

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 8, 1998

Mr. Cecil Townley Perfection Cleaners and Laundry 49 Beal Parkway, Northeast Fort Walton Beach, Florida 32548

Re: Facility No.: 0910080

Dear Mr. Townley:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 24, 1998.

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 Environemntal 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, of 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. Charles Norman, Northwest District



# Department of **Environmental Protection**

Jeb Bush Governor

Twin Towers Office Building 2600 Blair Stone Road 50: ・・ Tallahassee, Florida 32399-2400

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to: 그렇대죠!! 하다 [편] 다 등 수업도

> Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

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

Do NOT Remove Label

AIRS ID # 0910080 PERFECTION CLEANERS & LAUNDRY CECIL TOWNBY 49 BEAL PKWY NE FT WALTON BEACH FL 32548

RECEIVED MAR 29 2002 FOR GOVERNMENT TOSE OF THEY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

p (4) Should be marked

## Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner): Site Name (For example, plant name or number): Serfection Cleaners & Laurdry zardous Waste Generator Identification Number 4. Facility Location: Street Address: 49 Beal PHWY, NE City: Ft Walfar Beach County Olalosso 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: 7. Responsible Official Mailing Address:
Organization/Firm: Particular Chances & Laurely INC. Street Address: 99 Beal PKW-1 O/L N 1005 A Zip Code: 32548 8. Responsible Official Telephone Number: Telephone: ( ) Fax: ( Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:

DEP Form No. 62-213.900(2)

11. Facility Contact Telephone Number:

(

)

Effective: 6-25-96

Telephone:

Fax: (

)

#### **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
	ΙΙ.	Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	lD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit							_		•
(1) w/ ref. condenser	$\int_{-\infty}^{\infty}$	22 Jun 84	Jun 85						
(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 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  Existing large are	Selec ea so	et one classifi	ication only.)	) ew sn	initions found nall area sour	rce [	]	Part II?	
Existing large an	<b>.</b> u 30		144	Ia	. 50 area 30ar		1		

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

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Boiler 15 HP
·
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

# Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
$\bowtie$	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 i fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					

Date /

Signature

Flo

1. Facility Owner/C Hazardous Wast 4. Facility Location Street Address: City: Ft U Facility Identifi 6. Name and Title 7. Responsible O Organization/ Street Address City: 8. Responsible ( Telephone: 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: County: City: 11. Facility Contact Telephone Number: Fax: ( Telephone: (

DEC 1 0 1998

REST AVAILABLE COPY

NORTHWEST FLORIDA

## Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Verfection Claceners + Laundry, INC.
Site Name (For example, plant name or number): Verfection Cleaners & Laurdry
Hazardous Waste Generator Identification Number: 4. Facility Location: Street Address: 49 Beal PKWY, NE Zip Code: 32548 City: Ft Walfar Reach County Ollalossoy 09100804 Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: Cecil Townley Responsible Official Mailing Address:
Organization/Firm: Parfection Chances & Laurely, INC. Street Address: 49 Beal PKW-1 NE City: O/L A/205 A Zip Code: 32548 Facility Contact (If different from Responsible Official)

That is the state of the Responsible Official Telephone Number: DEC RIVED Telephone: Name and Title of Facility Contact (For example, plant manager): Street Address: City: Zip Code: County: 11. Facility Contact Telephone Number: Fax: ( ` ) Telephone: ( )

DEP Form No. 62-213.900(2)

Effective: 6-25-96

## **Facility Information**

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

		Date	Date		Date	Date		Date	Date
	1	Machine	Control		Machine	Control		Machine	Control
	I .	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		· <del></del>	<del></del>	<del>- '</del>	·				· · · ·
(1) w/ ref. condenser	$\overline{I}$	22 Jun 84	Jun 85						
(2) w/ carbon adsorber		<b>,</b>							
(3) w/ no controls				1					
Washer Unit						<u> </u>			
(4) w/ ref. condenser									
(5) w/ carbon adsorber							-		
(6) w/ no controls		1							
Dryer Unit			,						
(7) w/ ref. condenser									
(8) w/ carbon adsorber								<u> </u>	
(9) w/ no controls									
Reclaimer Unit				-	<u> </u>				
(10) w/ ref. condenser								]	
(11) w/carbon adsorber								-	
(12) w/ no controls									
(b) Control devices are required, but not yet installed [									
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec	t one classifi	cation only.)	)	initions found	·	3) of ]	Part II?	
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce [	)		

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 14 of 16

	at control technology is required at the control technology is require	uired on machines	pursuant to section (5) of I	Part II of this notification form?
	Existing large area source Carbon adsorber	<u>e</u>	Refrigerated condenser	
	New small area source Refrigerated condenser			
	New large area source Refrigerated condenser			
to Rul	-	y that all steam an	d hot water generating unit	o use the general permit pursuant is on-site meet the following
boiler		ed exclusively by n	atural gas except for perio	10 million BTU/hr or less (298 ds of natural gas curtailment fired.
	am and hot water generating the units on-site	g units exempt	$\succeq$	
	Bou	er 15 H	P	
	· .			
	Equipn	nent Monitoring a	 and Recordkeeping Infor	mation
Check	all logs which are required	to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Pui	rchase receipts and solvent j	ourchases		$\geq$
(b) Le	ak detection inspection and	repair		$\boxtimes$
(c) Re	frigerated condenser temper	rature monitoring	•	
(d) Ca	rbon adsorber exhaust perc	concentration mor	nitoring	
(e) Ins	trument calibration		_	
(f) Sta	art-up, shutdown, malfuncti	on plan	`	
			•	

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

## Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:	٠.,
	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	
	<u> </u>	_
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.	
I will pro	emptly notify the Department of any changes to the information contained in this notification.  Date	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# TITLE AIR QUALITY GENERAL PERMI INSPECTION SUMMARY REPORT

Now-INC	
NEW OWNER	-
<b>RE-INSPECTION</b>	ſ

TYPE OF INSPECTION:	ANNUAL X CO	MPLAINT/DISCOVERY	RE-INSPECTION X
TIME IN: 1000	TIME OUT: / 0	AIRS ID#:	710080
TYPE OF FACILITY: DC	· · · · · · · · · · · · · · · · · · ·		
FACILITY NAME: Port	ection & Ocanins 4	Landre Inc.	DATE: 11/19/48
FACILITY LOCATION:	49 Beal Prwy	NE O)	
F-	t Walton Beach	L. FL 32548	
RESPONSIBLE OFFICIAL: (	Pecil Towniley	PHONE NUMBER	134-243-3014
	D. 1- CO 012 200 Florida Administra	uated during this inspection, the facilitrative Code (F.A.C.).	
Based on the results of discrepancies were not	f the compliance requirements evaluted:	uated during this inspection, the follog Bureau FOLLOW-UP ACTIO	winkercompliages Sources
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
	ENTERED		
•	DEC 11 1998		
			•
·;			
		\	
	·	·	
COMMENTS: New ou	NER is putting bet	ter mand keeping so	& stemmento place.
cender ald	owner all types.	of record Keeping Sy	is weak.
The Annual Compliance Conif	Tooking forms has been assessed asses	Food and submitted to the ingressor	YES NO
·		ified and submitted to the inspector.	120
DATE OF NEXT INSPECTION		pproximate)	
INCRECTION CONDUCTES	BY: CHANTES Norm	• •	
MOTECTION CONDUCTED	DDI. C 14 NILL ES / VET BE	Please Print)	(850)
INSPECTOR'S SIGNATURE	Man Man	PHONE NUMBER:	595-8364

Page / of /.

# PERC...LOROETHYLENE DRY CLE. N'ERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	COVERY
	RE-INSPECTION	- E N	EWOWNEIZ	- asif Nov 13, 19
				0 1.00
AIRS 10#: 010050	DATE: 11/19/9	TIME I	N: <u>/000</u> TIP	ие оит: <u>1107</u>
FACILITY NAME: PERF	•			DRY, INC
FACILITY LOCATION:		1		/
	Et Walker	Benc	le, 3250	18.
		•	,	43 - 30/4
CONTACT NAME:	-Ecil TOWN	120 y	PHONE: (S	'AME)
PART I: NOTIFICATION				
(check appropriate box)  1. New facility notified DARM		Nov 1-	3,1998	
1. New facility notified DARM	I 30 days prìor to startu	PNEW	OUNER OR	CO FAGLIND
2. Facility failed to notify DAF	lM to use general perm	it		/ <b>a</b>
				,
PART II: CLASSIFICATIO	N			
· · · · · · · · · · · · · · · · · · ·			No notification f	
Facility indicated on notificat (check appropriate box) Com	nlake notification	i duni min	☐ Drop store/out of	orm NEW OWNGR
A.		3	•	•
1. Existing small area sou		2. New small a		
dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	•	iry-to-dry only, ransfer only, x		
both types, x < 140 gal/yr		both types, $x < 1$	• .	·
(constructed before 12/9/91)			or after 12/9/91)	
3. Existing large area sou		. New large a		_ <b> </b>
dry-to-dry only, $140 \le x \le 2$			$140 \le x \le 2,100 \text{ gal/s}$	yr
transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$			$00 \le x \le 1,800 \text{ gal/yr}$ < x < 1,800 gal/yr	<b>l</b>
(constructed before 12/9/91)	-	•• ,	or after 12/9/91)	Į <b>į</b>
(001134 40104 001010 12/7/71	,	consulation on	01 atter 12/7/71)	
5. This is a correct facility of	classification [	DY DN	□Can not determin	ne
_	e appropriate classificat			
	lity qualified for a gene			
☐ facil	lity exceeds above limit	s and is not clig	ible for a general per	mit
B. The total quantity of perch!		chased within th	ne preceding 12 mont	hs by this dry cleaning
facility was 12 (gallons	S.			li li

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MO YE 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A 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? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condensor with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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? CY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:		_	
I.	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?	ΠY	□и	□N/A
	Is 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,	OV.	CIVI	
	if machines are equipped with a carbon adsorber?	•		□N/A
	Is the perc concentration equal to or less than 100 ppm?	ťΥ	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?	ОΥ	Й	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	NO	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

# PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY DN
2. Maintained rolling monthly averages of perc consumption?	MD AG
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;	» /.
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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 BN/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/N/EQ NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AVYX NO YO
6. Maintained startup/shutdown/malfunction plan?	NO YO
7. Maintained deviation reports?	ANA NO YO'
Problem corrected?	ANA NO YO
8. Maintained compliance plan, if applicable?	DY DN DYVA

P.	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduc	t a weekly (for s	small sources, b	oi-weekly) leak detection a	nd repair		
	inspection?				DY DN 3		
2.	Has the facility maintained a leak lo	g?			OX BN)		
3.	Does the responsible official check t	he following are	eas for leaks?				
	Hose connections, fittings, couplings, and valves	NO VB	□N/A	Muck cookers	AYO NO YB		
	Door gaskets and seating	OY ON	□N/A	Stills	AND NO YO		
	Filter gaskets and seating	אם אפ	□N/A	Exhaust dampers	אואם אם צפ		
	Pumps	NO AG	□N/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	NO AG	□N/A	Cartridge filter housings	AMO NO YE		
	Water separators	NO YO	□N/A				
4.	Which method of detection is used b	y the responsib	le official?				
	Visual examination (condense	d solvent on ext	erior surfaces)		Œ		
	Physical detection (airflow felt	through gasket	SS)		<b>D</b>		
	Odor (noticeable perc odor)	,			<b>J</b>		
	Use of direct-reading instrume	ntation (FID/PI	D/calorimetric	tubes)			
	Halogen leak detector	,					
	If using direct-reading in	strumentation,	, is the equipm	ent:	ON/A		
	a. Capable of detection	ng perc vapor co	oncentrations is	n a range of 0-500 ppm?	DY DN		
	<ul><li>b. Calibrated against (PID/FID only)?</li></ul>	a standard gas	prior to and aft	er each use	אם אם		
ļ	c. Inspected for leaks	and obvious si	gns of wear on	a weekly basis?	DY DN		
	d. Kept in a clean an	d secure area w	hen not in use?		DY DN		
	e. Verified for accura	acy by use of du	plicate samples	(calorimetric only)?	DY DN		

Date of Inspection

# TITL V AIR QUALITY GENERAL PER T INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL ∠ CO	MPLAINT/DISCOVERY RE-INSPECTION
TÍME IN:TIME OUT:	AIRS ID#: 0330229
TYPE OF FACILITY: DC.	/5
FACILITY NAME: VICK'S CLANDYS, 29	15 Have Blun DATE: Dr. 98
FACILITY LOCATION: Kerrarola 32505	· · ·
RESPONSIBLE OFFICIAL Gray N. Vick	PHONE NUMBER: 4737-2546
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administ Based on the results of the compliance requirements evaluation discrepancies were noted:	uated during this inspection the facility was found to be in trative Code (F.A.C.).
Based on the results of the compliance requirements evaludiscrepancies were noted:	uated during this inspection with the wing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	ENTERED
	NEC 22 1998
COMMENTS: Facilité sut perating du lender répair.	April DRIVERY-INSI)
Follow - upensoned.	Lawly 99
The Annual Compliance Certification form has been properly certification form has been properly certification.	fied and submitted to the inspector. YES NOT
DATE OF NEXT INSPECTION: Garage (A	pproximate)
INSPECTION CONDUCTED BY WAR STOR M	Please Print)
INSPECTOR'S SIGNATURE: Chila M. Mar	PHONE NUMBER: 5958364

Revised 10/96

# PERC LOROETHYLENE DRY CLI NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

**X** 

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
FACILITY NAME: 3915 WAY S  FACILITY LOCATION:  RESPONSIBLE OFFICIAL: 5704 NZ	198 TIME IN: TIME OUT:
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to start  2. Facility failed to notify DARM to use general perior	in land showing a list
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 ENTERED transfer only, x < 200 gal/yr DEC 2 2 1998 both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification	Remain Undervious  No notification form.  Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  DY  Can not determine
☐ facility exceeds above lim	ation: leral permit as number above its and is not eligible for a general permit rehased within the preceding 12 months by this dry cleaning

Do Follow-up inno abter repairs are done...

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПN inspection? 2. Has the facility maintained a leak log? $\Box Y$ $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, couplings, and valves DY DN DN/A Muck cookers DY DN DN/A Door gaskets and seating DY DN DN/A Stills DY DN DN/A OY ON ON/A Exhaust dampers A/MD MD YD Filter gaskets and seating DY DN DN/A Diverter valves OY ON ON/A Pumps DY DN DN/A Solvent tanks and containers DY DN DN/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use NO YO (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? $\square Y \square N$ d. Kept in a clean and secure area when not in use? DY DN

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

DY DN

Approximate Date of Next Inspection

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

KO V

Révised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL	L COMPLIANCE (	ENITICATION	N FORM	
FACILITY NAME: Perfection (	Pleasing to	hur dy 1	TNC. DA	15 / 1 / Sar/ 9 9 C
FACILITY LOCATION: 49 Blue	& Oxwy	UE O'		Our Colorin
	32548			- 43
			<del></del>	
Annual Reporting Period: 11/13/9	8	19 TO	6/3/99	719
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		-	<u></u>	th DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in cor	itinuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from	ENTERED	to		
Action(s) taken to achieve compliance:	JUN 0 4 1999			
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in cor	ntinuous compliance	e 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further,	my annual consump	otion of perchloroethy	ylene solvent, based

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

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION	, <b>A</b> Q 	COMPLAINT/D	DISCOYERY	15 1939 No
AIRS ID#: 09 1008 0	DATE: 6/3/99	TIME I	N: 1105 7	rime out:	1983 Ba
FACILITY NAME: Perf	etion Cleaning	cs + Lau	udry IN	٥.	
FACILITY LOCATION:			NE		
	FWB 3254	8			
RESPONSIBLE OFFICIAL :	Cecil Townso	4	PHONE: 234	1-3014	
CONTACT NAME: Sa	me.		PHONE:		
PART I: NOTIFICATION					,
(check appropriate box)  1. New facility notified DARN	I 30 days prior to startup	FA	TERED		_
2. Facility failed to notify DAF	•		0 4 1555		0
			V 4		
PART II: CLASSIFICATIO	N				
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area soudry-to-dry only, x < 140 galtransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area soudry-to-dry only, 140 \le x \le 2	yr 2. I dry-tran both (cor	sfer only, x n types, x < nstructed on New large a	, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	t of business/pe	troleum
transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$ )	00 gal/yr tran gal/yr both	sfer only, 20 n types, 140	$0.0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	-	
5. This is a correct facility c	lassification DY	' אם	Can not determ	nine	
☐ facil☐ facil☐ facil	appropriate classification ity qualified for a general ity exceeds above limits a	permit as nund is not elig	gible for a general p	onthe by this dry	cleaning
B. The total quantity of perchi- facility was 86-6 gallons where New owner to a  ven ten all 6998  Linix already Law	. Jan - may 99. en't how ald reco	rels. Le	wid attempt	toget fro	or learning
venden all 3°98	and up dute co	nlen der	Jen 12-mort	M Lotely	7
Unix already has	reb. cord. + is	temp ch	school.	Rev	ised 9/15/97

## Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? A/NE 2. Examining the containers for leakage? DY DN DN/A 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN beds according to the manufacturer's specifications? A/NE 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 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 DY DN 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? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also: $\lambda \beta$	
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?	□У □И
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?	OY ON ON/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?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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?	אם עפש
2. Maintained rolling monthly total of perc consumption?	אם צנפ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	מאום אם אם אם A
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	OY ON DIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY. ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	אמם אם אם
6. Maintained startup/shutdown/malfunction plan?	אם עם
7. Maintained deviation reports?	OY ON DN/A
Problem corrected?	אואם אם אם אואם
8. Maintained compliance plan, if applicable?	A/אום אם אם

P,	ART VI: LEAK DETECTION AN	D REPAIRS			
1.	Does the responsible official condu	ct a weekly (for small source	es, bi-weekly) leak detection	and repa	air
	inspection?			ΠY	□N
2.	Has the facility maintained a leak lo	og?		ΠY	□N
3.	Does the responsible official check	the following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ΠY	ON BN/A
	Door gaskets and seating	QY ON ON/A	Stills	VDY	□N □N/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ΠY	□N ÅN/A
	Pumps	OY ON ON/A	Diverter valves	ΠY	ON BUNA
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ŊΥ	□N □N/A
	Water separators	OY ON ON/A			
4.	Which method of detection is used	by the responsible official?			•
	Visual examination (condense	ed solvent on exterior surface	es)	`y <b>⊡</b>	
	Physical detection (airflow fel	lt through gaskets)		Ø	
	Odor (noticeable perc odor)			D	
	Use of direct-reading instrume	entation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector		. <		
	If using direct-reading in	nstrumentation, is the equip	oment:	ĖN//	A
	a. Capable of detecti	ing perc vapor concentration	s in a range of 0-500 ppm?	ΠY	ПN
	b. Calibrated against (PID/FID only)?	t a standard gas prior to and	after each use	ΠY	□N .
	c. Inspected for leak	s and obvious signs of wear	on a weekly basis?	ΠY	ПN

Inspector's Name (Please Print)	G/3/99  Date of Inspection	
Inspector's Signature	8-12 mos.) Approximate Date of Next Inspection	

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

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

□Y □N

 $\square$ Y  $\square$ N

ADDITIONAL SITE INFORMATION:	
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	-
	•
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	•

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY BE-INSPECTION
TIME IN: 1/65 TIME OUT:	1130 AIRS ID#: 09 / 088,0, 5
TYPE OF FACILITY: Perhition CleanEDS	+ Laundry, INC Blogger
FACILITY NAME: # 49 Bine PKIN	DATE: 6/3/99
FACILITY LOCATION: FWB	32548 · · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL: Cont Trunley	PHONE NUMBER: \$50 - 234-3014
Based on the results of the compliance requireme compliance with DEP Rule 62-213.300, Florida A	ents evaluated during this inspection, the facility is found to be in Administrative Code (F.A.C.).
Based on the results of the compliance requireme discrepancies were noted:	ents evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBI	LEM FOLLOW-UP ACTION REQUIRED
	· · ·
ENTERED	
JUN 0 4 1999	
COMMENTS: Up date ralling for get totals from un d pur chose of business, (i	tal, as des cursed. Meed to for for months pror to your if poss, htp) of call me.
The Annual Compliance Certification form has been proper	perly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8-17-M	05
INSPECTION CONDUCTED BY:	_ (Please Print)
INSPECTOR'S SIGNATURE: Chewle 1911	Home PHONE NUMBER: 6/3/99
	Page of Revised 10/96

		ITY GENERAL PF MIT UMMARY REPORT	NOW-INC
TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION X
TIME IN: 1000	TIME OUT:	airs id#:_ <u>0</u> 9	10080
TYPE OF FACILITY: DC	extron P Deaners	+ Laundry INC.	DATE: 11/19/98
FACILITY LOCATION:	49 Boal Prwy t Walton Beac	NE 0) M, FL 32548	
RESPONSIBLE OFFICIAL: (	Pecil Townley	PHONE NUMBER:	850-243-3014
E-3	the compliance requirements eva Rule 62-213.300, Florida Admin	aluated during this inspection, the faci istrative Code (F.A.C.).	lity is found to be in
Based on the results of discrepancies were not		aluated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		BL.	
		eau of Air e. Mobile	E K
<del> </del>		Sources	Sometimes .
	<del></del>		· · ·

COMMENTS: New 0 to NEA is no Hing better record keeping system into place a condrol owner all types of record Keeping Was weak.

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

DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY: CHARLOS Norman

(Please Print)

INSPECTOR'S SIGNATURE (Annual PHONE NUMBER: 595-8361)

Page \_\_of \_\_\_.

# PE. CHLOROETHYLENE DRY C. CANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY D
RE-INSPECT	TION MEWOWNER asig Nov 13,1
AIRS ID#: 09/0080 DATE: 11/19	198 TIME IN: 1000 TIME OUT: 1100
FACILITY NAME: PERFECTION [	REANERS + LAUNDRY, INC
FACILITY LOCATION: 49 Beal	, ,
RESPONSIBLE OFFICIAL: Cocil To	OWNLE N PHONE: 243 - 3014
CONTACT NAME: Cacil To	, , , , , , , , , , , , , , , , , , , ,
PART I: NOTIFICATION	
(check appropriate box)	N=113 190 2 1
1. New facility notified DARM 30 days prior to	Startup NEW OWNER OLD FAGLIND
2. Facility failed to notify DARM to use general	/
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box) Complete Notifi	is: Do notification form NEW DUNISA  CARRON Lung ining Drop store/out of business/petroleum
A. 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/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	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, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$	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	□Y □N □Can not determine
If no, please check the appropriate class	sification:
☐ facility qualified for a	a general permit as number above e limits and is not eligible for a general permit
,	
B. The total quantity of perchloroethylene (perchapter)	c) 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 scaled 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

### PART IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

#### In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

	Has the responsible official of all new sources and existing large area sources: neck appropriate boxes)		;	
1.	Equipped all machines with the appropriate vent controls?	ПΥ	ΠN	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΠY	ΠN	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ПN	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ПY	ΠN	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	□N	

DN/A

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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ÐΥ	ПИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	пΩ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? MD A TO 2. Maintained rolling monthly averages of perc consumption? MD AG 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; MY ON ON/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? AYNE NO YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DANA 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DXN/A MO YO 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN AN/A 8. Maintained compliance plan, if applicable? DY DN DXN/A

PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?	DX DM 3			
2.	Has the facility maintained a leak log?	OX DIN )			
3.	Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	A/NO NO YE			
	Door gaskets and seating	DY DN DN/A			
	Filter gaskets and seating	MY UN UN/A			
	Pumps	אומם מם אם			
	Solvent tanks and containers DY DN DN/A Cartridge filter housings	אואם אם אפ			
	Water separators				
4.	Which method of detection is used by the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)	E			
	Physical detection (airflow felt through gaskets)	Ð			
	Odor (noticeable perc odor)	<b>D</b>			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<b>a</b> ·			
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:	DN/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	Y_			
<u>;</u>	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			
	•				

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Mul - 9 9 Approximate Date of Next Inspection

4 of 5

ADDITIONAL SITE INFORMATION:	
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# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

· · · · · · · · · · · · · · · · · · ·	TY GENERAL PERMIT MMARY REPORT					
TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 1240 TIME OUT: 1305  TYPE OF FACILITY: DC  FACILITY NAME: Perfection Cleaners  FACILITY LOCATION: 49 Beal Phin	AIRS ID#: 09/080  Y Larnely DATE: 6/28/600					
RESPONSIBLE OFFICIAL: Cocil Tawnle	RESPONSIBLE OFFICIAL: COCID TANNEL PHONE NUMBER: 234-3014					
Based on the results of the compliance requirements eval- compliance with DEP Rule 62-213.300, Florida Adminis  Based on the results of the compliance requirements eval discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	trative Code (F.A.C.).					
ENTE!						
JUN 2 9	JUN 30 JUN 30 Aireau of Air & Mobile					
	VED 2000 Monitorin Sources					
	âσ					
COMMENTS:						
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector.  YES  NO					
DATE OF NEXT INSPECTION: 8-12 mps Leftfer Ro.  (Approximate)						
	Please Print) 595-8360					
INSPECTOR'S SIGNATURE: [ ] [ Page_	Lof L. X 122 Revised 10/96					

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTI	.ON	ľ
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ANNUAL



COMPLAINT/DISCOVERY

**RE-INSPECTION** 

AIRS ID#: 0910080 DATE: 6/28/00 TIME IN: 1240 TIME OUT 1705  FACILITY NAME: Perfection Cleaners + Laundry INC.  FACILITY LOCATION: 49 Beal PKWY, NG  FWB, 32548  RESPONSIBLE OFFICIAL: Coco Townle, PHONE: 243-3014  CONTACT NAME: Bonnie Holbrowl PHONE:			
PART I: NOTIFICATION			
(check appropriate box)  1. New facility notified DARM 30 days prior to star  2. Facility failed to notify DARM to use general per	HIM O O DODO		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum		
A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )		
5. This is a correct facility classification	■Y □N □Can not determine		
☐ facility exceeds above lin	cation: oneral permit as number above mits and is not eligible for a general permit urchased 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?	ΠY	□N,	SIN/A
2. Examining the containers for leakage?	ΠY	מם ,	DINIA
3. Closing and securing machine doors except during loading/unloading?	ŊΥ	□N	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	YØ	ПN	□N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΠY	ПИ	N/A
PART IV: PROCESS VENT CONTROLS			_
In Part II-A:			<del></del>
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 refrig (complete A below).	erated	cond	enser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	_		
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated	cond	enser
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?	ΠY	ПN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПЙ	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПΝ	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ы	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΠY	ПΝ	□N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΠY	ПΝ	

B. Ha	s the responsible official of an existing large or new large area source also:	•
	asured and recorded the exhaust temperature on the outlet side of the condenser located dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
II .	sured and recorded the washer exhaust temperature at the condenser t and outlet weekly?	□Y □N □N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
at th	asured and recorded the perc concentration in the exhaust stream weekly are end of the final drying cycle while the machine is venting to the adsorber,	
11 m	achines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
perc or e	ured that the sampling port on the carbon adsorber exhaust for measuring concentrations is at least 8 duct diameters downstream of any bend, contraction, xpansion; is at least 2 duct diameters upstream from any bend, contraction, xpansion; and downstream from no other inlet?	OY ON ON/A
01 6	xpansion, and downstream from no other infer?	di di diva
	ipped transfer machines (dryers, reclaimers, and washers) with individual denser coils?	OY ON ON/A
6. Rou	ted 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) MD YE 1. Maintained receipts for perc purchased? ND YD 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DA DN BNIV and parts installed w/in 5 days of receipt? DY DN DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO YE 6. Maintained startup/shutdown/malfunction plan? DY DN BN/A 7. Maintained deviation reports? A/NB ND YD Problem corrected? 8. Maintained compliance plan, if applicable? DY DN DN/A

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ ØΥ 2. Has the facility maintained a leak log? QΥ $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AVA NO YE couplings, and valves Muck cookers DY DN DN/A DY ON ON/A Door gaskets and seating Stills ON MANA Filter gaskets and seating DY ON ON/A Exhaust dampers DY DN AND ND YD Pumps Diverter valves Solvent tanks and containers AND ND YON Cartridge filter housings AND NO YE Water separators DY DN DN/A 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector N/A If using direct-reading instrumentation, is the equipment: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

( MARLES NORMAN	6/8
Inspector's Name (Please Print)	Date
Mearla Milliamon	5
Inspector's Signature	App

proximate Date of Next Inspection

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

Annual Reporting Period: 4/99 20 TO 4/28/00 20  Based on each term or condition of the Title V general air perinit, my facility has remained in compliance with DEP Ruil P62-213,300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting for its stated above.  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #3. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #3. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has	Annual Reporting Period: 49 Beace Park VIII  Annual Reporting Period: 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES INDEPENDENT OF THE PROPERTY OF THE PR					
Annual Reporting Period: 4/99 20 TO 28/00 20  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. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 YES 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 2 NO. 62	Annual Reporting Period: 4/99 20 TO 4/88/00 20  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. 4YES  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting forms stated above Exact period of non-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:  #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:  #2. As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements 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.	FACILITY NAME Terfection	-Cleaning 7	Landry	DATE: <u></u>	/28/01
Annual Reporting Period: 4/99 20 TO 2800 20  Based on each term or condition of the Title V general air pennit, 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. YES  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting ferriad stated above.  Exact period of non-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:  Method used to de	Annual Reporting Period:	FACILITY LOCATION: 49 Bea	e PKW V NO			
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discretion of the responsible official to use this form. JUN 3 0 2000 Page \_\_\_\_\_ of \_\_\_\_.

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
AIRS ID # 0910080 PERFECTION CLEANERS & LAUNDRY CECIL TOWNBY 49 BEAL PKWY NE	·
FT WALTON BEACH FL 32548	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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DARM/MOBILE SOURCE CONTROL PROGRAM AR 1 9 200 DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 SOURCE SOURCE STATION TALLAHASSEE, FLORIDA 32399-2400 PCC S

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700.	or PO Box No. FT WALTON BEACTT	
	PS Form 3300. January 2001	See Reverse for Instructions
	7001 0320 0001 7975 A41	Postage \$ Certified Fee  Return Receipt Fee (Endorsement Réquired) Restricted Dellivery Fee (Endorsement Required)  Total Postag  Sent To CECIL TOWNBY  49 BEAL PKWY NE  O PO Box No. City, State, Zip. 32548

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Oute of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?			
Article Addressed to:	If YES, enter delivery address below:			
AIRS ID # 0910080 PERFECTION CLEANERS & LAUNDRY CECIL TOWNBY				
49 BEAL PKWY NE	3. Service Type			
FT WALTON BEACH FL 32548	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
•	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Add 7001 0320 0001 7975, 4411				
PS Form 3811 July 1999 Domestic Beti	urn Receipt 102595-99-M-1789			

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United States Postal Service



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

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

EMEM/MOBILE SOURCE CONTROL PROGRAM OF CONTROL PROGR

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392220

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 # 0910080
PERFECTION CLEANERS & LAUNDRY
CECIL TOWNBY
49 BEAL PKWY NE
FT WALTON BEACH FL 32548

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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	US Postal Service Receipt for Cel No Insurance Coverage	rtified Mail 70 or	
·	Do not use for Internation	onal Mail (See reverse)	
4	PERFECTION CLEAN CECIL TOWNBY 9 BEAL PKWY NE T WALTON BEACH	<u>-</u>	
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	Special Delivery Fee		
ı,	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		1
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		

Complete, 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 mallpiece, or on the back if space does not permit.  Write 'Return Receipt Requested' on the mailpiece below the article number.  The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
3. Article Addressed to:  AIRS ID PERFECTION CLEANERS & LAUNI CECIL TOWNBY 49 BEAL PKWY NE FT WALTON BEACH FL 32548	☐ Register	Type ed X Certified Mail Insured Insured Cept for Merchandise COD
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  Commonwealth	8. Addresse and fee is	e's Address (Only if requested spaid)
PS Form <b>3811</b> , December 1994	102595-97-B-0179	Domestic Return Receipt



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

• Print your name, address, and ZIP Code in this box ®

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

The second secon	9079		Service D MAIL REC Duly No Insurance		(cd)
{	4125	Postage Certified Fee	\$		
	9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
	7000 0600	Recip. CECIL TOWNBY 49 BEAL PKWY NE			
	70	City, § PS Form \$5000, February &	000	See Reverse for f	enotionated

SENDER: COMPLETE 340 TEANS 40 do	TIVERY
■ 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 # 0910080  PERFECTION CLEANERS & LAUNDRY  CECIL TOWNBY  49 BEAL PKWY NE	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
FT WALTON BEACH FL 32548	2. Coming Turns
 	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
10000600000641259019	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Copy from service label)	

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. •

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

	U.S. Rosial Sarvice CERTIFIED MAIL RECEIPT (Domestic Meillonly No Insurance Coverage Provided)		
5792		e entre production of the contract of the cont	
825	Postage Certified Fee	\$	
7 - 2	Return Receipt Fee (Endorsement Required)		Postmark Here
9200	Restricted Delivery Fee (Endorsement Required)	AUDS ID # 0	010080
0090	AIRS ID # 0910080 PERFECTION CLEANERS & LAUNDRY CECIL TOWNBY 49 BEAL PKWY NE		
7000	FT WALTON BEA	CH FL 32548	
Ĺ	PS Form 3300, February 8	2000	See Reverse for Instructions

SENDER: COM  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. Beceived by (Please Print Clearly)  C. Signature  X. John Walls 30 Vid  A. Beceived by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. John Walls 20 Addressee	
1. Article Addressed to:  AIRS ID # 0910080 PERFECTION CLEANERS & LAUNDRY CECIL TOWNBY	Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No	
49 BEAL PKWY NE FT WALTON BEACH FL 32548	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label) 7000 0600 0026 7825 5792		
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789	

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE

JLING

407101 MAR12 2001
Please include your AIRS ID# on your check or money order. This number can be found below on your mailing laboration.

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

Do NOT Remove Label

AIRS ID # 0910080

PERFECTION CLEANERS & LAUNDRY CECIL TOWNBY 49 BEAL PKWY NE FT WALTON BEACH FL 32548

FOR GOVERNMENT USE ONLY

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

PERECION CLEARERS & LANDRY 49 BEDI PULLY NE. FUB, 1-L. 32548



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

3231383070

BÁCH KRÁM	- GERMAIE - CONTRACTOR - CONTRA
MS# 6818 MC Acct # 5521  Department of Environmental Protection 2600 Blair Stone Rd  Tallahassee FL 32399-2400	U.S. POSTAGE
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	PERFECTION CLEANERS & LAUNDRY  GECIL TOWNBY  Filer)
	Street, 49 BEAL PRWY NE FT WALTON BEACH FL City, s 32548

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY.
<ul> <li>□ Complete items 1, 2, and 3 Also complete item 4 if Restricted Delivery is desired.</li> <li>□ Print your name and address on the reverse so that we can return the card to you.</li> <li>□ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
AIRS ID # 0910080 PERFECTION CLEANERS & LAUNDRY CECIL TOWNBY 49 BEAL PKWY NE	
FT WALTON BEACH FL 32548	3. Service Type  Certified Mail
2. Article Number (Copy from service label) 7000 0520 0020 9372 PS Form 3811, July 1999 Domestic Re	6247 turn Receipt 102595-99-M:1789