

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 24, 1996

Mr. Chris Neisler Churchill Square Cleaners 303 Southeast 17 Street, Suite 102 Ocala, Florida 34471

Dear Mr. Neisler:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of	f corporation, as	gency, or indivi	dual owner):
		-		_
4	Site Name (For example, plant name or nu	rehell -	Square (CLEANERS
2.	Site Name (For example, plant name or nu	mber):		·
	702 56 17 54 5	C 40 4	- 00	NA EL 34471
3.	303 SE 17 SF SH SH Hazardous Waste Generator Identification	Number:		HEN, FE SILL
	<i>a</i> . a			,
	FLD EXEMPT	<u>small Q</u>	YANITY	GENERATOR
4.	Facility Location: Street Address:			
		ounty:	,	Zip Code: 34471
	City: 303 SE 175+ #102 Co	MAC	10~	3999)
5.	Facility Identification Number (DEP, Use):	Advantage of the second	+ 10-11-11-11	
	artika a sa 12 si sayanki mili ki	08	330107	
25046				
	R	esponsible Off	icial	
100	N 4(†*2125 CD			
-	Name and Title of Responsible Official:			
(Chris NEISLET			
7.	Responsible Official Mailing Address:			
	Organization/Firm:			
	Street Address:	County:		Zin Code:
	City: 303 SE 175+ #/02 Responsible Official Telephone Number:	OCALA, FL	-MACIOI	Zip Code: 1 34471
8.				
	Telephone: (352)620 - 2/2 7	<u>-</u>	Fax: ()	-
	Facility Contact (If	different from	Responsible C	Official)
9.	Name and Title of Facility Contact (For ex	ample, plant ma	anager):	
10.	Facility Contact Address:			
	0			
	Street Address: City:	County:		Zip Code:
	Chy.	Jouinty.		Zip Code.
11.	Facility Contact Telephone Number:			
	Telephone: () -		Fax: ()	-

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Bureau of Air Monitoring & Mobile Sources

#0830107

· ·	Churchill Square Cleaners
	spoke with Chris Neisler-9/11/96
p./3	4. add title-Owner
, , ,	4
	•
	: · · · · · · · · · · · · · · · · · · ·
. ,	:
······································	<u> </u>
	

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date 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-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	36-241-95	26-July						
(2) w/ carbon adsorber									
(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									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of	are re	equired to be	installed [_		J	1 the latest 12	? mor	nths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".				defi	nitions found	d in section (3	3) of	Part 11?	
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	ce 🔀	}		
Existing large are	ea sou	irce []	Ne	w la	rge area sour	ce [1		

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 What control technology is required on machines (Indicate with an "X".) 	s pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
to Rule 62-213.300, F.A.C. Verify that all steam an 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 natural gas except for periods of natural gas curtailment
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(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 indicat	te with an "X" the appropriate selection:
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signature	8/20/96 Date

Churchill Square Cleaners

-spoke with Chris Newsler-9/11/96	·
P.13 6. add title-Owner	
2. Si	2///
3. H. correction made 12/6/96	<u>34471</u>
GIDRIA SANTH MCA	OR
4. Fa S Panishols	
Ci	17471
5. Fa	
(6) N	, , , , , , , , , , , , , , , , , , ,
7. Re	
OI St	
Ci); 7/4/4 = 3.
8. Re	<u> </u>
Te	
	•
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
_	Stris NEISLEC Churchell Square Cleavers
2.	Site Name (For example, plant name or number):
	303 SE 17 St Suite 102 Ocala, FL 34471 Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD EXEMPT SMALL QUANITY GENERATOR
4.	Facility Location: Street Address:
	City: 303 SE 175+ #102 County: MArion Zip Code: 34471
5.	Facility Identification Number (DEP Use): 0830107
	Responsible Official
6.	Name and Title of Responsible Official:
	Chris NEISLEY - Dwner Gloria Smith, Mng.
7.	Organization/Firm:
	City: Zip Code:
0	Street Address: City: County: Zip Code: 303 SE 175+ #102 OCALA, FL-MARION Responsible Official Telephone Number:
0.	Telephone: (352)620 - 2/2 Z Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
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	Telephone: () - Fax: () -

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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	Date		Date	Date		Date	Date
•,	ĺ	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	#]	03-OCT-93	12-NOV-93	#2	, 08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	<u>+</u> 1	36-541-95	26-JUL45						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit					•	•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								1	
Dryer Unit		-	,		_			•	
(7) w/ ref. condenser					_				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of	are re	equired to be	installed [_			n the latest 12	mor	nths?	
(b) If less than 12 mont Check why it is less					_] New store	: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	ce 🔀			
Existing large are	ea sou	irce []	Ne	w la	rge area sour	ce []			

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

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following :
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	لنجا

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Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	Inputly notify the Department of any changes to the information contained in this notification. 18/20/96 Date

February 19, 2003

Ms. Sandra Bowman
Department of Environmental Protection
2600 Blair Stone Road MS 5510
Tallahassee, Fl. 32399-2400

RE: Churchill Square Drycleaners-Ocala FL.

Dear Ms. Bowman:

Pursuant to our conversation on the morning of February 19, 2003 I am writing this letter to inform you that Churchill Square Drycleaners located at 303 SE 17th St., Ocala, FL. 34471 is no longer utilizing perc. at that site. The dry cleaning machine and perc. were removed Sept. of 2001. This site will be a drop site only.

RECEIVED AND MONTHUM.

Thank you very much for your time and consideration.

Sincerely,

Paul S. Burtz



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: <u>0830107</u> DATE: <u>12/6/</u> FACILITY NAME: <u>CHURCHILL SQU</u> FACILITY LOCATION: <u>303 SE 17</u> <u>OCALA, FL</u>	196 TIME IN: 1:30 TIME OUT: 2:00 ARE CLANERS 7th St # 102
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	△
2. New facility notified DARM 30 days prior to s	tartup \Box
3. Facility failed to notify DARM to use general p	permit \square
	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)	:
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source. dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source. dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	AA DN
If no, please check the appropriate classification:	
facility qualified for a general p facility exceeds above limits and	ermit as number above I is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was gallons.	purchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ADDS TO MACHINE AS NEEDED 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 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:	
D. Has the responsible official of an existing farge of new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON .
2. 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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	-
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	AY □N
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY DN
Has the responsible official: (check appropriate boxes)	DY DN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained FORM	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained FORM 3. Maintained leak detection inspection and repair reports for the following:	DY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained FORM 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained Form 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	/\
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Explained Form 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	OY ON DIN/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Farance Form 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Farametal Form 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DY DN DN/A DY DN

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	И ОИ

2. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)				×	
Physical detection (airflow felt through gaskets)				/A	
Odor (noticeable perc odor)	Odor (noticeable perc odor)				
Use of direct-reading instrumer	itation (FII	D/PID/calor	imetric tubes)	ٔ ت	
If using direct-reading instru	nentation,	is the equi	ipment:		
a. Capable of detectin	g perc vapo	or concentra	ations in a range of 0-500 ppm?		אב
b. Calibrated against (PID/FID only)?	a standard	gas prior to	and after each use	OY C	. אב
c. Inspected for leaks	and obviou	s signs of w	vear on a weekly basis?		NC
d. Kept in a clean and	secure are	a when not	in use?		אכ
e. Verified for accurac	y by use of	f duplicate s	samples (calorimetric only)?	OY C	אב
3. Has the facility maintained a leak log	;?			ŽΥY	מכ
4. Does the responsible official check the	e following	g areas for l	leaks?	/ \	
Hose connections, fittings, couplings, and valves	À ÝY	□N	Muck cookers	Y	□N
Door gaskets and seating	Y	□N	Stills	Y	□N
Filter gaskets and seating	#Y	□N	Exhaust dampers	ПY	□N
Pumps	χY	□N	Diverter valves	XX	□N
Solvent tanks and containers	YY	□N	Cartridge filter housings	s DY	□N
Water separators	ØY Y	□N		/ I	
CHRIS NEISLER OWNER	_				
CHRIS NEISLER, OWNER GLORIA SMITH, MGRI					
Name of Responsible Offi			_		
Y OUIS A. NICHOL	2		12/6/9	6	
Inspector's Name (Please P	rint)		Date of Insp	pection	
Nouis Michon	/				
Inspector's Signature			Approximate Date of	f Next Ins	spection
Cleaners 303 SE 17th St. Ocala, FL 34471 Open pm (904) 620-2122 9 am at 1 pm Discover the Difference					

ADDITIONAL SITE INFORMATION:

- & WASTE PICKED UP BYMCF. FILTERS BRAINED IN HOUSING
- · AERO TECH 550 50#
- · HAG CONTAINMENT PAN

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT RE-INSPECTION ? COMPLAINT/DISCOVERY ANNUAL TYPE OF INSPECTION: 0830107 TIME OUT: AIRS ID#: TIME IN: TYPE OF FACILITY: FACILITY NAME: 34471 PHONE NUMBER: 352-620-2122 Nersler RESPONSIBLE OFFICIAL: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Fiorida Administrative Code (F.A.C.). Eased on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: facility in compliance, using cal. The Annual Compliance Certification form has been properly certified and submitted to the hispector. DATE OF NEXT INSPECTION:_

The Annual Compliance Certification form has been properly certified and submitted to the intspector.

DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY:

(Please Print)

Page of Revised 10/96

RECEIVED FES 2 A 1993 Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0830107

CHRIS NEISLER
CHRIS NEISLER
303 SE 17 STREET SUITE 102
OCALA FL 34471

Do NOT Remove Label

Annual Reporting Period:	2-15	19 _97	то	2-15	19 98
Based on each term or condition of 62-213.300, Florida Administrative				_/	th DEP Rule
If NO, complete the following:					
#1. Term or condition of the genera	al permit that has not be	een in continuous	compliance duri	ng the reporting	period stated above:
Exact period of non-compliance: fr	om		to		
Action(s) taken to achieve complian	ice:	,			
Method used to demonstrate compli	ance:				
#2. Term or condition of the genera	al permit that has not be	en in continuous	compliance duri	ng the reporting	period stated above:
Exact period of non-compliance: from	om		to		
Action(s) taken to achieve complian	.ce:	·			
Method used to demonstrate compli	ance:				•
As the responsible official, I hereby ce notification are true, accurate and con does not exceed 2,100 gallons per year	rtify, based on information pplete. Further, my annu	ial consumption of	d after reasonable perchloroethylen	e inquiry, that the e solvent, based u	ipon purchase receipts,
RESPONSIBLE OFFICIAL:	Name (Please Princ	t)	<u>AM</u> Signa	ature	Z-/6-98 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 INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION

10	
AIRS ID#: 0830 107 DATE: 0/25/98 TIME IN: 3:20 TIME OUT:	3 <u>:45</u>
FACILITY NAME:	
FACILITY LOCATION: Churchell deliners PORT LATHER 303 S.E. FIRST.	
39850 177 Vat Ocala, FC. 3474 -	<u> </u>
RESPONSIBLE OFFICIAL: Chris Neisler PHONE: 620-212	2
CONTACT NAME:PHONE:	
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	
Facility failed to notify DARM to use general permit	
2. I actively failed to flothly DARGY to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. UNo notification form Upop store/out of business/pet	troleum
dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr	sold
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr	sdd
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr Zux	sdd
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-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source	sdd
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91)	sdd
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	sold
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	sdd
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	sdd
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification: Gacility qualified for a general permit as number above	sold
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification If no, please check the appropriate classification:	

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?

ND XX

MY ON ON/A

- .
- AVAD ND 🔀
- MY ON
- AND NO TROP
 - AN ON

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
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 bead, 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?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	M□ M				
2. Maintained rolling monthly total of perc consumption?	X DN				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □N/A				
b. documentation of parts ordered to repair leak and leak repaired win 2 days and parts installed win 5 days of receipt?	AND NON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	AVX NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	AV/A				
6. Maintained startup/shutdown/malfunction plan?	λξι □μ				
7. Maintained deviation reports?	AVA UN UN/A				
Problem corrected?	DY DN DXV/A				
8. Maintained compliance plan, if applicable?	A/A/X				

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				ÆY □N		
2.	Has the facility maintained a leak log?				MY ON		
3.	Does the responsible official check the	-					
	Hose connections, fittings, couplings, and valves	dy □N	I □N/A	Muck cookers	אומם מם אף		
	Door gaskets and seating	dy ON	I □N/A	Stills	DY ON ON/A		
	Filter gaskets and seating	dy ON	I □N/A	Exhaust dampers	DY ON ON/A		
	Pumps	dy on	I □N/A	Diverter valves	אומם מם צם		
	Solvent tanks and containers	dy on	I □N/A	Cartridge filter housings	DY ON ON/A		
	Water separators	מם עם	I □N/A				
4.	Which method of detection is used by t	he responsi	ble official?		_		
	Visual examination (condensed s	olvent on e	xterior surfa	ices)	A		
	Physical detection (airflow felt th	rough gask	ets)				
	Odor (noticeable perc odor)	×					
	Use of direct-reading instruments						
	Halogen leak detector						
	If using direct-reading instr	□N/A					
	a. Capable of detecting	UY UN					
	b. Calibrated against a (PID/FID only)?	OY ON					
	c. Inspected for leaks ar	nd obvious :	signs of wea	ır on a weekly basis?	UY UN		
	d. Kept in a clean and s	secure area	when not in	use?	OY ON		
	e. Verified for accuracy	by use of d	luplicate sar	nples (calorimetric only)?	OY ON		
_					<u></u>		
-	Inspector's Name (Please Pri	pection					
-	Inspector's Signature			Approximate Date of	f Next Inspection		

Aentek OSA 550 - new machine no problem epoly? yes Farz No Using calendar non - (likes it)

ME hazardous waste pickup noperc on spotting board. Will get pan for hazardous waste

In compliance

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVER RE-INSPECTION 8:00-8:30am CWM FIIST 1130pm AIRS ID#: 0830107 DATE: 7-29-90 TIME OU FACILITY NAME: Churchbill Cleaners FACILITY LOCATION: 303 Ocala, FL 34471 RESPONSIBLE OFFICIAL: Chris Neisler PHONE: 352. PHONE: CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION ☐ No notification form Facility indicated on notification form that it is: (check appropriate box) ☐ Drop store/out of business/petroleum 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yrboth types, x < 140 gal/vr (constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/vr dry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, 200 < x < 1,800 gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, $140 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) $\square N$ Can not determine 5. This is a correct facility classification 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

facility was 40 _ gallons.

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) AVA NO YO 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DXN/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? /DY □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY ON ON NA 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) מח לאם 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the KY 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 DN DN/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? DN DN

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?	ОУ ОИ
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY DN DN/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,	Dir Dir Oire
if machines are equipped with a carbon adsorber?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN DN/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? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: CY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days AVO NO YA and parts installed w/in 5 days of receipt? AVAZ NO YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? ZY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN XNA Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS						
l.	Does the responsible official conduct a	weekly (for small sources, b	oi-weekly) leak detection a	nd rep	air		
	inspection?			$\mathbf{Y}_{\mathbf{Y}}$]N	
2.	Has the facility maintained a leak log?			PA.		3N	
3.	Does the responsible official check the	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	7.3/	ПN	□N/A	
	Door gaskets and seating	BY ON ON/A	Stills	PY	ПN	□N/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	RA	ΠN	□N/A	
	Pumps	DY ON ON/A	Diverter valves	R _Y	N	□N/A	
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	i/ _Y	ИП	□N/A	
	Water separators	DY ON ON/A	·				
4.	Which method of detection is used by the	ne responsible official?		_			
	Visual examination (condensed so	olvent on exterior surfaces)		6			
	Physical detection (airflow felt thr	rough gaskets)			/		
	Odor (noticeable perc odor)			6			
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)				
	Halogen leak detector						

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

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

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

Randall Cunningham

Inspector's Name (Please Print) Inspector's Signature

(PID/FID only)?

If using direct-reading instrumentation, is the equipment:

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

7-29-99 Date of Inspection

□N/A

DY DN

DY DN

DY DN

OY ON UY UN

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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·	

ATRS ID#: 08301071

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Church 4:11 Cleaners	DATE: 7-29-49
FACILITY LOCATION: 303 S.E. 17th St.	
Ocala, FL 34471	
Annual Reporting Period: July 1998 to July	19_19_
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 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 repo	rting 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 repo	orting period stated above:
Exact period of non-compliance: fromto	
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 in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallon combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	roethylene solvent, based

Page _____ of _____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛣 C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1130	тіме оит:	airs id#: 0 §	30107
TYPE OF FACILITY:			7 1 6 6 7
FACILITY NAME: Chu, FACILITY LOCATION: 3	rohhill Cleaners	·	DATE: 7-24-69
	cala, FL 3447		
RESPONSIBLE OFFICIAL:	J	PHONE NUMBER:	352-620-2122
	the compliance requirements eva Rule 62-213.300, Florida Admin	aluated during this inspection, the facilistrative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were not	•	aluated during this inspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		_	.
COMMENTS:			
In Co	mpliance		
The Annual Compliance Certification DATE OF NEXT INSPECTION	$\supset 2 c(c)c$	rtified and submitted to the inspector.	YEST NO
INSPECTION CONDUCTED	BY: Randall	Approximate) (vnningham) (Please Print)	
INSPECTOR'S SIGNATURE	(1) (1) (1) V P	PHONE NUMBER:	407-893-333
	Paga	J of /	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	3-14-00
	· Re

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVER

TUES, Mar. 14	
AIRS ID#: 0830107 DATE: 3-9-00 TIME IN: 10:45 TIME OUT: 1//	15
FACILITY NAME: Church hill Cleaners	
FACILITY LOCATION: 303 SE 17th St.	
Ocala, PL 34471	
RESPONSIBLE OFFICIAL: Chris NEGGT PHONE: 352-620-7212	2_2_
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	
	البسستنير
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) □ No notification form □ Drop store/out of business/petroleu	m
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source	
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$)	
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) (constructed on or after $12/9/91$) 5. This is a correct facility classification Ty \square \square \square Can not determine	
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$) (constructed on or after $12/9/91$)	

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?

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?

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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?

MU YES

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

AVA ON ONIA

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

ANO NO VA

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

Y ON

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

ANO NO YE

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

NO VA

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?				
2. Maintained rolling monthly averages of perc consumption?				
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or,	OSEY 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 AWA			
4. Maintained calibration data? (for applicable direct reading instruments)	ava no vo			
5. Maintained exhaust duct monitoring data on perc concentrations?	oy on K n/a			
6. Maintained startup/shutdown/malfunction plan?	XX ON			
7. Maintained deviation reports?	AVA X NO YO			
Problem corrected?	DY DN X VA			
8. Maintained compliance plan, if applicable?	אונגל אם צם			

PART VI: LEAK DETECTI	ON AND REPAIRS		
1. Does the responsible officia	l conduct a weekly (for small so	rces, bi-weekly) leak detection ar	ıd repair
inspection?			AY ON
2. Has the facility maintained	a leak log?	•	DY ON
3. Does the responsible official	I check the following areas for le	eaks?	
Hose connections, fitti couplings, and valves	- ·	Muck cookers	DY DN DN/A
Door gaskets and seati	ng CY ON ON/A	Stills	AVO NO YO
Filter gaskets and seat	ing OY ON ON/A	Exhaust dampers	אומם מם צף
Pumps	מאם אם עם	Diverter valves	DY ON ON/A
Solvent tanks and con-	tainers OY ON ON/A	Cartridge filter housings	AVA NO YO
Water separators	AVAC NC YC	,	
4. Which method of detection	is used by the responsible officia	1?	
Visual examination (c	ondensed solvent on exterior sur	faces)	
Physical detection (air	flow felt through gaskets)	•	٥
Odor (noticeable perc	odor)		Ø
Use of direct-reading i	nstrumentation (FID/PID/calori	metric tubes)	
Halogen leak detector			
If using direct-rea	ading instrumentation, is the e	quipment:	M N/A
a. Capable of	detecting perc vapor concentrat	ions in a range of 0-500 ppm?	DY DN
b. Calibrated (PID/FID	against a standard gas prior to a only)?	and after each use	OY ON
c. Inspected t	for leaks and obvious signs of we	ear on a weekly basis?	·DY DN
d. Kept in a c	clean and secure area when not i	n use?	OY ON
e. Verified fo	r accuracy by use of duplicate sa	amples (calorimetric only)?	OY ON
Randall C	unn ingham Please Print)	$\frac{3-9-\omega}{}$	ction

Revised 8/11/97

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE	INFORMATION:
	•••

AIRS ID#: 0430107

200

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Churchill Cleaner	5 DATE: 3-14-00
FACILITY LOCATION: 3035817th 5	<i>t</i> ,
Ocala FL 344	7 /
Annual Reporting Period: March	1499 TO March 2000
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 peri	od covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in co	ontinuous 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 co	ontinuous 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:	
rection used to demonstrate compliance.	
As the responsible official, I hereby certify, based on information of in this notification are true, accurate and complete. Further, my a purchase receipts, does not exceed 2,100 gallons per year for drycombination 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME OUT: 11:00 TYPE OF FACILITY: Pry Clean	AIRS ID#: 0830107
FACILITY NAME: Churchill cleaners	DATE: 3~14~00
FACILITY LOCATION: 3035E PHST	DATE.
Ocala, FL 34471	
RESPONSIBLE OFFICIAL: Chris Neisler	PHONE NUMBER: 362-620-2122
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
In Compliance	
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION: 3-200	
INSPECTION CONDUCTED BY: Randall Conn	
INSPECTOR'S SIGNATURE: Wall Company	PHONE NUMBER: 417-893-3333

Page___of___.

Revised 10/96



414726 MAR 12002

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 # 0830107 CHURCHILL SQUARE CLEANERS CHRIS NEISLER 303 SE 17 STREET SUITE 102 OCALA FL 34471

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

404213

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 # 0830107

CHURCHILL SQUARE CLEANERS CHRIS NEISLER 303 SE 17 STREET SUITE 102

OCALA FL 3447I

JAN 30 MAIL ROE

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: AI

0361105

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

TOTAL AMOUNT DUE: \$50.002 5 1999

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

CHRIS NEISLER

AIRS ID # 0830107 FEB 19 99 CHURCHILL SQUARE CLEANERS

303 SE 17 STREET SUITE 102 MOOR JIAM OCALA FL 34471

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

258688

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 22 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0830107 CHURCHILL SQUARE CLEANERS CHRIS NEISLER 303 SE 17 STREET SUITE 102 OCALA FL 34471 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

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Flease 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 20 98

Do NOT Remove Label

AIRS ID#0830107

CHRIS NEISLER CHRIS NEISLER 303 SE 17 STREET SUITE 102 OCALA FL 34471

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389480

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

Do NOT Remove Label

AIRS ID # 0830107

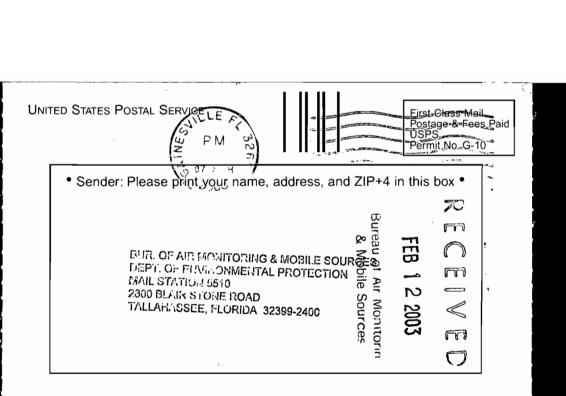
CHURCHILL SQUARE CLEANERS
CHRIS NEISLER
303 SE 17 STREET SUITE 102
OCALA FL 34471

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
}	PPP3	OFFICIAL YURA
	3708	Postage \$ Certified Fee
1	F 7 3 3	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
;	17 44 UUU 16 7U	Total AIRS ID#0830107 Sent Tc CHURCHILL SQUARE CLEANERS CHRIS NEISLER Street, 303 SE 17 STREET SUITE 102 OCALA FL City. St 34471 PS Form Sector Structions.
, 0		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: AIRS ID#0830107 CHURCHILL SQUARE CLEANERS CHRIS NEISLER	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
303 SE 17 STREET SUITE 102 OCALA FL 34471	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000 ((a)	70 0013 3108 6663
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035



8	U.S. Postal S CERTIFIED (Domestic Mail C	MAIL REC	EIPT Coverage Provided)
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F-7		IIG LAL	. USE
76	Postage	\$	
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1000	Restricted Delivery Fee (Endorsement Required)		
문	Total P	AIRS ID # 0	
03	Sent To LAUNDRY	COUNTY CLEANE (
	Street, Ar RICHARD or PO Bo; 5929 S FEI	C CREESE	
7007	City, State STUART F		
1	PS Form 3800 vanuary 20	001	See Reverse log Instructions

Frightings.	ALTO:
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION 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 # 0850121 MARTIN COUNTY CLEANERS & LAUNDRY RICHARD C CREESE 5929 S FEDERAL HWY STUART FL 34994	A. Received by (Please Print Clearly) C. Signature X fally
	3. Se vice Type Description Description Description Description
2 Article Number (Coov from service label) 7001 0320 0001 7976 1978 PS Form 3811, July 1999 Domestic Rete	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

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

DEPT. OF ENVIRONMENTAL PROMITE STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399

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R112 Monitoring Z 333 613 409 laag

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

· AIRS ID # 0830107

CHURCHILL SQUARE CLEANERS CHRIS NEISLER 303 SE 17 STREET SUITE 102 OCALA FL 34471

		·
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	-
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
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- ■Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

2	A	A dd	
J.	Article	Addressed	1 IO:

OCALA FL 34471

AIRS ID # 0830107

CHURCHILL SQUARE CLEANERS CHRIS NEISLER 303 SE 17 STREET SUITE 102

4b. Service Type

4a. Article Number

☐ Registered

Express Mail

Certified Insured

☐ Return Receipt for Merchandise ☐ COD 7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

(Addressee or Agent)

PS Form **3811**, December 1994

102595-97-B-0179

Domestic Return Receipt

Receipt Service using Thank you for



: Co	 Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and the properties. 	ice does not cle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N ADDRESS completed o	3. Article Addressed to: AIRS ID 0830107 CHRIS NEISLER CHRIS NEISLER 303 SE 17 STREET SUITE 102 OCALA FL 34471	4a. Article No. 2333 4b. Service 1 Registere Express I Return Rec	Type ad Certified Mail Insured Ceipt for Merchandise COD
Swoin BETIIB	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X AMMU/MARA	8. Addressee and fee is	e's Address (Only if requested ≥
	6. Signature: (Addressee or Agent)		Domestic Retu

	US Postal Service Receipt for Cer No Insurance Coverage I Do not use for Internation	Provide	ed.
	Sent to		
	n.a	AIR	S ID 0830107
	RIS NEISLER		
	RIS NEISLER	100	
	SE 17 STREET SUITE ALA FL 34471	102 -	
OC.	ALA IL 344/I		
	Certified Fee	l	•
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
Form 3800, April 1995	Postmark or Date		_

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ווחם אותומן מון אירי ביבורווות ביבורם ביבורם Fold at line over top of envelope to SENDER: ou wish to receive the Complete items 1 and/or 2 for additional services ■Complete items 3, 4a, and 4b. following services (for an 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 extra fee): for using Return Receipt Service. 1. Addressee's Address permit. White "Return Receipt Requested" on the mailpiece below the article number. 2. Restricted Delivery on the ■The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee. delivered. 4a. Article Number 3. Article Addressed to: completed AIRS ID # 0830107 CHURCHILL SQUARE CLEANERS 4b. Service Type CHRIS NEISLER Certified ☐ Registered RETURN ADDRESS 303 SE 17 STREET SUITE 102 Express Mail ☐ Insured OCALA FL 34471 ☐ Return Receipt for Merchandise ☐ COD 7. Date/of Delivery Thank you 8. Addressee's Address (Only if requested 5. Received By; and fee is paid) Vour Signature: (Add dent) Domestic Return Receipt PS Form 3811, December 1994 102595-97-B-0179

	P 174 O	52	٢51	c.(\	
	US Postal Service Receipt for Cel No Insurance Coverage Do not use for Internation Sent to	Prov	rided.		•
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	l Cérmeo ree				
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, April 1995	Special Delivery Fee Restricted Delivery Fee				
³ S Form 3800 , April 1995	Special Delivery Fee Restricted Delivery Fee	\$			

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 0830107 CHURCHILL SQUARE CLEANERS CHRIS NEISLER 303 SE 17 STREET SUITE 102	
OCALA FL 34471	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4128	7423
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
i i	

U.S. Postal CERTIFIED (Pomestic Manual	Service MAIL RECE Only, No Insurance Co	IPT verage Provided)
Postage	\$	
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Totring CHURCHILL CHRIS NEIS	AIRS ID # 083010 SQUARE CLEANERS	
Stree 303 SE 17 STI	REET SUITE 102	
34471 PSTE		Instructions

2805	U.S. Postal S CER USED (Domestic Mail O	CERVICE MAIL REC	EIPT Coverage Provided)		
0614 4500	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here		
2000 0600	Recir 10 AIRS ID # 0830107001746 CHRIS NEISLER				

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery 6-F-0/
 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. 	C Signature Agent Addressee
Article Addressed to: -	D. Is delivery address different troin ifem ? Yes No
10 AIRS ID # 0830107001AG CHRIS NEISLER CHURCHILL SQUARE CLEANERS 303 SE 17 STREET SUITE 102 OCALA FL 34471	(JUN 1 1 200)
	3. Ser@urben of Air Monitoring Certified Mail Syrress Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0026 4130 280	5
PS Form 3811, July 1999 Domestic Ref	urn Receipt



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BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2800 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

SENDER: COMPLETE THIS SECTION	V Nantasian 100 IV Haxous apvil COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0830107 CHURCHILL SQUARE CLEANERS CHRIS NEISLER 303 SE 17 STREET SUITE 102 	A. Received by (Please Print Clearly) B. Date of Delivery 3-8-02 Consignature D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
34471	3. Service Type Certified Mail
O Addition in the control of the con	4. Restricted Delivery? (Extra Fee) ☐ Yes
7001 0320 0001 7976 1985	
PS Form 3811. July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
1985	OFF	IGIAL	USE.	
7976	Postage Certified Fee	\$	Postmark	
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7001 0350	AIRS ID # 0830107 Total Pc CHURCHILL SQUARE CLEANERS Sent To CHRIS NEISLER 303 SE 17 STREET SUITE 102 Street, Ac OCALA FL or PO Box Total Pc CHURCHILL SQUARE CLEANERS			