area when not in use? | | | | | ПN |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | | | | | ΠY | □N |
| 3. Has the facility maintained a leak log? | | | | | YX | ŪN |
| 4. | Does the responsible official check th | e following | areas for | leaks? | | |
| | Hose connections, fittings, | | | • | | |
| | couplings, and valves | ΔA | ПИ | Muck cookers | ĮΥ | ПИ |
| | Door gaskets and scating | Q Y | □и | Stills | YES | ΩΝ |
| | Filter gaskets and seating | Υ Ģ γ | □и | Exhaust dampers | Þу | □и |
| | Puinps | Y\$Y | ΠN | Diverter valves | ΣĐΥ | ПΝ |
| | Solvent tanks and containers | χ | ПN | Cartridge filter housings | ÇTY. | □и |
| | Water separators |) DY | ПИ | | • | , " |

Peter Van Pett

Name of Responsible Official

Margaret Cangro

Inspector's Name (Please Print)

Margaret Cangro

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

NO ID Label on

AIRS ID#: 08/10/70

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| <u> </u> | | | | | | | |
|--|--|-----------------|----------------|---------------|----------------|---------------|--|
| FACILITY NAME: | IRKEY'S | CLEA | NERS | | | DATE: | 4-15-97 |
| FACILITY LOCATION: | 4650 | _ SR | 64 | E | | | |
| BA | PADENTON | FL | 34. | 208 | | | |
| Annual Reporting Period: | SEPT | 1 | 19 <u>96</u> | то | APR | 15 | 19 <u>9</u> 7 |
| Based on each term or cond 62-213.300, Florida Admini | _ | _ | _ | | =_/ | | P Rule NO |
| If NO, complete the following | ng: | | | | - | | |
| #1. Term or condition of th | e general permit that | has not been i | n continuous (| compliance du | nring the repo | orting period | d stated above: |
| Exact period of non-complia | ance: from | | | to | | - | |
| Action(s) taken to achieve co | ompliance: | | | | | | |
| Method used to demonstrate | compliance: | | | | | | VED |
| #2. Term or condition of the | e general permit that | has not been in | n continuous c | compliance du | ring the repo | NON F | I stated above: Nonitoring Nonitoring Sources |
| Exact period of non-complia | ince: from | | | to | , | Bureau O | Air Monitos Doile Sources |
| Action(s) taken to achieve co | ompliance: | | | | | | |
| Method used to demonstrate | compliance: | | | | | | |
| As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina | true, accurate and cochase receipts, does tion facilities. | omplete. Furth | her, my annua | l consumption | of perchlore | pethylene so | olvent, based |
| | | lease Print) | | Sig | nature | | 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.

all

FEB 3 1998

Bureau of Air Monitoring

& Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0810170
PLV CORP
PETER J VAN PELT
4650 SR 64 E
BRADENTON FL 34208

RECEIVED MAIL ROOM JAN 29 98

Do NOT Remove Label

| Annual Reporting Period: 1/1/67 19 TO 12/31/68 19 |
|---|
| 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: 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.

| airs id#: <u>08/0170</u> | IRS ID#: | 0810170 | |
|--------------------------|----------|---------|--|
|--------------------------|----------|---------|--|



D.E.R.

Acc

Revised 10/10/96

APR 1 6 1998 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORMSTRICT

| Δ | TAMPA |
|--|--|
| FACILITY NAME: Birkey's Cleaners | DATE: 4/13/98 |
| FACILITY LOCATION: 4650 SR 64 E | · I · |
| Bradentin, FL 342 | .08 |
| Annual Reporting Period: 4-15-19 | 97 то 4-13- 1918 |
| Based on each term or condition of the Title V general air permit, my fa 62-213.300, Florida Administrative Code (F.A.C.), during the period could be complete the following: | overed by this statement. YES PNO |
| If NO, complete the following: #1. Term or condition of the general permit that has not been in contin | uous compliance during the reporting period stated above: |
| Exact period of non-compliance: from | oring toto |
| 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 contin | 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: | * |
| As the responsible official, I hereby certify, based on information and be made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 galloyear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Peter Van Peter | annual consumption of perchloroethylene solvent, based |
| 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE | OF | INSP | FCT | ION: |
|------|----|------|-----|------|
| | | | | |

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

| | | | Monit |
|---------|-------------|-----------|--------|
| E IN: _ | 1:20 | TIME OUT: | 1:40 m |
| | | | |

| FACILITY LOCATION: | 7090 | <u>, π. Θ</u> | |
|--------------------|------------|---------------|--|
| | Bradention | 34208 | |

RESPONSIBLE OFFICIAL: Peter Van Peter Phone: 941-746-3726

AIRS ID#: 08/0/70 DATE:

FACILITY NAME: BURRY'S

CONTACT NAME: _____PHONE:

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

PART II: CLASSIFICATION

| Facility indicated on notification form that it is: | ☐ No notification form |
|---|--------------------------------------|
| (check appropriate box) | Drop store/out of business/petroleum |
| l <u>A</u> | 1 |

- 1. Existing small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed before 12/9/91)
- 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

- 2. New small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr(constructed on or after 12/9/91)
- 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)
- $\square N$ Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number above
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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? | Ø ON |
|---|--------------|
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | A ON ONIA |
| 3. Equipped the condenser with a diverter valve so airflow will be directed av condenser upon opening the door? | way from the |

- 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?

| 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? | DY ON |
| 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? | DY DN DN/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, | |
| | if machines are equipped with a carbon adsorber? | □Y □N □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | □Y □N □N/A |
| 4. | Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, | |
| | or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | OY ON ON/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | OY ON ON/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |

| PART V: RECORDKEEPING REQUIREMENTS | | | | | |
|--|-------------|--|--|--|--|
| Has the responsible official: (check appropriate boxes) | | | | | |
| 1. Maintained receipts for perc purchased? | - PY ON | | | | |
| 2. Maintained rolling monthly total of perc consumption? | ØÅ □N | | | | |
| 3. Maintained leak detection inspection and repair reports for the following: | | | | | |
| a. documentation of leaks repaired w/in 24 hrs? or; | A/NO NO YX | | | | |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | EXY ON ON/A | | | | |
| 4. Maintained calibration data? (for applicable direct reading instruments) | A/MS NO YO | | | | |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | אאל אם צם | | | | |
| 6. Maintained startup/shutdown/malfunction plan? | ØY □N , | | | | |
| 7. Maintained deviation reports? | איאבל אם צם | | | | |
| Problem corrected? | DY DN DXYA | | | | |
| 8. Maintained compliance plan, if applicable? | DY ON XXVA | | | | |

| PA | ART VI: LEAK DETECTION AND RI | EPAIR | S . | | | | | |
|----|---|--------------------|--------------|---------------|--------------------------|----------------|------|-----|
| 1. | . Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | | | |
| | inspection? | | | | | ÆY | אם | 1 . |
| 2. | . Has the facility maintained a leak log? | | | | | ∕ Þ € | ПN | 1 |
| 3. | . Does the responsible official check the fo | ollowing | g areas for | leaks? | | | | |
| | Hose connections, fittings, couplings, and valves | 47 0 | A/ND NE | M | luck cookers | K | ОИ О | N/A |
| | Door gaskets and seating | dy c | DN/A | S | tills | фү | □и □ | N/A |
| | Filter gaskets and seating | dy c | JN □N/A | E | xhaust dampers | dY | □и □ | N/A |
| | Pumps | | DN □N/A | D | iverter valves | ΠY | ם אם | N/A |
| | Solvent tanks and containers | | A/ND NC | С | artridge filter housings | Y | ם אם | N/A |
| | Water separators | 20 17 C | DN/A | | | | | |
| 4. | . Which method of detection is used by the | e respor | nsible offic | ial? | | | | |
| | Visual examination (condensed sol | vent on | exterior su | irfaces) | | X | | |
| | Physical detection (airflow felt thro | ough ga | skets) | | | XX/ | | |
| | Odor (noticeable perc odor) | | | | | RQ) | | |
| | Use of direct-reading instrumentati | on (FIL | D/PID/calor | imetric tub | es) | ص [`] | | |
| | Halogen leak detector | | | | | | | |
| | If using direct-reading instru | mentat | ion, is the | equipment | : | MN | A | |
| | a. Capable of detecting po | erc vapo | or concentr | ations in a i | range of 0-500 ppm? | ΘY | □N · | |
| | b. Calibrated against a sta (PID/FID only)? . | ındard g | gas prior to | and after e | ach use | ΩY | ПN | , |
| | c. Inspected for leaks and | lobviou | ıs signs of | wear on a w | eekly basis? | \square_{Y} | ПN | |
| | d. Kept in a clean and secure area when not in use? | | | | | | | |
| | e. Verified for accuracy b | y use o | f duplicate | samples (c | alorimetric only)? | ΩY | ПN | |
| | | | | | | | | |

| MARGARET CANGRO | 4-13-98 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Marguet Canazo | april 99 |
| () Inspector's Signature | Approximate Date of Next Inspection |

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | RE-INSPECTION | | COMPLAINT/D | ISCOVERY | | |
|--|--|--|--|---|----------|-------------|
| RESPONSIBLE OFFICIAL: | Ley's Cleane 1550 SR 60 Bradenton 3 | 4E 34208 U | _phone: <u>9</u> 4/- | - 746 - 3 | 726 | — — — |
| PART I: NOTIFICATION | | | | | | |
| (check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR | • | | | | 0 | |
| PART II: CLASSIFICATION | | | | | | |
| Facility indicated on notification (check appropriate box) A. 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2, | ce 2. yr dr tra bo (c | ansfer only, x oth types, x < constructed or New large | y, x < 140 gal/yr < 200 gal/yr 140 gal/yr 1 or after 12/9/91) | t of business/p Bureau of Ai & Mobile | | RECE |
| transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility cla If no, please check the | o gal/yr tra gal/yr bo (consisting assistication appropriate classification training appropriate for a general consistence of the second consistence | oth types, 140 constructed or IV | | nine bove |)99 | |
| B. The total quantity of perchlo facility was 6/ gallons. | ty exceeds above limits | | | | y cleani | ng |

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? Y ON ON/A □N □N/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 XY ON ON/A least 24 hours prior to disposal? 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? DOY DN DN/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 DY DN DN/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 condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| B. | Has the responsible official of an existing large or new large area source also: | | | |
|----|---|----|-----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΠY | ПN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΩY | ПN | □N/A |
| | ls the temperature differential equal to or greater than 20° F? | ΠY | ПN | □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, | ΠV | | □N/A |
| | if machines are equipped with a carbon adsorber? | | | |
| 4. | Is the perc concentration equal to or less than 100 ppm? 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, | | U.N | UN/A |
| | or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | ПΥ | ПΝ | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΩY | DИ | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΩY | ПN | □N/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) I. Maintained receipts for perc purchased? $\square N$ 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: AIND ND YES a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN STM/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? MD AD 6. Maintained startup/shutdown/malfunction plan? DY DN 7. Maintained deviation reports? DY DN Problem corrected? DY DN DAMA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A BY ON ON/A Muck cookers couplings, and valves A/N UN UN/A MY ON ON/A Door gaskets and seating Stills MY ON ON/A DY ON ON/A Exhaust dampers Filter gaskets and seating MY UN UN/A MY ON ON/A Pumps Diverter valves A/NO NO YO MY ON ON/A Cartridge filter housings Solvent tanks and containers AY 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? OY ON b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

| MARGARET CANGRO | 4-7-99 |
|---------------------------------|-------------------------------------|
| Inspector's Name (Please Print) | Date of Inspection |
| Margaret Caroxo | April 2000 |
| Inspector's Signature | Approximate Date of Next Inspection |

AIRS 1D#: <u>0810170</u> Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| · | | | | |
|--|---------------------------|------------------------------|--------------------------------|-------|
| FACILITY NAME: Birkeys | Cleaners | · | DATE: <u>4 / 7 /</u> | 99 |
| FACILITY LOCATION: 4650 | SR 64 F | | | |
| Bridgaton | FL 34: | 208 | | |
| | | | | |
| Annual Reporting Period: | 4-14-1 | 9 <u>98</u> то | 4-7- | 199 |
| Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F | • • • | <u>.71</u> | _ | |
| If NO, complete the following: | | | • | |
| #1. Term or condition of the general permit | that has not been in cont | inuous compliance during the | reporting period stated al | 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 cont | inuous compliance during the | reporting period stated a | bove |
| | | | urea & | |
| Exact period of non-compliance: from | | to | PR u of Mobi | |
| - | | | ile Sir I | |
| Action(s) taken to achieve compliance: | | · | 9 1999 r Monitor Sources | - |
| Method used to demonstrate compliance: | | | es es | [i] |
| | | | ର୍ଜ | |
| As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. | and complete. Further, n | y annual consumption of perc | chloroethylene solvent, bo | ased |
| RESPONSIBLE OFFICIAL: Peter | Van Pelt | Tollateld | - 4/1/0 | 79 |
| Na | me (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.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0810170

PLV CORP PETER J VAN PELT 4650 SR 64 E BRADENTON FL 34208 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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BIRKEY'S CLEANERS PLV CORPORATION 4650 SR 64 EAST BRADENTON FL 34208

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION TUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353965

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

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BIRKEY'S CLEANERS PETER J VAN PELT 4650 SR 64 E BRADENTON FL 34208 AIRS ID # 0810170

Geo. GOVERNMENT USE ONLY
Olg. 27550101000 E0: B

| 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 | | I also wish to rectollowing services extra fee): 1. Addresse 2. Restricte Consult postmas | s (for an ee's Address d Delivery | ceipt Service. |
|----------------------|---|-------------------------------------|--|---|-------------------------|
| ADDRESS completed | AIRS ID#: 0810170 PLV CORP PETER J VAN PELT 4650 SR 64 E BRADENTON FL 34208 | 4b. Service ☐ Registere □ Express I | Type Type Ind Mail Ceipt for Merchandise Palivery | ☐ Certified☐ Insured☐ COD | you for using Return Re |
| ls your RETURN | 5. Received By: (Print Name) 6. Signature (Addresses or Agent) 1. Signature (Addresses or Agent) | 8. Addressee and fee is | | | Thank |
| - | PS Form 3811 , December 1994 | | Domestic Retu | urn Receipt | |

| US Postal Ser Receipt f | | tifie | d Mai |
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| Certified Fee Special Delivery Restricted Delive Return Receipt S | ny Fee howing to livered ing to Whom, | - | |

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| 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 | A. Received by (Please Print Clearly) C. Signature X |
| 2. Article Number (Copy from service Jabel), 7000 0600 0000 41302 3 | 324 |
| 0044 | eturn Receipt 102595-99-M-1789 |

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| 9200 | Restricted Delivery Fee (Endorsement Required) | | | |
| | 10 AI | RS ID # 0810170001 | AG 🔾 | |
| 90 | PETER J VAN PE | | , , | |
| | BIRKEY'S CLEAN | NERS | | |
| 000 | 4650 SR 64 E BRADENTON FL | 34208 | | |
| 7 | | | 7 | |
| | PS Form 3800 February | 2000 | See Reverse for Instructions | |