

### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 30, 1997

Mr. Anver A. Dawood President Parisian Cleaners 701 Virginia Drive Orlando, Florida 32803

Re: Facility I.D. No. 0950340

Dear Mr. Dawood:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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



### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

May 20, 1997

Mr. Anver A. Dawood 701 Virginia Drive Orlando, Florida 32803

Dear Mr. Dawood:

Mr. Todd Fletcher of Orange County has informed me that your business, Adams Cleaners, has been sold. Rule 62-213.300, Florida Administrative Code (F.A.C.), does not allow the transfer of an air general permit. Therefore, the air general permit which you received, No. 0950340, will not follow the change in ownership of the facility.

In addition, Rule 62-213.300, F.A.C., also requires the responsible official to notify the Department prior to any sale, other change of ownership, or permanent shutdown of the facility. As the responsible official for Adams Cleaners, please provide the Department with a statement to this effect. The receipt of this information will ensure that Adams Cleaners is removed from the Department's active file.

If you have any questions or if I can be of further assistance, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

SB\

### Orange County Environmental Protection Department

### PERCHLOROETHYLENE DRY CLEANERS RECEIVED

TYPE OF INSPECTION:	COMPLIANCE IN  AMBUAL  RE-INSPECTION	L.1		APR 3 1 199 OVERY III Bureau of Air Mon & Mobile Source
AIRS 10#: <u>8956340</u> FACILITY NAME: <u>/</u> FACILITY LOCATION: _	Adams C	leaners South	st	
PARTI: NOTIFICATION				
(check appropriate box)  1. Existing facility notified DAR  2. New facility notified DAR  3. Facility failed to notify DA	M 30 days prior to star			0 0 u
PART II: CLASSIFICATI Facility indicated on polific (check appropriate box)		J		
A.  1. Existing small area s dry-to-dry only, x<140 ga transfer only, x<200 gal/ both types, x<140 gal/yr (constructed before 12/9/	nl/yr yr	transfer only, both types, x<	y, x<140 gal/yr x< <b>2</b> 00 gal/yr	: :
3. Existing large area so dry-to-dry only, 140 <x<1,8 (constructed="" 12="" 140<x<1,800="" 200<x<1,8="" 9)<="" before="" both="" only,="" td="" transfer="" types,=""><td>2, 100 gal/yr 300 gal/yr ) gal/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" y<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>r r</td></x<1,8>	2, 100 gal/yr 300 gal/yr ) gal/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" y<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>	r r
This is a correct facility cla	ssification	OY ON	·	
If no, please check the app	ropriate classification:			
☐ facility ex	nalified for a general per acceds above limits and	is not eligible fo	or a general permit	
B. The total quantity of pe	rchloroethylene (perc) p	surchased within	n the preceding 12 mo	ouths by this dry cleani

### BEST AVAILABLE COPY

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?	UY UN			
2. Examining the containers for leakage?	ÜY UN			
3. Closing and securing machine doors except during loading/unloading?	אם צם			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מט צם			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מ/אם 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	,.			
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete $\Lambda$ 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 refr (complete $\hat{\mathbf{A}}$ and $\hat{\mathbf{B}}$ 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?	מא מא			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	א/אם אם צם			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מ/אם אם צם			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	טץ טא			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ОУ ОИ			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם עם			

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?	טע טא
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CIY CIN
Is the temperature differential equal to or greater than 20° F?	אט אט
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?	מא מו מאיע
Is the pere concentration equal to or less than 100 ppm?	מט עט
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?	מט צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מ/אט אט צט
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	
Has the responsible official:	OY ON
Has the responsible official: (check appropriate boxes)	אט אט
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	ï
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	ï
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:	אם צם
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	י. מט אם אם
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?	אם צם אם אם
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**	
<ul> <li>Has the responsible official: (check appropriate boxes)</li> <li>1. Maintained receipts for perc purchased?</li> <li>2. Maintained rolling monthly averages of perc consumption?</li> <li>3. Maintained leak detection inspection and repair reports for the following: <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>4. Maintained calibration data? for direct reading instruments only)</li> <li>5. Maintained exhaust duct monitoring data on perc concentrations?</li> </ul>	
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/slutdown/malfunction plan?	OY ON  OY ON  OY ON  OY ON  OY ON
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/slutdown/malfunction plan?  7. Maintained deviation reports?	OY ON  OY ON  OY ON  OY ON  OY ON  OY ON
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?  Problem corrected?  8. Maintained compliance plan, if applicable?	OY ON  OY ON
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/slutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	OY ON  OY ON

2.	Which method of detection is used by the	ic respons	ible offici	n17		
	Visual examination (condensed so	lvent on	exterior su	rfaces) [		
	Physical detection (airflow felt thr	ough gas	kcts)		ם	
	Odor (noticeable perc odor)			Ţ	Ü	
	Use of direct-reading instrumenta	tion (FID	/PID/calor	imetric tubes)	a	
	If using direct-reading instrume	intation,	is the equi	pment:		
	a. Capable of detecting p	ere vapo	r concentr	ations in a range of 0-500 ppm?	CIY C	И
	b. Calibrated against a s (PJD/FJD only)?	tandard g	as prior to		ט א כ	314
	c. Inspected for leaks an	d obvious	signs of v	vear on a weekly basis?	UY C	M
	d. Kept in a clean and se	ecure area	when not	in use?	ם א כ	11/1
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	□Y C	314
3.	Has the facility maintained a leak log?				CIY C	JN
4.	Does the responsible official check the	following	; areas for	leaks?		
	Hose connections, fittings, couplings, and valves	ΩĂ	ΠN	Muck cookers	ΠY	ΩИ
	Door gaskets and scating	ÜΥ	ПN	Stills	ÜУ	ПN
	Filter gaskets and scaling	ΠY	ΠN	Exhaust dampers	ПY	ПN
	Pumps	ΠY	ИU	Diverter valves	Πλ	UN
	Solvent tanks and containers	ĽΥ	ΠИ	Cartridge filter housings	ΠY	ПИ
	Water separators	ΩY	ПИ			
1	Anner Dawoe Name of Responsible Office			:		
	Todd Eletcher	.141		.11 -	1	

	Anner Dawood	:
;	Name of Responsible Official	
	Todd Fletcher	4/15/97
	Inspector's Name (Please Print)	Date of Inspection
	Ad add	
	Inspector's Signature	Approximate Date of Next Inspection

Sold Facility, New Business, No Longer @ this address

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0900	TIME OUT: 09	05AIRS ID#:	0950340
TYPE OF FACILITY:	Dry Cleaner		
FACILITY NAME: $\triangle$	dams cleans	evs	DATE: 4/15/97
FACILITY LOCATION:	2525 E. Sou	th St	
	Orlando Fl	37803	
RESPONSIBLE OFFICIAL:	Anuer Dawood		894-2655
<u></u>	he compliance requirements evalua ule 62-213.300, Florida Administr	ated during this inspection, the faci	ility is found to be in
Based on the results of t	he compliance requirements evalua	ated during this inspection, the foll	•
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
	LI VICE	two Airs I	D#S
This	facility 095	FOLLOW-UP ACTI	
099	50314 7		
	·		
			~
COMMENTS:	Id Ta	cility,	New Josine
No Lo	uger a	this add	hess
The Annual Compliance Certific	ation form has been properly certi	fied and submitted to the inspector	YES NO
DATE OF NEXT INSPECTIO		<u>-</u>	
INSPECTION CONDUCTED	BY: ODE	pproximate)  Fletcheb  lease Print)	
INSPECTOR'S SIGNATURE	the best !	PHONE NUMBER	<b>:</b>

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

Revised 10/96

Fa	3.5	) mark out "X" and hould be existing ea Source	large 038
S Pr	15 43	should be existing ea source w/ cent	large
F		uipment	:
Ī			7803
,	- 1		3 <i>40</i> .
			Progress, score and an extension
	· !		
			F0 3
	,		f.P
	<u> </u>		
	- n. KV	lity Contact (For example, plant manager	
Facilit	y Contact Addre	SS: 7525 E. SOUTH ST ORKS VIRGINIA DA  County: Olderhic	_

# RECEIVED

SEP 5 1990

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

MUTARE INC

9502038

2. Site Name (For example, plant name or number):

ADAMS CLEANERS

3. Hazardous Waste Generator Identification Number:

FLD 981865918

4. Facility Location: Drand O

Street Address: 2525 E. POVTH ST

City: OliANDD FC

County: Organia

Zip Code: 32803

5. Facility Identification Number (DEP/Use):

0950340

#### Responsible Official

6. Name and Title of Responsible Official:

ANVER A. DAWDON - PRETIDENT

7. Responsible Official Mailing Address: 101 11 AGINIA DA OUMADO FC. 32503

Organization/Firm: MUTANE INC

Street Address: 701 VIRGINIA DR

City: Orchaso

County: ORANGE

Zip Code: 32803

8. Responsible Official Telephone Number:

Telephone: (407) 894 - 2605

Fax: (407) 194-15FP

#### Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

MADERY KYNOCH

MANAGE

10. Facility Contact Address: 752 E. SOUTH ST ONLANDO FC 32803

Street Address: 701 VIRGINIA DR

City: Orando

County: Olotalic

Zip Code: 32803

11. Facility Contact Telephone Number:

Telephone: (407) 894 - 26 (T Fax: (407) 894 - 8588

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

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סללו 5 SEP

Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	00	LUMBIA	MODEL	103	1 TANDO	<u></u>			
(1) w/ ref. condenser	#1	1989	1989	12			1		
(2) w/ carbon adsorber	<u> </u>		·		ļ			-	
(3) w/ no controls									
Washer Unit		<u> </u>							
(4) w/ ref. condenser				l		T			
(5) w/ carbon adsorber	,								1
(6) w/ no controls				_					1
Dryer Unit					<u> </u>				
(7) w/ ref. condenser		-	Γ						1
(8) w/ carbon adsorber		-						-	
(9) w/ no controls			_						
Reclaimer Unit	<del></del>	<u> </u>						1 1	
(10) w/ ref. condenser		·	<del></del>	1			Ι		1
(11) w/carbon adsorber		<del></del>			<del> </del>	<del>                                     </del>	<del> </del>	<u> </u>	1
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li><li>2.(a) What was the total of</li></ul>	are r	equired to be	installed [_	<u>У</u>	J	n the latect 1	) mor	othe?	
[ /50 ]			nocinyiene (	pere	purchaseu ii	i tile latest 12	. 11101	1015:	
(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) of	Part II?	
Existing small ar	ea so	urce [X]	Ne	ew sm	nall area soui	rce [	]		
Existing large are	ea soi	urce []	Ne	ew lai	rge area sour	ce [	)		

DEP Form No. 62-213.900(2)

(Indicate with an "X".		s pursuant to section (5) of	Part II of this notification form?
Existing large ar Carbon adsorber		Refrigerated condenser	·
New small area s Refrigerated con			
New large area s Refrigerated con			
to Rule 62-213.300, F.A.		nd hot water generating uni	to use the general permit pursuant its on-site meet the following
boiler HP or less), and (2	) are fired exclusively by r		10 million BTU/hr or less (298 ods of natural gas curtailment is fired.
All steam and hot water g No such units on-site	enerating units exempt		
		·	
	Equipment Monitoring	and Recordkeeping Infor	rmation
Check all logs which are	required to be kept on-site	in accordance with the rec	quirements of this general permit:
(a) Purchase receipts and	solvent purchases		[ ` Y ]
(b) Leak detection inspec	tion and repair		[ ×] ·
(c) Refrigerated condense	er temperature monitoring		[ <u>y ]</u>
(d) Carbon adsorber exha	ust perc concentration mo	nitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, m			
(1) Start-up, shutdown, in	nalfunction plan		[ <b>*</b> ]

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

#### 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)					
	•					
ſχ	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 section. I hereby certify, based on information and belief formed after reasonable inquiry, that the section 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.					
A	8/31/96.					
Signature	Date					

### **Orange County Environmental Protection Department**

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: APPRIANT RE-INSPECTION LI	Ci
AIRS IDH: 0950314 DATE: 4/15/97 TIME IN: 0900 TIME OUT:	
FACILITY LOCATION: 2525 E. South St Orlanda Fl 32803	
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	u
2. New facility notified DARM 30 days prior to startup	
3. Facility failed to notify DARM to use general permit	ü
PART II: CLASSIFICATION	
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)  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 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="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" a="" after="" area="" before="" both="" correct="" dry-to-dry="" elassification="" facility="" gal="" is="" large="" new="" on="" only,="" or="" source="" td="" this="" transfer="" types,="" yr=""><td></td></x<2,>	
If no, please check the appropriate classification:	
facility qualified for a general permit as number above  facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by the facility was gallons.	is dry cleaning

#### **BEST AVAILABLE COPY**

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?	'UY UN			
2. Examining the containers for leakage?	מט עט			
3. Closing and securing machine doors except during loading/unloading?	מט מט			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	חל מט			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	טא מט איער אין			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	7.			
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete ${\bf A}$ 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 $\hat{\mathbf{A}}$ and $\hat{\mathbf{B}}$ 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 QN			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אאם אם אם			
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 basis?	חם אם			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	חט מט			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מי מי			

В.	Has the responsible official of an existing large or new large area source also:	7.
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?	שץ טא
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
	Is the temperature differential equal to or greater than 20° F7	מט עט
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?	מאט אט צט
	Is the perc concentration equal to or less than 100 ppm?	אם צם
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	טץ טא
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	עאם אט צט
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	OY ON
2.	Maintained rolling monthly averages of perc consumption?	אט אם
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	חט מט
4	Maintained calibration data? (for direct reading instruments only)	איאם אם אם
5	Maintained exhaust duct monitoring data on pere concentrations?	UY UN
6	. Maintained startup/shutdown/malfunction plan?	UY UN
7	Maintained deviation reports?	UY UN
1	Problem corrected?	UY UN
8	. Maintained compliance plan, if applicable?	CY ON ONA
	, , , , , , , , , , , , , , , , , , , ,	
1144	PART VI: LEAK DETECTION AND REPAIRS  . Does the responsible official conduct a weekly leak detection and repair inspection?	

2.	Which method of detection is used by the	he respons	sible official	7	<del></del>	·
	Visual examination (condensed so	-			O	
	Physical detection (airflow felt the				C)	
	Odor (noticeable perc odor)				u	
	Use of direct-reading instrumenta	dff) noit	/PID/calorii	netric tubes)		
	If using direct-reading instrum	entation,	is the equip	ment:		
	a. Capable of detecting	реге уаро	r concentrat	ions in a range of 0-500 ppm?	CIY C	111
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	standard g	as prior to a	and after each use	טץ נ	114
	c. Inspected for leaks ar	nd obvious	s signs of wo	ear on a weekly basis?	UY C	И
	d. Kept in a clean and s	ecure area	a when not i	n use?	ט אַנט	JN
	e. Verified for accuracy	by use of	duplicate sa	nuples (calorimetric only)?	CIYC	JИ
3.	Has the facility maintained a leak log?				CJYC	ИC
4.	Does the responsible official check the	following	gareas for lo	eaks?		
	Hose connections, fittings, couplings, and valves	ΩY	ШΝ	Muck cookers	ΠY	ПΝ
	Door gaskets and seating	ÜΥ	ПN	Stills	ÜY	ПN
	Filter gaskets and seating	ПY	ПИ	Exhaust dampers	Пλ	ПN
	Pumps	ΠY	ΠN	Diverter valves	ÜY	ПΝ
	Solvent tanks and containers	ШY	ПN	Cartridge filter housings	ΩY	ΠИ
1)	Water separators	ΠY	ПИ			

Anver Dawood	:
Name of Responsible Official	
Todd Fletcher	4/15/97
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

Sold Facility, New Business, No Longer @ this Address

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL []	COMPL	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0900	TIME OUT:	905	AIRS ID#:	950314
TYPE OF FACILITY:	Dry Clear	er	·	
FACILITY NAME:	Adams Ele	anei	/5	DATE: 4/15/97
FACILITY LOCATION:	2525 E Soc	sth_	st.	
	Orlando	FL_	32803	
RESPONSIBLE OFFICIAL:	Hover Daw	ood	PHONE NUMBER:_	894-2655
	the compliance requirements		d during this inspection, the facil we Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were not		s evaluated	d during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLE	EM	FOLLOW-UP ACTION	ON REQUIRED
			two Al	vs D#S
This	Facility	No	(S 10 '	
	150314 \$ 00	3503'	FOLLOW-UP ACTION  S  40	
COMMENTS: Lace	Ity, New B	SUSING	ess, No Longe	va this
Adhess				
The Annual Compliance Certifi	cation form has been proper	ly certified	d and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION	ON:			_
	_		roximate)	
INSPECTION CONDUCTED	) BY:	(Plea	tetchev se Print)	
INSPECTOR'S SIGNATURE	: Dod (John	<u>cli</u>	PHONE NUMBER:	(407) 836-9524

Revised 10/96

# 0450314 **BEST AVAILABLE COPY** Adam's Cleaners -spoke with Ronulo Gonzalez 9/24/96 - incorrect signature 1. for R.O. Certification 2. 3. 4. dry cleaning 32803 5. th Anver Dawood 6 7. Code: 32803 8.

9. Name and Title of Facility Contact (For example, plant manager):	f(t)
Ronulo GONTAlez (Pre	sipent)
10. Facility Contact Address: 2525. E South	5+.
Street Address: City: OS (ANDO County: OY ANS	e Zip Code: 32803
11. Facility Contact Telephone Number: Telephone: (407 896-7035 Fax: (	)

RECEIVED

AUG 5 0 1995

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MATURE FNC
2.	Site Name (For example, plant name or number):
	Site Name (For example, plant name or number):  ADAMS CLEANUS
3.	Hazardous Waste Generator Identification Number:
	FLD 98417/165  Facility Location: Street Address: 2525 E. South St.
4.	Facility Location: Street Address: 2525 E. South St.
_	City: OS/ANDO County: O8AN6e Zip Code: 32803
5.	Facility Identification Number (DEP Use):
	0950314
	Responsible Official
6.	Name and Title of Responsible Official:  ANVEN DAWOOD.
7.	Responsible Official Mailing Address:
	Organization/Firm: PATORE + NE
	Organization/Firm: MATURE FNC Street Address: 701 Virginia Dr. City: Orlando County: Oranbe Zip Code: 32803
	0, 400 E - 52803
8.	Responsible Official Telephone Number:
	Telephone: 407 894-2655 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
	Name and Title of Facility Contact (For example, plant manager):
/	Ronulo GONMIEZ (President) Facility Contact Address: 2525. E South St.
10.	Facility Contact Address: 2525. E South St.
	Street Address:
	City: OS (ANDO County: OY AN EC Zip Code: 32803
11.	Facility Contact Telephone Number: Telephone: (407 896-7035 Fax: ( )
	RECEIVE
	E & lines Court love II

Bureau of Air Menitoring & Mobile Scurces

AUG 3 0 1995

#### **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.

	Γ	Date	Date		Date	Date	] -	Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		,							
(1) w/ ref. condenser	7	01-145 8	18		orjuly	88.			
(2) w/ carbon adsorber				-					
(3) w/ no controls									
Washer Unit			•		<del>'</del>				
(4) w/ ref. condenser						•			
(5) w/ carbon adsorber			·						
(6) w/ no controls									
Dryer Unit				•					
(7) w/ ref. condenser									
(8) w/ carbon adsorber		i							
(9) w/ no controls									
Reclaimer Unit						<del></del>			
(10) w/ ref. condenser									
(11) w/carbon adsorber								•	
(12) w/ no controls		· ·							
(b) Control devices are  (c) No control devices  2.(a) What was the total q  (b) If less than 12 month Check why it is less	are re uanti gallo	equired to be ty of perchlons ow many?	installed [ roethylene (p	perc)					[]
3. What is the facility's sou (Indicate with an "X". S Existing small are	Select	t one classific	cation only.)		nitions found		3) of 1	Part II?	
Existing large are	a sou	rce []	Ne	w lar	ge area sour	ce [	]		

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

(Indicate with an ")		s pursuant to section (3) of	Part II of this notification form?
Existing large Carbon adsor		Refrigerated condenser	
New small ar Refrigerated			
New large are Refrigerated of			
		**	
to Rule 62-213.300, F.	ntains non-exempt emissions A.C. Verify that all steam ar hat no such units exist on-site	nd hot water generating uni	o use the general permit pursuant ts on-site meet the following
boiler HP or less), and		natural gas except for perio	10 million BTU/hr or less (298 ods of natural gas curtailment s fired
All steam and hot water No such units on-site	er generating units exempt		
	Equipment Monitoring	and Recordkeeping Infor	mation
Check all logs which a	re required to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts a	nd solvent purchases		
(b) Leak detection insp	ection and repair		
(c) Refrigerated conde	nser temperature monitoring		
(d) Carbon adsorber ex	chaust perc concentration more	nitoring	
(e) Instrument calibrat	ion		
(f) Start-up, shutdown	, malfunction plan		

DEP Form No. 62-213.900(2)

#### 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)
ı <u>X</u> ı	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 pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	1944 - 26-96 Date 8-26-96
Signature	Date

DEP Form No. 62-213.900(2)

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

MUTARE INC

9502038

2. Site Name (For example, plant name or number):

ADAMS CLEANERS

3. Hazardous Waste Generator Identification Number:

FLD 981865918

4. Facility Location: Oland O

Street Address: 2525 E. POVIH ST

City: OMANDO FC

County: Organic

Zip Code: 32803

5. Facility Identification Number (DEP Use):

0950340

#### Responsible Official

6. Name and Title of Responsible Official:

ANVER A. DAWDON

- PRETIDENT

7. Responsible Official Mailing Address: 101 nagina Da ouros Fc 32603

Organization/Firm: MUTANE INC Street Address: 701 VIRGINIA DR

City: Orundo

County: ORANGE

Zip Code: 3280 3

8. Responsible Official Telephone Number:

Telephone: (407) 894 - 2605

Fax: (402) 194-1568

#### Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

KYNOCH RUSOLPH

MANAGE

Facility Contact Address: 757 E. SOUTH ST OWANDO FC 32803

Street Address: 701 VIRGINIA DR

City: Orando

County: Oldalic

Zip Code: 32803

11. Facility Contact Telephone Number:

Telephone: (407) 894 - 26 (T

Fax: (407) 194 - 8588

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DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

5 1770 SEP

Bureau of Air Monitoring & Mobile Sources

## #0950340

	Adam's Cleaners
P.13	10. one address needed
7/4	1.(c) mark out "X" and initial
P-1-1	3. Should be existing large
	area Source
D.15	4 should be pristing large
<u> </u>	4. Should be existing large area source w/ control
. !	equipment
	- Copacific to
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#### **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.

(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required.  Check why it is less than	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
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are requ (c) No control devices are requ (d) No control devices are recused to the condenser (11) w/carbon adsorber (12) w/ no controls	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
(1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required.  Check why it is less than	LUMBIA	MOSEL	103	1 TANDE	M			and the second
(3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required. No control devices are reference.  2.(a) What was the total quantiful gallo (b) If less than 12 months, how Check why it is less than	1989	1989			1989			
Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required.  (c) No control devices are required.  (d) What was the total quantification of the condenser of the condense of the								
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required.  Check why it is less than								
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required.  Check why it is less than	and the state of					1.2		
(6) w/ no controls     Dryer Unit   (7) w/ ref. condenser     (8) w/ carbon adsorber     (9) w/ no controls     Reclaimer Unit     (10) w/ ref. condenser     (11) w/carbon adsorber     (12) w/ no controls     (b) Control devices are required.     No control devices are required.     No control devices are recuired.     So								
Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are requically in the condenser of the condense of t								
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required. No control devices are reference.  2.(a) What was the total quantification of the condenser of the condenser of the condenser of the control devices are reference. No control devices are reference.  (b) If less than 12 months, he check why it is less than								
(8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are requ (c) No control devices are re 2.(a) What was the total quanti [	Land Spirit		er i ji	ing grade (	of the seasons of	4.1		Salah Salah
(9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser  (11) w/carbon adsorber  (12) w/ no controls  (b) Control devices are requ  (c) No control devices are re  2.(a) What was the total quanti  [								
Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are requ (c) No control devices are re  2.(a) What was the total quanti  [								_
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are requ  (c) No control devices are re  2.(a) What was the total quanti  [								
(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are required. No control devices are reference.  2.(a) What was the total quantification of gallo.  (b) If less than 12 months, he check why it is less than	ilan ilan				Estativis est. Vi		to make the state.	
(b) Control devices are required. No control devices are required.  2.(a) What was the total quantification of gallo.  (b) If less than 12 months, he check why it is less than								
(b) Control devices are required. No control devices are respectively.  2.(a) What was the total quantial gallo  (b) If less than 12 months, he check why it is less than								
2.(a) What was the total quanti  [								
	equired to be ity of perchlons ons	installed [_ proethylene (	y perc)	purchased in				
(Indicate with an "X". Selection Existing small area south	t one classifi	cation only.)		nitions found		3) of	Part II?	

DEP Form No. 62-213.900(2)

What control technology is required on machines pursuant to section (5 (Indicate with an "X".)	of Part II of this notification form?
Existing large area source  Carbon adsorber  Refrigerated conden	ser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligit to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat inpu boiler HP or less), and (2) are fired exclusively by natural gas except for p during which propane or fuel oil containing no more than one percent sulj	eriods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping In	nformation
Equipment Monitoring and Recordkeeping In Check all logs which are required to be kept on-site in accordance with the	
Check all logs which are required to be kept on-site in accordance with the	requirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the  (a) Purchase receipts and solvent purchases	requirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair	requirements of this general permit:
Check all logs which are required to be kept on-site in accordance with the  (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	requirements of this general permit:

DEP Form No. 62-213.900(2)

#### Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
ĽΣ	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 facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
A Company of the Comp	8/31/96.					
Signature	Date					

DEP Form No. 62-213.900(2)





### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

Multare, Inc. Adams Cleaners 701 Virginia Drive Orlando, Florida 32801

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez
Administrator

Mobile Source Control Section Bureau of Air Monitoring and Mobile Sources

HE\sb

Enclosure

,	. P	265	302	511		
US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)						
701 \	ARE INC ER A DAV VIRGINIA ANDO FL	VOOD DR	ID#: 095	50340		
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	Special Deli	very Fee				
iα	Restricted D	elivery Fee				
199	Return Reco					
, April	Return Receip Date, & Addre					
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PS Form <b>3800</b> , April 1995	Postmark of	Date				

		Consult postmaster for fee.	Receipt Service
3. Article Addressed to:  AIRS ID#: 0950340  MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801	☐ Registere ☐ Express I ☐ Return Rec	Type ed □ Certified Mail □ Insured ceipt for Merchandise □ COD	for using Return
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811: December 1994		paid)	Thank you
	AIRS ID#: 0950340  MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801  5. Received By: (Print Name)	AIRS ID#: 0950340  MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801  5. Received By: (Print Name)  8. Addressee and fee is	AIRS ID#: 0950340  MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801  5. Received By: (Print Name)  8. Addressee's Address (Only if requested and fee is paid)

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SKER AT TOP OF ENVELOPE	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>10 AIRS ID # 0950340001AG ANVER A DAWOOD</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery & [7 0]  C. Signature  X Fouria
ADAMS CLEANERS 701 VIRGINIA DR ORLANDO FL 32801	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	
7000520003019372	