

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 19, 1996

Mr. Jorge R. Pereyra President Alysa Cleaners 1541 West U.S. Highway 441 Apopka, Florida 32712

Dear Mr. Pereyra:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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. Robert Wong, Broward County

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

سیری د اخیت بد د بوستم پیرد .	#0950288
	Mina Ma
r	Alysa Cleaners
P.14	1.(a) add date(s) control device(s)
	installed in the correct boxles); mark out and initial second date
	(11 Nov 94), unless 2 machines
D.15	1.(C) mark out "V" and initial 5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
2	TYO CORPORSTION						
۷.	Site Name (For example, plant name or number):						
	ALY JA CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
	·						
4.	Facility Location: 1541 W. US HIGHERY 441						
	Facility Location: Street Address: 1541 W. US HIGHWAY 441 City: APOPKA County: Or SOGE Zip Code: 32712						
5.	Facility Identification Number (DEP Use):						
	4 8 95 01 420 0950288						
W0011810304							
	Responsible Official						
6.	Name and Title of Responsible Official:						
	JORGE R. PEREYER - PRESIDENT						
7.	Responsible Official Mailing Address:						
	Organization/Firm: Street Address:						
	City: County: Zip Code:						
	-						
8.	Responsible Official Telephone Number: Telephone: (407) 880 - 8003 Fax: () -						
	Telephone. (701) 822 8263						
	Facility Contact (If different from Desponsible Official)						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	. Charact Address.						
	Street Address: City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit	#) /	11/10	1994	11	NOV 94			1, 1	diameter disconnection
(1) w/ ref. condenser	~								
(2) w/ carbon adsorber	V								
(3) w/ no controls									
Washer Unit			· : .				* .	1000	The Thomas
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	7.77	Sagaria	Andrews		The second second				Application of
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			1.1	1.79	1 1 1 1 1 1 1 1 1			The Contract	har da.
(10) w/ ref. condenser						1			ľ
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlons ons	installed [_ oroethylene (] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sm	nitions found nall area sour	ce [X	3) of]	Part II?	

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 What control technology is required on machines pursuar (Indicate with an "X".) 	at to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrig	erated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shat to Rule 62-213.300, F.A.C. Verify that all steam and hot was exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural g during which propane or fuel oil containing no more than o	as except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	 -
Equipment Monitoring and Rec	
Check all logs which are required to be kept on-site in accor	dance 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	

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:					
[]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification. 8/14/96					
Signature	Date					

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	Alysa Cleaners BEST AVAILABLE COPY	. 00
2.	p.14 1.(a) add date(s) control device(s) installed in the correct box(es); mark out and initial second date (1/Nov 94), unless 2 machines 1.(c) mark out "V" and initial p.15 5.(f) required	
4.		327/2
5.		3
6.		
7.		Code:
8.		
9.	Name and Title of Facility Contact (For example, plant manager):	
	Name and This of Landy Control of The Control of Th	
10). Facility Contact Address:	
	Street Address: City: County: Zip Code	:
11	1. 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.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	TYO CORPORSTION						
2.	Site Name (For example, plant name or number):						
	ALYJA CLEANERS						
3.	Hazardous Waste Generator Identification Number:						
4.	Facility Location: Street Address: 1541 W. US HIENEURY 441						
	City: APOPKA County: Orange Zip Code: 327/2						
-05-18-1	Escilia Idantification Number (INED: Italy)						
٥.,	Facility Identification Number (DEP: Use):						
	4 89501420 0950288						
	Responsible Official						
6	Name and Title of Responsible Official:						
0.	•						
	JORGE R. PEREYED - PRESIDENT						
7.	Responsible Official Mailing Address: Organization/Firm:						
	Street Address:						
	City: Zip Code:						
8.	Responsible Official Telephone Number:						
	Telephone: (407) 880 - 8003 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: County: Zip Code:						
11	Facility Contact Telephone Number:						
ι1.	Telephone: () - Fax: () -						
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Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
m 01/4 1/	,,,	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	10	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	#) /	1 de la	1994	*v	14994	1001			
(1) w/ ref. condenser	V	11/11/94	11/11/94						
(2) w/ carbon adsorber	V								
(3) w/ no controls									
Washer Unit		·			•	•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•			•	•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							-		
Reclaimer Unit	· .					:		· 1,.	: •
(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 (**	purchased in	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 are	ea soi	urce []	Ne	w sn	nall area sour	ce 🔀			
Existing large are	ea sou	rce []	Ne	w la	rge area sour	ce []			

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 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	
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 than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd 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	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	Les hun'

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
\checkmark	No air permits currently exist for the operation of the facility indicated in this notification form.
	•
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification. 8/14/96
Signature	Date

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLA	NT/DISCOVE	RY 🗌	RE-INSPEC	TION [
TIME IN: 0930	TIME OUT:		AIR	RS ID#: 09	50288	
	Nysa Cleane 541 W. DS	vs			DATE: 3	17/97
RESPONSIBLE OFFICIAL:	Apopka Fl	244r5	37717_ PHONI	E NUMBER: <u>(</u>	407) <80	- 8003
Based on the results of compliance with DEP Based on the results of	the compliance requiremer Rule 62-213.300, Florida A the compliance requiremer	nts evaluated d	uring this inspec	ction, the facilit	y is found to be	in <
discrepancies were not COMPLIANCE REQ		EM	FOLLOW	-UP ACTIO	N REQUIRI	ED
No rolling Per	e Consumption	on O	SIX W	with we	e inspec	tion
No leak Det	ection Log	2	Ιj	11	11	
No Correction	re Action for	m (3)	· N	11	11	
No Refug. (Londenser Lo	9 9		11	, ,	
						<u> </u>
					,	
COMMENTS:						
					·	٧
The Annual Compliance Certif	ication form has been prope	rly certified ar	d submitted to	the inspector.	YES	NO
DATE OF NEXT INSPECTION	on:	[]7]9 (Approx	(mate)			
INSPECTION CONDUCTED) BY: /OJD	J-lutc Please	Lov			
INSPECTOR'S SIGNATURI	2: 	de la	,	E NUMBER:(_	467 836	-7400

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Revised 10/96

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	U-INSPECTION	LI LI	VINC) CI
AIRS 10#:0950288 DAT	ъ: 3/17/9	7 TIME IN: 0 9.30 TIME	OUT:
FACILITY NAME: ALYSA	CLEHNERS		
FACILITY LOCATION: 1541	W. US	416HWAY 441	i i
		327/2	II.
PART I: NOTIFICATION			
(check appropriate box)		en transfer en en seus de la transfer en	
1. Existing facility notified DARM	by 9/1/96		⋈
2. New facility notified DARM 30	days prior to star	tup .	ū
3. Facility failed to notify DARM t	o use general per	mit	ü
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)		The second of the track of the second control of the second of the second of the second control of the second	
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)	. CI	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="" gal="" galboth="" only,="" td="" transfer="" types,="" y=""><td>/yr</td><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=""><td></td></x<2,></td></x<2,>	/yr	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=""><td></td></x<2,>	
This is a correct facility classifica	ition	DAS ON	
If no, please check the appropria	e classification:		
facility qualified facility exceeds	I for a general pe above limits and	rmit as number above is not eligible for a general permit	
B. The total quantity of perchlor facility was 82 gallons.	oethylene (perc)	purchased within the preceding 12 month	ns by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? BAY UN 2. Examining the containers for leakage? NÜ YK 3. Closing and securing machine doors except during loading/unloading? DAY UN 4. Draining cartridge filters in their housing or in scaled containers for at DAY UN 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? MAID NID AND PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed 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) MU YES 1. Equipped all machines with the appropriate vent controls? MY CIN CINIA 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 אואם אם עצלי condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY XIN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON NA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON N/A verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	מץ מא
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מט עט
Is the temperature differential equal to or greater than 20° F?	מא מא
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?	בארם אם אם אם
Is the perc concentration equal to or less than 100 ppm?	מא מא
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מין שא שאים אים
6. Routed airflow to the carbon adsorber (if used) at all times?	עאם אום אם אם
PART V: RECORDKEEPING REQUIREMENTS	
The state of the s	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	12/1 7 1214
Has the responsible official: (check appropriate boxes)	<u>о</u> х ох и о х ом
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	□Y 0X 14
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	□Y 0X 14
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:	`
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; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	□Y 0X 14
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; 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 DAN WA
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; 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? **Gor direct reading instruments only**	בוץ פאן אלא און א בוץ פאן און א בוץ פאן און א
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; 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? **Gor direct reoding instruments only! 5. Maintained exhaust duct monitoring data on perc concentrations?	CIY CM MAN/A CIY CM MAN/A CIY CM MAN/A
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; 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? **Gor direct reading instruments only)* 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DY 0XN DY 0XN N/A DY 0XN XN/A DY 0XN XN/A
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; 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? 7. Maintained deviation reports?	OY 000 W/A OY 000 00/A OY 000 00/A OY 000 00/A
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; 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? **Gor direct reading instruments only** 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	OY OXN OY OXN
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; 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? Gor direct reoding instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY OXN OY OXN

2. Which method of detection is used by the	2. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt thro	ugh gask	(cts)		Ž.	
Odor (noticeable perc odor)				X	
Use of direct-reading instrumentati	on (FID/	PID/calorim	ctric tubes)	C	
If using direct-reading instrumer	itation, i	s the equipn	ient:		
a. Capable of detecting po	ere vapor	concentratio	ons in a range of 0-500 ppm?	ÜΥ	LIN
b. Calibrated against a sta (PID/FID only)?	indard ga	as prior to an	ad after each use	ÜΥ	UN
c. Inspected for leaks and	obvious	signs of wea	ir on a weekly basis?	ĽΥ	ИÜ
d. Kept in a clean and secure area when not in use?					ИÜ
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ÜN
3. Has the facility maintained a leak log?					DAY
4. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	ÇKY	ПN	Muck cookers	ÞY	ПN
Door gaskets and scating	$\not\!$	ПN	Stills	XY	ПN
Filter gaskets and scating	XX	ИU	Exhaust dampers	XY	NO
Pumps	SX.	ПΝ	Diverter valves	Хiу	ПN
Solvent tanks and containers	ΧĹΥ	ПN	Cartridge filter housings	XY	ПN
Water separators	ΧY	אַט			

JORGE PEREYRA	
Name of Responsible Official	
Name of Responsible Official Todd Fletcher MARIE DRISCOLL	3/17/97
Inspector's Name (Please Print)	Date of Inspection
Maire L. Arreidle Inspector's Signature	9/17/97
Inspector's Signature	Approximate Date of Next Inspection



COMPLIANCE INSPECTION CHECKLIST

Bureau of Air g

	NNUAL E-INSPECTION		COMPLAINT/	& Mobi	Air Monitorii le Squrces
AIRS ID#: 0950288 DAT FACILITY NAME:A	e: ysa Clecin			TIME OUT: _	
RESPONSIBLE OFFICIAL:	541 W. D. Lpopka eorge Revey	S Hu	y 441 32.703 phone:	407 880-	
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 d. 2. Facility failed to notify DARM to	, ,				
PART II: CLASSIFICATION					

PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form☐ Drop store/out of business/petroleum			
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
5. This is a correct facility classification	□Y □N □Can not determine			
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) per facility was 82 gallons.	urchased 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?	DY ON ON/A
2. Examining the containers for leakage?	CY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	מט אם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	EY ON ON/A
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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON
n ;	

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	CX. ON
2. Maintained rolling monthly averages of perc consumption?	ON ON
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	BY ON ONIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם אס
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON QN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DAVA
6. Maintained startup/shutdown/malfunction plan?	אט אים
7. Maintained deviation reports?	איאנט אם צם
Problem corrected?	OY ON ONA
8. Maintained compliance plan, if applicable?	OY ON MINA

PART VI: LEAK DETECTION AND REPAIRS						
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DN DN		
2.	Has the facility maintained a leak log's	?		oy on		
3.	Does the responsible official check the	e following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	אוחם אם עם		
	Door gaskets and seating	ay on ona	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AVA NO YO		
	Water separators	_{u0} □Y □N □N/A		•		
4.	Which method of detection is used by	the responsible official?	•			
	Visual examination (condensed	solvent on exterior surfac	ces)	G		
	Physical detection (airflow felt t					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen					
	Halogen leak detector	į				
	If using direct-reading ins	ipment:	EN/A			
	a. Capable of detecting	g pere vapor concentratio	ns in a range of 0-500 ppm?	DY DN		
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	d after each use	OY ON		
•	c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	OY ON		
	d. Kept in a clean and	secure area when not in	use?	OY ON		
	e. Verified for accurac	ples (calorimetric only)?	OY ON			
	The second secon					
The Clark of the section						
-	Inspector's Name (Please Print) 10 28 C7 Date of Inspection					
_	ded Ted	cl	10/28/01	98		
	Inspector's Signature		Approximate Date of	Next Inspection		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLA	INT/DISCOVERY	RE-INSPECTION	
TIME IN: 1000	TIME OUT:	1030	AIRS ID#:	0950288	
TYPE OF FACILITY:	Dry Cleaner		<u>. </u>		
FACILITY NAME:	Alysa Clea	ne vs		DATE: 10/28/47	
FACILITY LOCATION:	Λ	5 Hyay			
		-	32703		
RESPONSIBLE OFFICIAL:	George Verigy	V 9	PHONE NUMBE	er: 407 880-8003	
	ne compliance requirement ule 62-213.300, Florida Ad		during this inspection, the I Code (F.A.C.).	facility is found to be in	
Based on the results of the discrepancies were noted	· · · · · · · · · · · · · · · · · · ·	s evaluated o	during this inspection, the	following compliance	
COMPLIANCE REQU	IREMENT/PROBLI	EM	FOLLOW-UP AC	TION REQUIRED	
•					
			·		
				RECEIVED	
<u> </u>				UEC 5 1000	
				Bureau of Air Monitoring & Mobile Sources	
				·	
COMMENTS:					
	Facility in	Con	npliance		
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION: 10 28 98					
INSPECTION CONDUCTED BY: 1600 Fletchel					
INSPECTOR'S SIGNATURE: DOWN THICK PHONE NUMBER: 836-9524					

Page of

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



TYO CORP
JORGE R PEREYRA
1541 W US HWY 441
APOPKA FL 32712

Do NOT Remove Label

Annual Reporting Period:	Jan		₁₉ 97	то	Dec	31	1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.							
If NO, complete the following:							
#1. Term or condition of the ger	neral permit tha	at has not bee	n in continuous	complia	ince during t	he reporting per	riod stated above:
Exact period of non-compliance:	from				_ to		
Action(s) taken to achieve complete	iance:			_	_		
Method used to demonstrate com	ipliance:						- RCON
#2. Term or condition of the ger	eral permit tha	it has not bee	n in continuous	complia	nce during t	·	
Exact period of non-compliance:	from	REC	EIVE	D	to		
Action(s) taken to achieve compl	iance:		N 2 2 1998				
Method used to demonstrate com	pliance:		of Air Monitor Nobile Sources	ing			
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. My HAMED RAJABALI							
RESPONSIBLE OFFICIAL.	AH OIM	MED KAJ	HOHCI	,	Managad	naly .	1/14/98
RESPONSIBLE OFFICIAL: _	Name (Please Print)			Signatur	e	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

nld REINSPECTION 12

TYPE OF INSPECTION: ANNUAL X 1/20/18 COM	IPLAINT/DISCOVERY REINSPECTION				
TIME IN: 1000 TIME OUT: 10	30 _AIRS ID#: 0950288				
TYPE OF FACILITY: DVY Cleaner					
FACILITY NAME: Alysa Cleaner					
FACILITY LOCATION: 1541 W. US H	ysy 441				
Apopka FI	327 03				
RESPONSIBLE OFFICIAL: George Pereng	PHONE NUMBER: 407 880 - 800 3				
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				
	DEE VED				
	ORANGE COUNTY ENVIRONMENT				
	P STECTION DEPARTMENTAL				
	RECEIVED WELL 5 1997				
	Byreau of Air				
	Mobile Sources				
COMMENTS:					
Facility in	compliance				
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NOW					
ATE OF NEXT INSPECTION: 10 28 98					
NSPECTION CONDUCTED BY: 1600 Fletchel					
SPECTION CONDUCTED BY: 1600 FIET C'NEV (Please Print) PHONE NUMBER: 836-9524					

BEST AVAILABLE COPY

CEIVED DEC 5 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

_	17)
Bureau of Air & Mobile S	
of Air	A4-
& Mobile	"VIONITORING
& Mobile	Saura

	COMPLIANCE II			L B	ureau of A	ir Monitorin Seuro
Type of inspection:	ANNUAL	11/20/198		INT/DISCO	& Mobile	Seurces
	RE-INSPECTION	N G	- mldie	.198		
		11/22/97	•			· · · · · · · · · · · · · · · · · · ·
AIRS 10#: 0950288	DATE: 10 28 9	7 TIM	E IN:	TIME	OUT:	
FACILITY NAME:	(
FACILITY LOCATION:	1541 W	.US H	uy 441			
	Apopka	FL	32.70	23		
RESPONSIBLE OFFICIAL :	George R	eveyra	PHONE:	407	<u> 880- 2</u>	<u>2003</u>
CONTACT NAME:		•	PHONE:			
				P		
PART I: NOTIFICATION						
(check appropriate box)			&	10 1		
1. New facility notified DARM	I 30 days prior to star	tup	y _r g _y	W.	L	
2. Facility failed to notify DAF	lM to use general per	mit	Modi	Or O By	3	
·	•			(S, 10)2.		
PART II: CLASSIFICATIO	N			TO OFF		
Facility indicated on notificat	ion form that it is:			ification form		.1
(check appropriate box) A.			⊔ Drop s	tore/out of bu	isiness/petro	oleum
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	/yr r	dry-to-dry o transfer only both types,	all area source nly, x < 140 ga y, x < 200 gal/y x < 140 gal/yr l on or after 12/	Vyr r		
3. Existing large area soudry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$	2,100 gal/yr 00 gal/yr gal/yr	dry-to-dry o transfer onl both types,	ge area source only, $140 \le x \le$ y, $200 \le x \le 1,800$ $140 \le x \le 1,800$ I on or after 12/	2,100 gal/yr 300 gal/yr) gal/yr		
5. This is a correct facility	classification		N 🗆 Can no	ot determine		

facility qualified for a general permit as number _____ above facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 82 gallons.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	E-INSPECTION	COMPLA		J
AIRS ID#: <u>0950288</u> DAT FACILITY NAME: <u>Alys</u> a	,	TIME IN: 1120	TIME OUT:	1135
facility location: 154				·
RESPONSIBLE OFFICIAL :	George Peve	PYTA PHONE:		
PART 1: NOTIFICATION		and the state of t		
(check appropriate box) 1. New facility notified DARM 30 d 2. Facility failed to notify DARM to	ays prior to startup	DEC 2 8		u ,
PART II: CLASSIFICATION		Bureau of Air Mon & Mobile Source		
*				
Facility indicated on notification for (check appropriate box)	orm that it is:		tification form store/out of business/po	etroleum
1	□ 2. A dry- tran both		store/out of business/po al/yr yr	ctroleum
(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	2. A dry-tram both (com	Drop lew small area source to-dry only, x < 140 gal/types, x < 140 gal/yr	store/out of business/pont/yr yr //9/91) e	etroleum
 (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) 5. This is a correct facility classing property of the second p	2. A dry-tran both (con gal/yr dry-nl/yr tran (con fication Gy aropriate classification galified for a general	lew small area source to-dry only, $x < 140$ gal/yr structed on or after 12 New large area source to-dry only, $140 \le x \le 160$ for only, $140 \le x \le$	store/out of business/pont/yr yr //9/91) e	ctroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY UN UNIA 1. Storing perchloroethylene in tightly scaled and impervious containers? 2. Examining the containers for leakage? אומה אה גא 3. Closing and securing machine doors except during loading/unloading? QYY CIN 4. Draining cartridge filters in their housing or in scaled containers for at ENY UN UNIA 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? CIY CIN WIN/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) MY LIN 1. Equipped all machines with the appropriate vent controls? אואם אם צעם 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 DAY CIN CINIX condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated מנז או condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the EN CIN CINIA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	DAY CIN
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אה אף
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	CIY CIN CENTA
5. Maintained exhaust duct monitoring data on perc concentrations?	אואש אם אם
6. Maintained startup/shutdown/malfunction plan?	מלא נוא
7. Maintained deviation reports?	איאם אם גם
Problem corrected?	עיאוא אנו אנו
8. Maintained compliance plan, if applicable?	חא שם אם איע

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspo	ection?			MD DN
2. Has	the facility maintained a leak log?			MA DN
3. Docs	s the responsible official check the fo	ollowing areas for leaks?		
I	Hose connections, fittings, couplings, and valves	מא מא מאיע	Muck cookers	DY ON ON/A
	Door gaskets and scating	MY ON ON/A	Stills	DY ON ON/A
1	Filter gaskets and scating	A CN CN/V	Exhaust dampers	א/אנט אנט צאַ
	Pumps	נאץ בוא בוא/א	Diverter valves	מא כוא בואיע
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MAND ND AKA
	Water separators	מארה אוה אר		
4. Whi	ch method of detection is used by the	e responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces)		প্র
ľ	Physical detection (airflow felt thr	ough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equipa	ient:	MN/V
	a. Capable of detecting p	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and af	ter cach use	OY ON
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	CIA CIЙ
	d. Kept in a clean and s	ccure area when not in use	7	CY CN
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON
	Ilka Bundy / Ass	offa Hailewariam	11/24	198
	Ilka Bundy ASS	nt)	Date of Insp	ection
	111 20 1		11/24/	199
	Luguanta A Cinnatura		Approximate Date	Most Inspection

ADDITIONAL SITE INFORMATION:		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1120 11 TIME OUT: 1135	AIRS ID#: 0950288
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Alusa Cleaners	DATE: 11/24/98
FACILITY LOCATION: 1541 W. V.S. HWY 4	
Apooka FL 32703	
RESPONSIBLE OFFICIAL: George Peveyra	PHONE NUMBER: 407 880-8003
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	•
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	RECEIVED
	DEC 2 8 1998
	Bureau of Air Monitoring & Mobile Sources
	els.
COMMENTS:	
Facility in Compliance.	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NO
(App	proximate) / Assefa Hailemuriam
(Pl'e	ease Print)
II/2 (Apr INSPECTION CONDUCTED BY: Ika Bund) (Ple INSPECTOR'S SIGNATURE: Hra Bund)	proximate) Assefa Hailemuriam

Orange County Environmental	Protection Department
AIRS 1D#: 09 50288	NAU IN EGEIVEN
	Revised 10/10/16 AUG 2 4 1999
DRY CLEANER AIR QUALITY	GENERAL PERMIT
ANNUAL COMPLIANCE CER	PROTECTION FORM ORANGE COUNTY ENVIRONMENT OF
FACILITY NAME: Alysa Cleaners	DATE: 8 23 \ 99
FACILITY LOCATION: 1541 W. US HWY	441
FACILITY LOCATION: 1541 W. US HWY Apopka FL 3270	
Annual Reporting Period: 10 1 78 19 9	7 to 11 124 1998
Based on each term or condition of the Title V general air per:nit, my faci 62-213.300, Florida Administrative Code (F.A.C.), during the period cover	
If NO, complete the following:	. As
#1. Term or condition of the general permit that has not been in continuo	us compliance during the reporting period stated above:
	RECEIVED
Exact period of non-compliance: from	SEP 2 8 1999
Action(s) taken to achieve compliance:	Bureau of Air Monitoring
Method used to demonstrate compliance:	& Mobile Sources
#2. Term or condition of the general permit that has not been in continuo	us compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	·
As the responsible official, I hereby certify, based on information and bel made in this notification are true, accurate and complete. Further, my an upon rolling averages of purchase receipts, does not exceed 2,100 gallon year for transfer or combination facilities.	nual consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: MOHAMED RAJABALI Name (Please Print)	Signature Date
*This form is made available to you as an aid in order to meet your annua discretion of the responsible official to use this form.	l compliance certification requirements. It is at the

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	· ø	COMPLAI	NT/DISCO	OVERY	· o,	П П
	RE-INSPECTIO	и 🗅			Jreal	NOM	
	·		· · · · · · · · · · · · · · · · · · ·	·	No o	<u>~</u>	
AIRS 10#: 0950288	DATE: 10/25	99 TIME	IN: 10:40	TIMI		17:09	
FACILITY NAME:A	ysa Cleaner	S	· .		Monito Surces	999	
FACILITY LOCATION: _	541 W. U.S	S. Hwy	441		ing.	· · · · · ·	
-	Apopka, F	L	32703	>			
RESPONSIBLE OFFICIAL	: Jorge R.	Pereyra	_PHONE: _	407-	880-	3003	3
CONTACT NAME: Mol			PHONE:				1
		· · · · · · · · · · · · · · · · · · ·					
PART I: NOTIFICATION						<u>:</u>	
(check appropriate box)							
1. New facility notified DAR	M 30 days prior to star	tup					
2. Facility failed to notify DA	RM to use general per	mit					
L	· · · · · · · · · · · · · · · · · · ·	··					I
PART II: CLASSIFICATIO	DN .						
Facility indicated on notifica	tion form that it is:	,	□ No noti				
(check appropriate box)			☑ Drop sto	ore/out of t	ousiness/		
A. 1. Existing small area so	urce 🗆	2. New small	area source		12	Neu	200
dry-to-dry only, x < 140 ga	al/yr	dry-to-dry only	, x < 140 gal/	yr		Own	. •
transfer only, x < 200 gal/y	yr ·	transfer only, x	~ -			See a	d''
both types, x < 140 gal/yr	1)	both types, x <		(0.1)		site i	nfo.
(constructed before 12/9/9	1)	(constructed or) or after 12/9.	(91)			•
3. Existing large area so	urce 🖸	4. New large	area source				
dry-to-dry only, 140 ≤ x ≤		dry-to-dry only		,100 gal∕yr			
transfer only, $200 \le x \le 1$,		transfer only, 2					ľ
both types, $140 \le x \le 1.80$		both types, 140					
(constructed before 12/9/9	1)	(constructed or	or after 12/9	/91)	•		
5. This is a correct facility	classification	□Y · □N	□Can not	determine			
If no, please check th	e appropriate classifica	ation:	•				
☐ fac	ility qualified for a ger	ieral permit as n	umber	above	٠.)
☐ fac	ility exceeds above lin	its and is not el	igible for a ge	neral perm	it		:
B. The total quantity of perch	, -	rchased within t	he preceding	12 months	by this d	ry cleani	ng
facility was gallor	is.						

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?	OY ON ON/A		
2. Examining the containers for leakage?	OY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	□Y ˙□N		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrig (complete A below).	gerated condenser		
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 refrig (complete A and B below).	gerated condenser		
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	:		
1. Equipped all machines with the appropriate vent controls?	OY ON		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	QY ON		

D II 41	
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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y´□N∵□N/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?	□Y □N □N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עם
2. Maintained rolling monthly total of perc consumption?	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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 ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on pere concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ON/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?			DY DN	
2. Has the facility maintained a leak log	?		DY DN	
3. Does the responsible official check the following areas for leaks?				
Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	CIY ON ON/A	
Door gaskets and seating	OY ON ON/A	Stills	OY ON ON/A	
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A	
Pumps	OY ON ON/A	Diverter valves	OY ON ON/A	
Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	OY ON ON/A	
Water separators	OY ON ON/A			
4. Which method of detection is used by	the responsible official?	. •	. :	
Visual examination (condensed solvent on exterior surfaces)			ū	
Physical detection (airflow felt through gaskets)			a	
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			a	
Halogen leak detector			ם	
If using direct-reading instrumentation, is the equipment:			□N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			ואם אם	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			חם אם	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON	
d. Kept in a clean and secure area when not in use?			אם עם	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
•				
Ilka Bundy		10/25/99		
Inspector's Name (Please Pr	rint)	Date of Inspection	- · · · · ·	
Illia Bunch		To be deter	mined.	
Inspector's Signature		Approximate Date of	Next Inspection	

10/25/99 I spoke with Paul Phu at Alysa Cleaners. He is the new manager running the store. His brother Pau C. Phu bought & took over the store on Sept. 1,1999. I left a permit notification form and compliance calendar with Paul Phu. Whe Bundy 10/25/99

PAU C. PHU
P+L of Orlando = Corporate
Sept. | 99

Became New Owner

d Alysa Cleaner

Paul Phu is running store

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

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

Obj.: 002273

E THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
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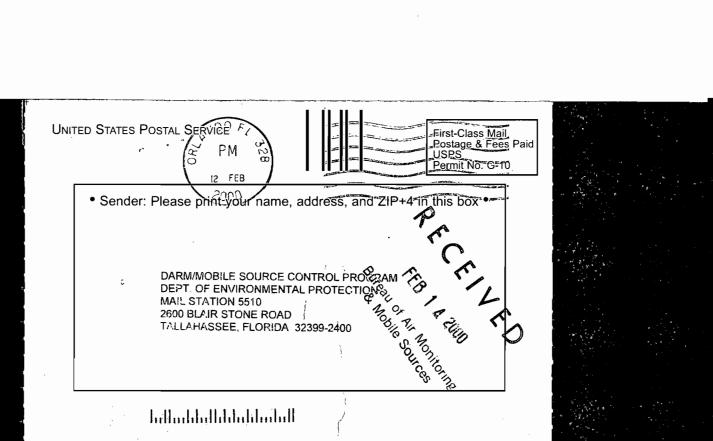
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JORGE R PEREYRA
1541 W US HWY 441
APOPKA FL 32712

Certified Fee
Special Delivery Fee
Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom & Date, & Addressee's Address

TOTAL Postage & Fees
Postmark or Date

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 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. 	everse	A. Received by (Please C. Signature X D. Is delivery address	coils	B. Date of Delivery Agent Diodofesses
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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	Ol adola Nua 10 dol Jano SENDER: 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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
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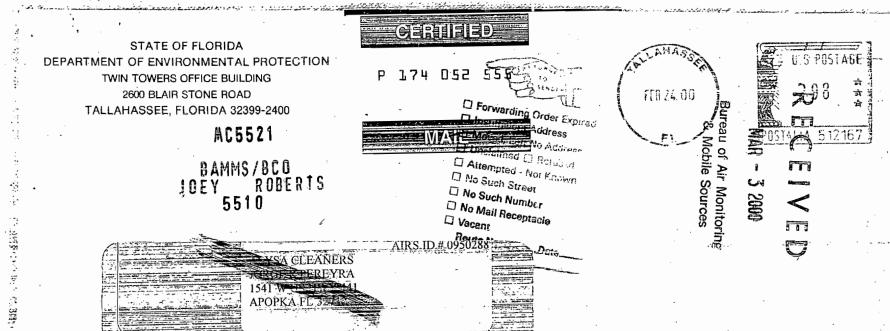
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and fee is paid)

8: Addressee's Address (Only if requested

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6. Signature: (Addressee or Agent)

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April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
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