

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 18, 1996

Mr. Sanford H. Weiner President Paul's Custom Cleaners 1310 Edgewater Drive Orlando, Florida 32804

Dear Mr. Weiner:

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. Louis Nichols, Central District

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

PERCHLOROETHYLENE DRY CLEANERSCEIVED

COMPLIANCE INSPECTION C

NECKLIST COMPLAIN B (OCT 29 1998 PISCOVERY & Mobile Sources]]
	TIME OUT: //	

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

AIRS ID#: 0950290 DATE: 10/13/98 TIME II FACILITY NAME: PAULS CUSTOM CLEANERS FACILITY LOCATION: 1310 EDGE WATER DR. DRUANDO FL. 32804 RESPONSIBLE OFFICIAL: SANFORD WEINERPHONE: 407-422-1946 CONTACT NAME: _____PIIONE: ____

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
1. Existing small area source	2. New small area source
dry-to-dry only, $x \le 140$ gal/yr	dry-to-dry only, $x \le 140$ gal/yr
transfer only, $x \le 200$ gal/yr	transfer only, $x \le 200$ gal/yr
both types, $x < 140$ gal/yr	both types, $x \le 140$ 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, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	□Y □N □Can not determine
	cation: neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was gallons.	nirchased 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) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ŬN □N/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? 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? AVO NO VA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F7 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?	ΔY	ШN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ÜN	□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?	ΩY	ΩN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□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	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ЦN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	ZY ON
3. Maintained leak detection inspection and repair reports for the following:	
 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?	AY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINA
5. Maintained exhaust duct monitoring data on perc concentrations?	אואדש, אם עם
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	DY DN ØN/A
Problem corrected?	AMA NO YO
8. Maintained compliance plan, if applicable?	DY DN PMIA

p	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a v	veekly (for small sources, b	oi-weekly) leak detection an	d repair			
	inspection?				4		
2.	Has the facility maintained a leak log?				Ν		
3	Does the responsible official check the f	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DN C	A/NC		
	Door gaskets and scating	MY ON ON/A	Stills	מם צובן	⊃N/A		
	Filter gaskets and scating	MY ON ON/A	Exhaust dampers	MY ON C	⊃N/A		
	Pumps	אואם אם אבא	Diverter valves	ו אם צים.	⊃N/A		
	Solvent tanks and containers	איום מם אל	Cartridge filter housings	DY ON (⊃n/A		
	Water separators	מואם אם אמן					
4	. Which method of detection is used by the	ne responsible official?	,				
ľ	Visual examination (condensed so	,es					
l	Physical detection (airflow felt the						
l	Odor (noticeable perc odor)						
1	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	a			
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equipa	nent:	LAKIN	•		
	a. Capable of detecting	perc vapor concentrations i	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	fter each use	OY ON			
۱	c. Inspected for leaks ar	nd obvious signs of wear or	n a weekly basis?	OY ON			
	d. Kept in a clean and s	ecure area when not in use	?	OY ON			
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON			
		•					

ASSEFA HAILEMANIAM	10/13/98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	12 / 13 / 99 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

KACILITY NOW HAVE ANEW

OWNER. AND I GAVE

AIR GENERAL PERMIT

NOTIFICATION FORM.

10/13/198

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗾	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TIME IN: 1030	TIME OUT:	1100	AIRS ID#:	950290
TYPE OF FACILITY:	DRY CLE	4NFR		
FACILITY NAME:	ULS CUS	TOM	CLEANERS	DATE: 10/13/98
FACILITY LOCATION:	310 EDGE	WATER	CLEANERS DL.	
	PLANDO FA	L 3280	4.	
RESPONSIBLE OFFICIAL:			PHONE NUMBER	407-422-1946
	the compliance requiremer Rule 62-213.300, Florida A		ring this inspection, the factories (F.A.C.).	cility is found to be in
Based on the results of discrepancies were note	•	nts evaluated du	rring this inspection, the fol	llowing compliance
COMPLIANCE REQU	UIREMENT/PROBL	EM	FOLLOW-UP ACT	ION REQUIRED
	• •			
				·
			•	
COMMENTS				
COMMENTS:	CILITY A	Ion	HAUE A	NEW OWNER
AN	A GAVE	GEN	ERAL A-IR	NEW OWNER PERMIT NOTIFA FORMS.
The Annual Compliance Certific				
			198	
DATE OF NEXT INSPECTION		(Approxi	mate)	
INSPECTION CONDUCTED	BY: A55 &	(Please I	Print)	AM
INSPECTOR'S SIGNATURE	- and 1	lecclous	CAPHONE NUMBER	AM 407-836-9323
		Dana 1 - f	4	Paying 10/06

F	A	X
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		Date 10	0/22/1998
		Number of page	es including cover sheet 5
то:	Mr. Bobby Hewitt	FROM:	Rick Butler
	Adair Custom Cleaners		Florida Department of Environmental Protection
	1310 Edgewater Dr. Orlando, FL 32804		2600 Blair Stone Rd.
	Chando, i E 32004		MS 5510
			Tallahassee, FL 32399
Phone	407-318-7370		
Fax Phone	407-236-9902	Phone	(850) 921-9586
CC:		Fax Phone	(850) 922-1362
Piease cail m Rick Butler	e at the number listed above if there are	e any questions	.
Mr. Hewitt, Please call m	ne at the number listed above if there are	e any questions	3.
RICK Butler			
	·		·
	•		

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Voffi Enterprises INC. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Paul's Custom Cleaners Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 05697/120
4.	Facility Location: Street Address: 1310 Edge WAter Dr.
	Facility Location: Street Address: 1310 Edge WATER DR. City: ORIANDO County: ORANGE Zip Code: 32804
5.	Facility Identification Number (DEP Use):
	0950290
	Responsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: PAUL'S Cystom Cleaners Street Address: 1310E=Ugewater Dr. County: ORIANDO Responsible Official Mailing Address: Organization/Firm: PAUL'S Cystom Cleaners Street Address: 1310E=Ugewater Dr. County: ORIANDO Zip Code: 32804
7.	Responsible Official Mailing Address:
	Street Address: 13 12/2/2011
	Street Address: 1310 Edgewaren Da County: OR ANDO Zip Code: 32804
	VICIANDO VICTADE 52809
8.	Responsible Official Telephone Number: Telephone: (407) 422-7874 Fax: (407) 422-7874
	1 ax. (407) 162-78 / /
	Facility Contact (If different from Responsible Official)
	racinty Contact (11 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: Telephone: () - Fax: () -
	Telephone: () - Fax: () -
<u> </u>	

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AUG 2 1 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit	17.						•	-	
(1) w/ ref. condenser	#1	12. Feb.91	612-Feb96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		- 11 - 14 -					•	: .	•
(4) w/ ref. condenser				_					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		lage of	ingto refer						, 1 x 3*
(7) w/ ref. condenser		T	I				T		<u> </u>
(8) w/ carbon adsorber									
(9) w/ no controls							<u> </u>		
Reclaimer Unit	1,500					11 T	<u> </u>		
(10) w/ ref. condenser		Ī						·	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of [130] (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchloons ow many? [_	installed [_ oroethylene (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.) Ne	w sn	nitions found nall area sour	ce 🔀	3) of]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, 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 proportion	nptly notify the Department of any changes to the information contained in this notification. Note: 16/96 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOV	TERY ()
AIRS ID#: 0950 Z90 DA				· ·
FACILITY LOCATION:	U			
	Orlando	F1 3	2804	
RESPONSIBLE OFFICIAL : _	Sanford Le	einer	PHONE: 407 4	22-1946
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				_
(check appropriate box)				
1. New facility notified DARM 30) days prior to startup			
2. Facility failed to notify DARM	to use general permit			
			21,0	
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box) A.	ı form that it is:		☐ No notification form ☐ Drop store/out of bus	
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)	dry- tran botl	to-dry only sfer only, x 1 types, x <	, x < 140 gal/yr < 200 gál/yr	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,19$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr dry gal/yr trar il/yr botl	-to-dry only isfer only, 2 h types, 140	Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	2
5. This is a correct facility cla	ssification \Box	' ON	□Can not determine	
	qualified for a general	permit as n	umber above gible for a general permit	
B. The total quantity of perchlor facility was <u>130</u> gallons.	oethylene (perc) purcha	sed within	the preceding 12 months t	by this dry cleaning

1 of 5

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	_
1. Storing perchlorocthylene in tightly scaled and impervious containers?	DY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	oγ ον
4. Draining cartridge filters in their housing or in scaled 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?	אואב אם צם
PART IV: PROCESS VENT CONTROLS	:
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated 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 muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated 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?	CY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	CAY CIN CIN/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	CY 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° 17?	MY ON ON/A
Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	dy on

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?	ПΥ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	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, if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ШΥ	ΠN	□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		ÜN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ÜN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ПИ	□N/∧
P	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)			
1	Maintained receipts for perc purchased?	D/V	ΠN	

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DY ON		
2. Maintained rolling monthly averages of perc consumption?	QY DN		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OK 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?	dy on on/a		
4. Maintained calibration data? (for applicable direct reading instruments)			
5. Maintained exhaust duct monitoring data on pere concentrations?			
6. Maintained startup/shutdown/malfunction plan?	OK, ON		
7. Maintained deviation reports?			
Problem corrected?			
8. Maintained compliance plan, if applicable?	מא מט אט אינ		

I'A	RT VI: LEAK DETECTION AND R	EFAIKS			
1.	Does the responsible official conduct a w	veekly (for small sources,	bi-weekly) leak detection ar	id repair	
	inspection?			MO YO	
2.	Has the facility maintained a leak log?			DN DN	
3.	Does the responsible official check the fe	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	DÝ ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and scating	MY ON ON/A	Stills	ANO NO YO	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	QÝ □N □N/A	
	Water separators	DY ON ON/A		÷	
4.	Which method of detection is used by the	e responsible official?			
	Visual examination (condensed so	lvent on exterior surfaces)	B	
	Physical detection (airflow felt thr	ough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrumental				
	Halogen leak detector				
	If using direct-reading instru	DAN/A			
	a. Capable of detecting p	□Y □N			
(I 	b. Calibrated against a si (PID/FID only)?	andard gas prior to and a	fter each use	□Y □N	
	c. Inspected for leaks and	d obvious signs of wear or	ı a weekly basis?	□Y □N·	
	·	cure area when not in use	ŕ	□У □И	
		by use of duplicate sample		OY ON	
[المساورة المساورة المارة ا	WHEEL IS NOT THE COMMENT OF THE STREET OF THE PARTY AND THE STREET	TO ANY MANY LOUIS DE LA MANAGEMENT DE LA		
			ما ہے ا	·- •	
-	Inspector's Name (Please Prin		9 26 C		
	1 10	•	_ att or map		
	todd Vitela		9/26/	98	
	Inspector's Signature		Approximate Date of	Next Inspection	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORTS , JUST EPPS 1

Metters

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION D
TIME IN: 0950 Z90 TIME OUT: 1/3	AIRS ID#: 6 1200
TYPE OF FACILITY: DVV Cleaner	GQE 8
FACILITY NAME: Paul's Custom C	Jeaners DATE: 9/26/97
FACILITY LOCATION: 1310 Edgmat	ev Dv
Ovlando Fl	32804
RESPONSIBLE OFFICIAL: Sanford Weiner	PHONE NUMBER: 422-1946
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	* *
	•
COMMENTS:	·
Facility in	Order
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION: (An	
INSPECTION CONDUCTED BY: TODD F	letcher ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 836-9524

Page___of___.

BEST AVAILABLE COPY

Orange County Environmental Protection Department

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

	אולאט צולאדו לאנדאטצוג	11/1// 101 101/1 1/101	
YPE OF INSPECTION:	ANNUAL COM	IPLAIDIMDECOVERY [_] RE-IN	SPECTION []
	Paul's Custom Clea 1310 Edgewater	wevs DATE:	
	Orlando Fl	32804	
RESPONSIBLE OFFICIAL:	Sunford H Weiner	PHONE NUMBER: 422	1874
compliance with DE	P Rule 62-213.300, Florida Administr		
discrepancies were r	noted:	ated during this inspection, the following comp	
	QUIREMENT/PROBLEM	SIX month reinsp	
No leak detec	tion log on site	regulard reliast	
No corrective	action Log	, /	
No conden.	s temp Log		
100M)		11	
Hut Containers	not sealed	11	
COMMENTS:			
The Annual Compliance O	,	critical and submitted to the inspector.	AES NOT
INSPECTION CONDU	CITED BY: To	dd Fletcher	was and \$11 to the control of the co
INSPECTORES SIGNA	TURE: dell t	PHONE NUMBER:	(407) 836-9524
		,	0 - 1 - 1 10

Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINTYDISCO)VERY	ü
FACILITY NAME:	uls Cus	TIMEIN: TIM ton Cleaners ewater Dr Fl		
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DARM t	oy 9/1/96			
2. New facility notified DARM 30 d	ays prior to startu	p		
3. Facility failed to notify DARM to	use general pern	nit		
L.				
PART II: CLASSIFICATION	111411 11141 11141			
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	. 🗀	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" g="" gal="" is="" only,="" td="" this="" transfer="" types,="" y="" yr=""><td>al/yr 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><td>-</td></x<2,></td></x<2,>	al/yr 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><td>-</td></x<2,>		-
If no, please check the appropriate	classification:			
☐ facility qualified facility exceeds al		nit as number above not eligible for a general permit		
B. The total quantity of perchloroc	ethylene (perc) pu	rehased within the preceding 12 mont	hs by this d	ry 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? 2. Examining the containers for leakage? ŪΝ 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at DY UN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY UN UNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) ZY ON 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

D. The Alexander of the Control of t	
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?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON <i>N</i> /A OY ON <i>N</i> /A
Is the temperature differential equal to or greater than 20° F?	OY ON NA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON GW/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	בוץ טא א
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	$\begin{array}{cccc} \Box Y & \Box N & A \\ \Box Y & \Box N & A \\ \end{array}$
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?	QY ON
2. Maintained rolling monthly averages of perc consumption?	/
	ELA ON
3. Maintained leak detection inspection and repair reports for the following:	AA ON
	OY ON
3. Maintained leak detection inspection and repair reports for the following:	
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	OY ON
 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 ON
 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 	OY ON MYA
 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? 	
 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? 	
 Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	
 Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	
 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? Problem corrected? 	

0 1711 : 1					
	method of detection is used by the	-			
1	Visual examination (condensed sol-	vent on e	xterior surfaces)		a
F	Physical detection (airflow felt thro	ugh gask	cts)	•	
(Odor (noticeable perc odor)				ΙΖ
J	Use of direct-reading instrumentation	on (FID/	PID/calorimetric t	ubes)	a
1	If using direct-reading instrumen	tation, is	the equipment:		
	a. Capable of detecting pe	rc vapor	concentrations in	a range of 0-500 ppm?	OY ON
	b. Calibrated against a sta (PID/FID only)?	ındard ga	s prior to and afte	er each use	OY ON
	c. Inspected for leaks and	obvious	signs of wear on a	weekly basis?	מט צט
	d. Kept in a clean and sec	ure area	when not in use?		DA DN
c. Verified for accuracy by use of duplicate samples (calorimetric only)?				מט צם	
3. Has the facility maintained a leak log?				CIY CIN	
4. Does t	the responsible official check the fo	llowing	areas for leaks?		
]	Hose connections, fittings, couplings, and valves	œ/y	ПΝ	Muck cookers	DY ON
	Door gaskets and scating	ĽΥ	ПΝ	Stills	DY ON
]	Filter gaskets and seating	DY .	ПΝ	Exhaust dampers	DY ON
-	Pumps	ωÝ,	ПΝ	Diverter valves	DY DN
	Solvent tanks and containers	uy /	_ CIN	Cartridge filter housings	DY ON
	Water separators	DY.			

Todd Fletcher

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST

w	23/98
	K

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

DE INCDECTION

RE-INSPECTIO	n u
AIRS ID#: 0950290 DATE: 10/13/	98 TIME IN: 1830 TIME OUT: 1100
FACILITY NAME: PAULS CUS	· · · · · · · · · · · · · · · · · · ·
•	
FACILITY LOCATION: 1310 ET	GEWATER DR.
DR LAMA	0 Fc. 32804
RESPONSIBLE OFFICIAL: SANFOR.	DWEWERMONE: 407-422-1946
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	11.61
2. Pacifity failed to flothly DARWI to use general per	Time Ower 1
,	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/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 $12/9/91$) 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
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr $\frac{1}{8}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr $\emptyset \le 2$
(constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \square N \square Can not determine$
	cation: eneral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was gallons.	ourchased 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) A/NO NC 1. Storing perchloroethylene in tightly sealed and impervious containers? A/ND ND 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 □N □N/A least 24 hours prior to disposal? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?.	ΠY	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ПΝ	N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПΝ	□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	□N	
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?	ŪΥ	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	MA ON
2. Maintained rolling monthly total of perc consumption?	NO NEW
3. Maintained leak detection inspection and repair reports for the following:	
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? 	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ANY
6. Maintained startup/shutdown/malfunction plan?	DAY ON
7. Maintained deviation reports?	OY ON ZAN/A
Problem corrected?	OY ON PANA
8. Maintained compliance plan, if applicable?	OY ON PANA

PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a v	veekly (for small sources, b	oi-weekly) leak detection an	d repair
inspection?			DN ON
2. Has the facility maintained a leak log?			DN DN
3. Does the responsible official check the f	ollowing areas for leaks?		
Hose connections, fittings, couplings, and valves	מא טט טאס	Muck cookers	DY ON ON/A
Door gaskets and seating	MY ON ON/A	Stills	ZY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	DY ON ON/A		
4. Which method of detection is used by th	ne responsible official?	•	
Visual examination (condensed so	olvent on exterior surfaces)	•	,ed
Physical detection (airflow felt thr	rough gaskets)		
Odor (noticeable perc odor)			
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	C
Halogen leak detector			
If using direct-reading instru	umentation, is the equipn	nent:	DINIA
a. Capable of detecting p	perc vapor concentrations i	in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and af	fter each use	OY ON
c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	DY DN
d. Kept in a clean and so	ecure area when not in use	?	DY DN
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	□Y □N

ASSEFA HAILEMANIAM Inspector's Name (Please Print)	10 113/98 Date of Inspection
Inspector's Signature	12 1 13 1 9 8 Approximate Date of Next Inspection

EACILITY NOW HAVE ANEW

OWNER. AND I GAVE

AIR GENERAL PERMIT

NOTIFICATION FORM.

BEST AVAILABLE COPY

ITLE V AIR QUALITY GENERAL CERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1830 TIME OUT: 777 V	AIRS ID#: 0950290
TYPE OF FACILITY: DRY CLEANER	/?
FACILITY NAME: DAILS CRISTOM.	CLEANERS DATE: 10/13/98
FACILITY LOCATION: 1310 EDGE WATE	R Dl.
OPLANDO FL 32	1864.
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 407 -422 - 19 46
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	ve Code (F.A.C.).
Based on the results of the compliance requirements evaluate discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	· · · · · · · · · · · · · · · · · · ·
·	,
·	·
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
ENCILITY NIND	- HAUS AMERICALITY
AND GARE SE	MARCE AMERICANTE
The Annual Compliance Certification form has been properly certifie	
	1/28
(App.	roximate)
INSPECTION CONDUCTED BY: (Plea	ise Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 6.7. 26.7.
	of f. Revised 10/90



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304149

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AIRS ID#0950290

VOFFI ENTERPRISES INC SANFORD H WEINER 1310 EDGEWATER DRIVE ORLANDO FL 32804

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQ::B1 Fund: 20-2-035001

Obj.: 002273



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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

STATE OF FLORIDA **BEST AVAILABLE COPY** DEPARTMENT OF ENVIRONMENTAL PROTECTION MS 5510-37550 304000 2600 BLAIR STONE ROAD TALLAHASSEE FL 32399-2400



7000 0600 0021 2827









10 AIRS ID # 0950290001AG SANFORD H WEINER PAUL'S CUSTOM CLEANERS 1310 EDGEWATER DRIVE ORLANDO FL 32804

Surgal of Air Moritoring

ETTE COMPANY NO.		AND THE STREET STREET	COMPLETE THIS SECTION ON DE	ELIVERIA DE LA COMP	
• •	 Complete items 1, 2, and item 4 if Restricted Delive Print your name and address that we can return the Attach this card to the baser on the front if space per part of the part of the	ery is desired. ress on the reverse card to you. ick of the mailpiece,	A. Received by (Please Print Clearly C. Signature	☐ Agent ☐ Addressee	·
	Article Addressed to:		D. Is delivery address different from it if YES, enter delivery address be	_	
	PAUL'S CUSTOM CLEAN	0950290001AG			
	1310 EDGEWATER DRIV ORLANDO FL 32804	/E	3. Service Type Certified Mail Registered Insured Mail C.O.D.	Mail Socipt for Merchandise	
•			4. Restricted Delivery? (Extra Fee)	☐ Yes	
<u> </u>	PS Form 3811, July 1999	Domestic P	<u> </u>	102595-99-M-1789 +	
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US Postal Service Receipt for (No Insurance Cove Do not use for Inter Sent to AIRS FORD H WEINE L'S CUSTOM CI EDGEWATER I ANDO FL 32804 Certified ree Special Delivery Fee Restricted Delivery Fee Retum Receipt Showin Whom & Date Delivere Retum Receipt Showing to Date, & Addressee's Addres TOTAL Postage & Fee	Certified Mail orage Provided. mational Mail (See reverse) ID # 0950290001AG ER LEANERS DRIVE e ng to ed Whom, ss	U.S. CER (Dome Article Sen Return (Endorsem Restricted (Endorsem) Total Pos Name (Plea Street, Apt City, State,	Postal Service RTIFIED MAIL RECEIP stic Mail Only; No Insurance Cove t To: Postage Certified Fee In Receipt Fee ent Required) I Delivery Fee ent Required) I Delivery Fee ent Required) I stage & Fees stage & Fees Sase Print Clearly) (to be completed by mailer) No.; or PO Box No. A COMPANDA O O O O O O O O O O O O O O O O O O O	PT erage Provided) Postmark Here	
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