

## 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. 0950341

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

April 20, 1997

Multare, Inc.
Parisian 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

12/10/97 ACC

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION DE COMPL	AIN 17DISCOVERY U
AIRS ID#: 0950 341 DATE: 11/17/97 TIME IN: 113	
FACILITY NAME: Parisian Cleaners	
FACILITY LOCATION: 701 VIVGING DV	
Orlando Fl	
RESPONSIBLE OFFICIAL: Anuel Da wood PHONE	: 407 894 - ZL55
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	
·	
PART II: CLASSIFICATION	
(check appropriate box)	otification form store/out of business/petroleum
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   both types, x < 140 gal/yr   (constructed on or after 13	al/yr /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, $140 \le x \le 1,800$ 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 1)	≤ 2,100 gal/yr ,800 gal/yr 00 gal/yr
5. This is a correct facility classification	not determine
If no, please check the appropriate classification:	
B. The total quantity of perchloroethylene (perc) purchased within the preced facility was 100 gallons.	ing 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	·				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A				
2. Examining the containers for leakage?	DY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	QA ON				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מא טט טאיש				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	חא שו אוע				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification I has been checked, no controls are required. Proceed to Part V.					
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser				
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993					
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	DY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QA ON ONY				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	QA ON ON'Y				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	MY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	GY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	or on				

В.	Has the responsible official of an existing large or new large area source also:			4.5
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?	ŪΥ	ĽIN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	UИ	
	Is the temperature differential equal to or greater than 20° F?	ÜΥ.	ПN	טאע
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?	UY	UN	Un/A
	Is the perc concentration equal to or less than 100 ppm?	ШY	UN	□N/∧
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?	CIV	מנ	LIN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	\\\\
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŪΥ	ΠN	\/\\\

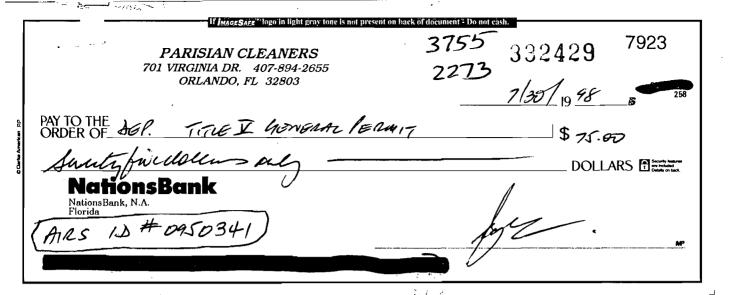
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	מא מא אם
2. Maintained rolling monthly averages of perc consumption?	אט אט
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANU UN INNA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאום אום אמ
4. Maintained calibration data? (for applicable direct reading instruments)	ON ON BANY
5. Maintained exhaust duct monitoring data on perc concentrations?	מאים אם אוי
6. Maintained startup/shutdown/malfunction plan?	פלי טא
7. Maintained deviation reports?	אאָש אח אויי
Problem corrected?	כון כוא שאיא
8. Maintained compliance plan, if applicable?	מז מא פאיז

ι, Υ	RT VI: LEAK DETECTION AND REP	AIRS					
l.	Does the responsible official conduct a wee	kly (for s	mall sources, b	i-weckly) leak detection an	d repair		
	inspection?	•			OY	ПИ	
2.	Has the facility maintained a leak log?				ΩÝ	ПИ	
3.	Does the responsible official check the following	owing are	eas for leaks?	· ·		:	
	Hose connections, fittings, couplings, and valves	NO AE	□N/A	Muck cookers		A/N□ NC	
	2 22 82	NO YC		Stills	,	A\M D N/A	
	5	NO YE		Exhaust dampers		A\N□ NC	
	Pumps	JY ON	□N/A	Diverter valves	۵X⊢۵	A'NO NC	
	Solvent tanks and containers	Эү ОИ	□N/A	Cartridge filter housings	DX (	A\N□ NC	
	Water separators	ND AE	□N/A				
4.	Which method of detection is used by the	rcsponsib	ole official?			•	
	Visual examination (condensed solv	ent on ex	terior surfaces)		O/		
	Physical detection (airflow felt through	igh gaske	ets)				
	Odor (noticeable perc odor)					•	
	Use of direct-reading instrumentation	on (FID/P	ID/calorimetri	c tubes)			
	Halogen leak detector						
	If using direct-reading instrun	nentation	, is the equipr	nënt:	ZN/A	Ą	
	a. Capable of detecting per	rc vapor c	concentrations	in a range of 0-500 ppm?	$\Box Y$	ПИ	
	b. Calibrated against a star (PID/FID only)?	ndard gas	s prior to and a	fter each use	ΩY	ПИ	
<u> </u>	c. Inspected for leaks and	obvions s	igns of wear or	ı a weekly basis?	ΩY	ПИ	
	d. Kept in a clean and seco	ure area v	vhen not in use	?	ΩΥ	ΠN	
	e. Verified for accuracy by	use of di	uplicate sample	es (calorimetric only)?	Пλ	ПИ	
,,,,,,		1 p. 10 1 p. 10 p.	igning a state of months a marketic legisle	PACTRANTALES FY A AREA FOR ALL PROPERTY AND ALL PROPERTY	-		
-	Inspector's Name (Please Print)	! (/)		Date of Insp	cction		
	AddItatet			11/12/	G X		
	Inspector's Signature			Approximate Date of	Next In	aspection	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION D		
TIME IN: 11:30  TYPE OF FACILITY:	Dry Cleaner	AIRS ID#:			
FACILITY NAME: Po	701 Virgin	a Dv	_DATE: 11 17 97		
RESPONSIBLE OFFICIAL:	Ovlando Fl Anner Dawood	32.803 PHONE NUMBER:	594-2655		
	the compliance requirements eva tule 62-213.300, Florida Admin	aluated during this inspection, the faci	ility is found to be in		
Based on the results of to		aluated during this inspection, the foll	owing compliance		
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED		
	•				
	`.				
COMMENTS:	1	- 1			
	Facility in	compliance	•		
The Annual Compliance Certific	• •	ertified and submitted to the inspector	. YES NO		
INSPECTION CONDUCTED BY:  (Approximate)  (Please Print)  INSPECTOR'S SIGNATURE:  (Please Print)  PHONE NUMBER: 836-9524					

Revised 10/96



MAIL ROOM

RECEIVED

OVEL D. - BURGAU OF NIT MONITORING SOUTCES

#0950341

BEST AVAILABLE COPY

		Parisian Cleaners	DEC TO
	Facil	P.14 1.10) mark out "X" and initial 3. should be new small area	Cont
	M	Source,	39
	Site 1	P.15 4 should be new small area	-'- 37803
	PA	Source W/ refrig. con.	
•	Haza		and the second s
_	Facil		
	Stre City:		803
6. 800 3		•	
	Faci		$-4/^{-6}$
	-		
	Nam		
	#	· ·	
	Resi Org		
	Stre_ City		- 32803
3.	Res Tele		_
		· · ·	
	Ru	e and Title of Facility Contact (For example, plant manager):  DOLOH LYNOCH - MANAGER	
0.	Facil	ity Contact Address: 701 VIRGINIA OR ORUGNOOFL 32	503
	Stree	et Address: 701 VINGINIA DR County: ONANGE Zip Code: 3	32803
1	Faci	lity Contact Telephone Number:  phone: (407) 894 - 2655  Fax: (407) 894 - 8586	

## RECEIVED

SEP 5 סצעו

## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MUTARE INC 9502039
2.	Site Name (For example, plant name or number):
	PARISIAN CHEANERS 701 VIRGINIA DR ORLANDO FL 32803
3.	Hazardous Waste Generator Identification Number:
	FLD 032620668
4.	Facility Location:
	Street Address: 701 VIRGINA SR
	City: ONANDO County: ONANGE FL Zip Code: 32803
- <b>5</b> %	Facility Identification Number (DEP Use):
	0950341
hower will	
	Responsible Official

6.	Name and Title of Responsible Official:  ANNER A. DANOO, - INET DENT
7.	Responsible Official Mailing Address:  Organization/Firm: MUTARE INC SIBIA PAUSIAN CUERNOS  Street Address: 701 VINGINIA SE  City: OMAND County: ONANGC FL Zip Code: 32803
8.	Responsible Official Telephone Number: Telephone: (407) 894 - 2611 Fax: (407) 894 - 8188

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

9. Name and Title of Facility Contact (For example, plant RNDOLPH KYNOCH - MANAGER	
10. Facility Contact Address: 701 VINGINIA &  Street Address: 701 VINGINIA &  City: ONIANDO FZ County: 01	
11. Facility Contact Telephone Number: Telephone: (407) 894 - 2655	Fax: (407) 894 - 8588

## RECEIVED

SEP 5 אילו

#### **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	0	OULUMBIA	MODEZ	./2	31 TAND	ĒM			
(1) w/ ref. condenser	#1	JULY 92			JULY92			1	
(2) w/ carbon adsorber		, ,	1/						
(3) w/ no controls									
Washer Unit					•			•	
(4) w/ ref. condenser			]						
(5) w/ carbon adsorber									
(6) w/ no controls						<u> </u>			
Dryer Unit					1.			•	1 :.
(7) w/ ref. condenser			I						
(8) w/ carbon adsorber									
(9) w/ no controls	$\vdash$								
Reclaimer Unit	Te. 5		.*		i traa y t	1	1.	1	
(10) w/ ref. condenser								1	
(11) w/carbon adsorber	<del></del>								
(12) w/ no controls		-							
(b) Control devices are (c) .No.control devices  2.(a) What was the total of the control of the	quant   gallo	equired to be ity of perchlo ons ow many? [_	installedoroethylene (	perc)	) purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar Existing large ar	Selec	urce [	ration only.)	ew sn	initions found nall area sour	ce 🔀	3) of	Part II?	
LAISHING INIGE OF	-a 30	ui-CC [	110	vv 1d.	i fic ai ca soul	I	1		

DEP Form No. 62-213.900(2)

<ol> <li>What control technology is required on machines pursuant to section ( (Indicate with an "X".)</li> </ol>	5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated conde	enser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units shall not be elig 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 inp boiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent st	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
	•
Equipment Monitoring and Recordkeeping	Information
Check all logs which are required to be kept on-site in accordance with t	he requirements of this general permit:
(a) Purchase receipts and solvent purchases	X
(b) Leak detection inspection and repair	[ X ]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

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

lease indica	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)
ĽΫ́	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	Simply notify the Department of any changes to the information contained in this notification. $\frac{8/31/94}{4}$
Signature	Date 5/16/97

#### Perchloroethylene Dry Cleaning Facility Notification

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

1.	Facility Owner/Company Name (Name of corporation, agency, or ind	ividual owner):
	MUTARE INC	9502039
2.	Site Name (For example, plant name or number):	
	PARISIAN CHEANERS 701 VIRGINIA DR	ORLANDO FL 32803
3.	Hazardous Waste Generator Identification Number:	,
	FLD 032620668	
4.	Facility Location: Street Address: 701 VIRGINST 3R	
	City: ORIANDO County: ORIANGE F	∠ Zip Code: 32803
5.	Facility Identification Number (DEP Use):	
		0950341
	D	

#### Responsible Official

6.	Name and Title of Responsible Official:  ANVEN A. DANCOD - INES IDENT	
7.	Responsible Official Mailing Address:  Organization/Firm: MUTARE INC SIBIA PANSIAN CUERNOUS  Street Address: 701 VINGINIA SE  City: ONLAND County: ONANGC FL Zip Code: 32803	
8.	Responsible Official Telephone Number:  Felephone: (407) 894 - 8188.  Fax: (407) 894 - 8188.	

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

9. Name and Title of Facility Contact (For example,  NODELPH LYNOCH - MANAGE	
10. Facility Contact Address: 701 VINGINIA  Street Address: 701 VINGINIA DA	OR ORIGINOU FL 32803
City: ONIANDO FZ County:	ORANGE Zip Code: 32803
11. Facility Contact Telephone Number: Telephone: (407) 894 - 2655	Fax: (407) 894 - 8588

## RECEIVED

SEP 5 1990

# #0950341

P.14	Parisian Cleaners  1.(c) mark out "X" and initial 3. should be new small area Source 4. Should be new small area Source W/ refrig. con.
	war with the contraction
	` · · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
1	
,	
3	

. !

...

#### **Facility Information**

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

		Date Machine	Date Control		Date Machine Initially	Date Control		Date Machine	Date Control
Type of Machine	ID	Initially Purchased	Device Installed	ID	Purchased	Device Installed	ID	Initially Purchased	Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91		l.	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	6	OVLUMBIA	MODEZ	12	31 TAND	EM	7		
(1) w/ ref. condenser	#1	JULY 92							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		fini ya Watena	Late of the second seco				100		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	-126			ration of	Carlos Sept.	in the factor of the control of the	71. J.	arti i tre	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	F 1 - 12 T 1	tojakat jai		e Village			. H D 1	Company Constitution	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are	are r	equired to be	installed [_	*					
2.(a) What was the total of [ /00 ]			oroethylene (	perc)	purchased in	1 the latest 12	? mor	iths?	
(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	w sn	nall area sour	ce [	]		
Existing large ar	ea soi	urce []	Ne	w lai	ge area sour	ce [	]		

DEP Form No. 62-213.900(2)

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

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

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

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
[ <u>}</u> ]	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notifi statement maintain	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 th is 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.						
this notifi statement maintain comply w	cation. I hereby certify, based on information and belief formed after reasonable inquiry, that th 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						

	Z 333 L US Postal Service <b>Receipt for Cer</b> l	F		٠
PAR ANV 701	AIRS ID# 0 ISIAN CLEANERS VER A DAWOOD VIRGINIA DR ANDO FL 32801	95034	1	[
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
ا ا	Restricted Delivery Fee			
1999	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

4a. Article N	Consult postmaster for fee.	
4b. Service	• • • • • • • • • • • • • • • • • • • •	3 fied
☐ Return Red	eceipt for Merchandise	) —— ,
and fee is	s paid)	od i
	☐ Express ☐ Return Re 7. Date of D  8. Addresse and fee is	□ Express Mail □ Insur □ Return Receipt for Merchandise □ COD  7. Date of Delivery - 25-9  8. Addressee's Address (Only if requeste and fee is paid)





## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

#### LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- ( ) 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- ( ) 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- ( ) 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)	Signature

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPL	AINT/DISCOVERY		RE-INSPECTION
TIME IN: 0930 TIME OUT:		AIRS I	D#: <b>ወ</b> ዓ.	50341
TYPE OF FACILITY: Dry Cleaner				
FACILITY NAME: Pavisian Cleaner			DA	TE: 5/16/97
FACILITY LOCATION: 701 VIV8INIA Orlando Fl	Wr .			
RESPONSIBLE OFFICIAL: Annu Duood		PHONE N	umber: 8	94-2655
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	ninistrative	e Code (F.A.C.).		
Based on the results of the compliance requirements discrepancies were noted:	evaluated	during this inspectio	n, the following	compliance
COMPLIANCE REQUIREMENT/PROBLE	M	FOLLOW-U	P ACTION	REQUIRED
No Perc Receipts on site		51%	month	reinspection
NO Rolling Perc Consumption	0 n		X.C	· ·
No Leak Detection Log	Œ	1.	٠,	<b>9</b> .
No Corrective Action Shee	£ @		ŧţ	4
No Refus Conden Temp Los	<b>b</b>	) (	1,	م <sup>يمي</sup> ر م <sub>ين</sub> ۱۱
				per production of the second o
COMMENTS:				usiri di s
				To the second se
			it is a second	
The Annual Compliance Certification form has been properly	certified	and submitted to the	inspector.	YES NO
DATE OF NEXT INSPECTION: //	6/97	) 	*.	· 
INSPECTION CONDUCTED BY:	) F	letcher		or constrict
INSPECTOR'S SIGNATURE:	Please	e Print)PHONE N	umber: 8	)36-9524

## Orange County Environmental Protection Department

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: AHE	UAL. ASPECTION	COMPLAINTIDISCOVERY  LI	נו
FACILITY NAME: PGVISI	an C	197 TIME IN: 0930 TIME OUT: Leaners Inva Dr Fl	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DARM by 9			CY C
<ol> <li>New facility notified DARM 30 days</li> <li>Facility failed to notify DARM to us</li> </ol>		·	
J. Cheffity landed to hour british to his	o general per		
PART II: CLASSIFICATION			
Facility indicated on notification form (check appropriate box)	n that it is:		
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)	u	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification		MA ON	
If no, please check the appropriate cl facility qualified for facility exceeds abo	er languaga e	ernit as number resident above	
B. The total quantity of perchloroeth facility was 100 gallons.	ylene (perc)	purchased within the preceding 12 months by thi	s 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? 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 scaled containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber UY UN BINA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the WY UN UNIA 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° F7 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

3. Has the responsible official of an existing large or new large area source also:	
. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אט אש
. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	$\lambda/\lambda$ ND YD
Is the temperature differential equal to or greater than 20° F7	$\begin{array}{cccc} & & & & & & & & & & & & & \\ & & & & & $
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 מא מאוע
Is the perc concentration equal to or less than 100 ppm?	DY UN NA
1. Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	רי ואס אס ארן יי
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	טא טא סאוע
5. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONIA
PART V: RECORDKEEPING REQUIREMENTS	The second of the second secon
Has the responsible official:	37.00
Has the responsible official: (check appropriate boxes)	FIV 1461
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	OY WN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	CIY GW
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
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:	CIY 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	CIY GW
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY GM  OY GM  OY GM  OY GN  OY GN  A/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? **Gor direct reading instruments only)*	
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?	OY GM  OY GM  OY GM  OY GN  OY GN  A/A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? **Gor direct reading instruments only)*  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	
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?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for pere purchased? 2. Maintained rolling monthly averages of pere 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 pere concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	

2.	Which method of detection is used by th	c respons	ible offici	lal?		11-214-1-511211-1-100
	Visual examination (condensed so	lyent on c	exterior su	irfaces)	<b>E</b>	
	Physical detection (airflow felt thr	•	M			
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	If using direct-reading instrume	ntation, i	s the equ	ipment:		
	a. Capable of detecting p	ere vapor	concentr	rations in a range of 0-500 ppm?	DY DN	
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	tandard g	as prior to	o and after each use	ם צם	N
c. Inspected for leaks and obvious signs of wear on a weekly basis?						И
d. Kept in a clean and secure area when not in use?						И
e. Verified for accuracy by use of duplicate samples (calorimetric only)?						N
3. Has the facility maintained a leak log?						HV
4. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	cK	CJM	Muck cookers	ΘÝ	ШN
	Door gaskets and scating	N	ПN	Stills	Ŋ	ΩИ
	Filter gaskets and scating	CI Y	ПN	Exhaust dampers	KIY	ПN
	Pumps	ØΥ	ПИ	Diverter valves	ŊX	ПΝ
	Solvent tanks and containers	ďΥ	ПN	Cartridge filter housings	; KY	ПN
	Water separators	ØY	UИ			

Name of Responsible Official	:
Name of Responsible Official	1
Todd Fletcher	5/16/97
Inspector's Name (Please Print)	Date of Inspection
Godd Dutch	11/16/97
Inspector's Signature	Approximate Date of Next Inspection

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ANNUAL COMPLAIN

COMPLAIN

TYPE OF INSPECTION:
---------------------

COMPLAINT/DISCOVERY

AIRS ID#: 0950341 DATE: 11/17/97 TIME IN: 11:30 TIME OUT: 12:00					
FACILITY NAME: Pavisian Cleaners					
FACILITY LOCATION: 701 VIVGILIE DV					
Orlando Fl					
RESPONSIBLE OFFICIAL: Annex Da wood PHONE: 407 894 - 26-55					
CONTACT NAME: PHONE:					
P					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days prior to startup					
(check appropriate box)  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit					
	ريــــــ				
PART II: CLASSIFICATION	_]				
Facility indicated on notification form that it is:	=				
(check appropriate box)   □ Drop store/out of business/petroleum					
Λ.					
1. Existing small area source   2. New small area source   de to de only y < 140 cellus					
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	1				
both types, $x < 140$ gal/yr both types, $x < 140$ gal/yr	Į				
(constructed before 12/9/91) (constructed on or after 12/9/91)					
3. Existing large area source   4. New large area source					
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$					
transfer only, $200 \le x \le 1,800$ 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 DY ON OCan not determine					
If no, please check the appropriate classification:					
facility qualified for a general permit as number above					
facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning					
facility was 100 gallons.					
·					

J 11/30/98 AL

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL.  RE-INSPECT	COMPLAINT/DISCOVERY
AIRS ID#: 0950341 DATE: 11/24 FACILITY NAME: Parisian Cle	198 TIME IN: 1000 TIME OUT: 1030
FACILITY LOCATION: 701 Virg	
U	Dawood PHONE: 407-894-2655
	PHONE:
PART I: NOTIFICATION (check appropriate box)	RECEIVED
New facility notified DARM 30 days prior to     Facility failed to notify DARM to use general	permit
	Bureau of Air Monitoring  & Mohile Sources
PART II: CLASSIFICATION	
Facility indicated on notification form that it (check appropriate box)  A.	is:   No notification form  Drop store/out of business/petroleum
Facility indicated on notification form that it (check appropriate box)	
Facility indicated on notification form that it (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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate cla facility qualified for	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? UN UN/A 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at MY UN UNIA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY CIN WIN/ 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 elected, 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? DN DN/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/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the UN UN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after EXY LIN verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	26.70. 42 21 7	36ini.e.	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	IJN	אאם
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠV	ПΝ	DN/A
	Is the perc concentration equal to or less than 100 ppm?			בואות בו
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	DN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΘY	אם	DN/Λ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N\Y

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?						
2. Maintained rolling monthly total of perc consumption?	EXY CIN					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	DA CIN CINVY					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	איאם אם אם					
4. Maintained calibration data? for applicable direct reading instruments)	כוא כוא נקאיע					
5. Maintained exhaust duct monitoring data on perc concentrations?	אואפו אם עם					
6. Maintained startup/shutdown/malfunction plan?	שא טא					
7. Maintained deviation reports?	עואקט אם אם					
Problem corrected?	בואש אנו צנו					
8. Maintained compliance plan, if applicable?	אואם אם אם					

P/	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?						ďУ	מט
2.	Has the facility maintained a leak log?						ØY	ПN
3.	Does the responsible official check the f	followi	ng ar	cas for leal	cs?			
	Hose connections, fittings, couplings, and valves	ĽIY	ÜN	ĽΝΛ		Muck cookers	Ľ Y	עאם אם
	Door gaskets and scating	ØΥ	ПΝ	□N/A		Stills	ΔY	ח חח חח
:	Filter gaskets and scating	ŒΥ	ПN	□N/V	i	Exhaust dampers	<b>⊠</b> Y	עאם אום
	Pumps	ह्य ∨	ПИ	□N/V		Diverter valves	ΔY	מאט מאיז
	Solvent tanks and containers	ØΥ	Ωи	□N/∧		Cartridge filter housings	ŒΥ	ON ON/A
	Water separators	ŒΥ	ПN	□N/A				
4.	Which method of detection is used by the	he resp	onsil	ole official?	,		,	
	Visual examination (condensed so	olvent	on ex	derior surfa	ices)		Ø	
	Physical detection (airflow felt the	rough	gasko	ets)				
	Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
	Halogen leak detector							
	If using direct-reading instr	unient	ation	n, is the eq	սiրու	ent:	EM/	<b>'</b> A
	a. Capable of detecting	pere va	ıpor (	concentrati	ons i	n a range of 0-500 ppm?	ΩY	ΠN
	b. Calibrated against a s (PID/FID only)?	standar	rd gas	s prior to a	nd af	ter each use	ΠY	ПN
	c. Inspected for leaks a	nd obvi	ious s	signs of we	ir on	a weekly basis?	, CIY	ПN
	d. Kept in a clean and s	secure a	arca	when not in	า แระ	<b>≀</b>	ΠY	ПΝ
	e. Verified for accuracy	by use	of d	uplicate sa	mple	s (calorimetric only)?	ΠY	ПΝ
<u></u>				<del></del>				
	Ilka Bundy / Assefa Hair Inspector's Name (Please Pr	lem	ario	am_		11/24/9		
	Inspector's Name (Please Pr	int)				Date of Insp	ection	
	Illea Bundy							
_	Inspector's Signature					Approximáte Dafe o	<b>Next</b>	Inspection

ADDITIONAL SIT	E INFORMATION:	

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1030	AIRS ID#: 09 5034
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Parisian Cleaners	DATE: 11/24/98
FACILITY LOCATION: 701 Virginia Dr	
Orlando, FL 32803	
RESPONSIBLE OFFICIAL: Anver Dawood	PHONE NUMBER: 407-894-2655
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrati	-
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
:	
	CENVED
	RECEIVED
	DEC 2 8 1998
	Bureau of Air Monitoring & Mobile Sources
	· · · · · · · · · · · · · · · · · · ·
·	
·	
COMMENTS:	
Facility in order.	
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 11/2	04 / 99 roximate)
INSPECTION CONDUCTED BY: Ilka Bund	
INSPECTOR'S SIGNATURE: Mka Bundy	PHONE NUMBER: 836- 9524
Page	of Revised 10/96

J\$ 8-13-99

# Orange County Environmental Protection Department

Annual Reporting Period: 11/17/97 19 TO 11/04/98 19  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 12 YES 100  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from 10  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  #4. Term or condition of the general permit that has not been in continuous compliance during	AIRS 1D#: 0950341	Ace	Revised 10/10/96
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  to  Notion(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  to  to  to  Notion(s) taken to achieve compliance:  Method used to demonstrate complia			ALL FI
Annual Reporting Period: 11/17/97 19 TO 11/24/98 19  Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 12 YES 100  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from 10  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from 10  Action(s) taken to achieve compliance: from 10  Action(s) taken to achieve compliance: Method used to demonstrate compliance: Method used to de	FACILITY NAME: Parisian Cleaners	رې <sup>کړې</sup> <b>برفر</b>	TE. 8/4/99 (8)
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from to  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from to  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Meth	FACILITY LOCATION: 70/ Virginia Dr.		Tres Toring
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.    YES	Annual Reporting Period: 11/17/97 19 TO	11/24/98	<u> </u>
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	-		
Exact period of non-compliance: from	If NO, complete the following:		
Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	#1. Term or condition of the general permit that has not been in continuous compli	ance during the reporting	period stated above:
Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year fir dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  ANVER DANCED  814/99	Exact period of non-compliance: from	to	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	Action(s) taken to achieve compliance:		· 
Exact period of non-compliance: from	Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·	•
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  ANNON DAWOND  814.99	#2. Term or condition of the general permit that has not been in continuous compli	ance during the reporting	period stated above:
Method used to demonstrate compliance:  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year far dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  ANVER DANORD	Exact period of non-compliance: from	to	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  ANVER DAWOOD	Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  ANVER DAWOOD  8/4/99	Method used to demonstrate compliance:		<del></del>
made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  ANVER DAWOOD  8/4/99	· · · · · · · · · · · · · · · · · · ·	-	
	made in this notification are true, accurate and complete. Further, my annual consupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year year for transfer or combination facilities.	sumption of perchloroethy	lene solvent, based
Name (Flease Fillit) / Signature Date		Signatura	
	Name (riease Print)	Signature	Date

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

Page \_\_\_\_ of \_\_\_\_.

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	· <b>E</b>	COMPLAINT/DISC	OVERY	
	RE-INSPECTION				P
				Br	
airs id#: <u>0950341</u>			N: 1030 TIM	E O T:	#00m
FACILITY NAME: Pari	isian Clean	ers	<del></del>	of Air l	2
FACILITY LOCATION: 7	01 Virginia	a Dr.		Monito	99 1
_(	Orlando, 1	FL = 3	2803	orine	
RESPONSIBLE OFFICIAL :	Anver Do	rwood	PHONE: 407-	894-2	2655
CONTACT NAME: 12-3-99 1330 - Come back	e 1430 Best	on 12-6-99	PHONE:		
PART I: NOTIFICATION		·			
(check appropriate box)					
	20 days major to start.				
1. New facility notified DARM		-			
2. Facility failed to notify DAR	um to use general perm	nit 			<u> </u>
PART II: CLASSIFICATION	N7				
			· · · · · · · · · · · · · · · · · · ·		
Facility indicated on notificat			☐ No notification fo		etroleum
			☐ No notification fo☐ Drop store/out of		etroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour	ion form that it is:	2. New small a	☐ Drop store/out of		etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gal.	ion form that it is:  ree   /yr	dry-to-dry only	☐ Drop store/out of area source , x < 140 gal/yr		etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gallyr both types, x < 140 gallyr	ion form that it is:  ree   /yr	dry-to-dry only, transfer only, x both types, x <	☐ Drop store/out of area source  , x < 140 gal/yr  < 200 gal/yr  140 gal/yr		etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sounday-to-dry only, x < 140 gally transfer only, x < 200 gal/yr	ion form that it is:  ree   /yr	dry-to-dry only, transfer only, x both types, x <	☐ Drop store/out of area source , x < 140 gal/yr < 200 gal/yr		etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sour dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)	ion form that it is:  ree   /yr	dry-to-dry only, transfer only, x both types, x < (constructed on	☐ Drop store/out of area source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 < x < 2	ion form that it is:  rce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only	Drop store/out of area source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/y}$	business/p	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is:  ree   ree   ,100 gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2	Drop store/out of area source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$	business/p	ctroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	ion form that it is:  ree	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/y}$	business/p	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is:  rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140	Drop store/out of area source $x \le 140 \text{ gal/yr}$ < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/y}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	business/p	ctroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of	ion form that it is:  ree   /yr  ree   ,100 gal/yr 00 gal/yr gal/yr	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on	Drop store/out of area source x < 140  gal/yr < 200  gal/yr 140  gal/yr or after $12/9/91$ ) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	business/p	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of the second of the seco	ion form that it is:  rce	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determin	business/p	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 < x < 2 transfer only, 200 < x < 1,80 both types, 140 < x < 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facility of the facil	ion form that it is:  ree	dry-to-dry only transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determin	business/p	etroleum
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sound dry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91)  3. Existing large area sound dry-to-dry only, 140 < x < 2 transfer only, 200 < x < 1,80 both types, 140 < x < 1,800 (constructed before 12/9/91)  5. This is a correct facility of the facility of the facil	ion form that it is:  rce	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on TY New lation: eral permit as not eliminated in the sand is not eliminated on the sand is not elimin	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $x < 140 \le x \le 2,100 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determin	business/p	

## PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (clicck appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ONA 2. Examining the containers for leakage? ON ON/A 3. Closing and securing machine doors except during loading/unloading? MY ON-4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	th'Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	⊠y,	ПN	□N/A □N/A
	Is the temperature differential equal to or greater than 20° F?	ŪΥ	ΠИ	□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	ПN	ŒN/A
	Is the perc concentration equal to or less than 100 ppin?	ОΥ	ПN	ΦN/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?	ΩY	□и	<b>D</b> N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			DAN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	אם	ØN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	/			
1. Maintained receipts for perc purchased?	MY ON			
2. Maintained rolling monthly total of perc consumption?	מם עם			
3. Maintained leak detection inspection and repair reports for the following:	/			
a. documentation of leaks repaired w/in 24 hrs? or;	ON 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)	DY DN BN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A			
6. Maintained startup/shutdown/malfunction plan?	DAY ON			
7. Maintained deviation reports?	DY DN DANA			
Problem corrected?	DY DN MN/A			
8. Maintained compliance plan, if applicable?	. DA ON BANYY			

PA	RT VI: LEAK DETECTION AND I	REPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY ON		
2.	Has the facility maintained a leak log?			DY ON		
3.	Does the responsible official check the	following areas for leaks:	?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A				
			Muck cookers	MY ON ON/A		
	Door gaskets and seating	DA ON ONIV	Stills	MY ON ON/A		
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ONIA	Cartridge filter housings	אואם אם צם		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed se	olvent on exterior surface	s)			
	Physical detection (airflow felt th	rough gaskets)		O.		
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ric tubes)			
	Halogen leak detector			<b>v</b>		
	If using direct-reading instr	umentation, is the equip	oment:	□N/A		
	a. Capable of detecting	pere vapor concentrations	s in a range of 0-500 ppin?	OY ON		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	□Ү □й		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and se	ccure area when not in us	sc?	$\Box$ Y $\Box$ N		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	DY DN		
	Ilka Bundy 12-6-99					
	Inspector's Name (Please Print)  Date of Inspection					
	Ilka Bund		12-6-20	XXX		
	Inspector's Signature		Approximate Date of	Next Inspection		

### ADDITIONAL SITE INFORMATION:

## **Orange County Environmental Protection Department**

Rua

	ののたべついし	
ATDC TD#.	0950341	
AUG ID#.	0 1303 1	

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Parisian Cleaner	<u>`</u> S		D	DATE: 12/6/99
FACILITY LOCATION: 701 Virginia	Dr ·			·
Orlando, FL	32803			
Annual Reporting Period: NOV. 24	1998 7	ro	Dec. 6	19.59
Based on each term or condition of the Title V general a	air permit, my facility bz	as remain	ed in compliance w	rith DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), duri	ng the period covered by	y this sta	tement. YES	□ио
If NO, complete the following:				
#1. Term or condition of the general permit that has no	t been in continuous cor	mpliance	during the reportin	g period stated above:
			• ,	
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has no	t been in continuous con	mpliance	during the reportin	g period stated above:
·	<u> </u>		·	
Exact period of non-compliance: from	·	to		
Action(s) taken to achieve compliance:				•
Method used to demonstrate compliance:				
		•		
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and complet upon rolling averages of purchase receipts, does not ex year for transfer or combination facilities.	te. Further, my annual	consump	tion of perchloroeth	nylene solvent, based
responsible official: ANVER A. A		M	2	12/4/95
Name (Please I	Print)	· V	Signature	Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL \( \bigcup \) COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1030 TIME OUT: 1100	AIRS ID#: 0950341
TYPE OF FACILITY:	
FACILITY NAME: Dry Cleaner Parisian C	leaners (46) DATE: 12-6-99
FACILITY LOCATION: 701 Virginia Dr.	
Orlando, FL 32803	,
RESPONSIBLE OFFICIAL: Anver Dawood	PHONE NUMBER: 407-894-2655
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate	ve Code (F.A.C.).
discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	TODBOW OF NOTION REGUINED
	· ·
	•
COMMENTS:	
Facility in compliance	
The Annual Compliance Certification form has been properly certifie	
DATE OF NEXT INSPECTION: 12-6-	
INSPECTION CONDUCTED BY: Ika B	undy
INSPECTOR'S SIGNATURE: Ma Bundy	phone number: 836 - 1400
Page	of / Revised 10/96

### **Best Available Copy**



### PERCHLOROETHYLENE DRY CLEANERS

ARMS 1-19-01 10

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	$\forall$	y			

TYPE OF INSPECTION:

facility was 195 gallons.

ANNUAL

COMPLAINT/DISCOVERY

a

**RE-INSPECTION** 

**Q** .

TIME IN: 1320, 0 \_\_ DATE: 1-19-01 AIRS 10#: 0950341 FACILITY NAME: Parisian Cleaners FACILITY LOCATION: 701 Virginia Drive Orlando, FL 32803 RESPONSIBLE OFFICIAL: Anver Dawood PHONE: 407-894-2655 CONTACT NAME: PHONE:

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
À.	
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	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
•	IN F
If no, please check the appropriate classifica	ation:
☐ facility qualified for a gen	neral permit as number above
	rits and is not eligible for a general permit  rchased within the preceding 12 months by this dry cleaning.

ORANGE C

2 2 2001

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	ENY ON ON/A
2. Examining the containers for leakage?	DY, ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ery on
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON WN/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ENIA
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	1
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	
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 in prior to September 22, 1993	· - u
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 source (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	מא סא
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON

B	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	LY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	ZY ON ON/A
.3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON MANA
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY ON EM/A
	of expansion, and downstream non-no one; met?	di di diva
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON DINA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON ØN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official:				
(check appropriate boxes)				
1. Maintained receipts for perc purchased?	MY ON			
2. Maintained rolling monthly total of perc consumption?	מא סא			
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			
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	MY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN BINA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A			
6. Maintained startup/shutdown/malfunction plan?	CAY ON			
7. Maintained deviation reports?	DY ON MANA			
Problem corrected?	אוש אם אם			
8. Maintained compliance plan, if applicable?	DY ON ON/A			

1,	ART VI: LEAR DETECTION AND R	ET VIKO					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DY ON			
2.	Has the facility maintained a leak log?			DY ON			
3.	Does the responsible official check the fe	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	CAY ON ON/A			
	Water separators	TY ON ON/A					
4.	Which method of detection is used by the	e responsible official?					
	Visual examination (condensed sol	vent on exterior surfaces)	•				
	Physical detection (airflow felt thro	ough gaskets)					
	<b>2</b>						
	If using direct-reading instru	CENT/A					
	a. Capable of detecting pe	DY ON					
	ם עם מי						
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	OY ON			
	d. Kept in a clean and sec	are area when not in use?		OY ON			
	e. Verified for accuracy b	y use of duplicate sample	s (calorimetric only)?	רם אם צם			
	·						
	Ilka Bundy		1-19-01				
_	Inspector's Name (Please Print)	)	Date of Inspection	·			
	111 0 6						
			12 - 19 - 01 Approximate Date of 1	Next Inspection			
	Dispositor 3 Digitaliary		ripproximate Date of				

#### ADDITIONAL SITE INFORMATION:

## BEST AVAILABLE COPY

IRS ID#: 0950341

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT

$\overline{\gamma}$			191,
ACILITY NAME: Parisian Cleaner		··	DATE: 19/19/01
ACILITY LOCATION: 701 Virginia	Drive		
ACILITY LOCATION: 701 Virginia Orlando, FL	32803		· · · · · · · · · · · · · · · · · · ·
nnual Reporting Period: December	20 1999 TO	Decembe	er 2000
	An Str		•
ased on each term or condition of the Title V general	air permit, my facility has rem	ained in compliance	with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), dur	ring the period covered by this	statement. AYE	s 🔲 NO
NO, complete the following:			
. Term or condition of the general permit that has no	ot been in continuous compliar	ice during the reporti	ng period stated above:
·	<del></del>		
xact period of non-compliance: from		to	
ction(s) taken to achieve compliance:		<u> </u>	<del></del>
ethod used to demonstrate compliance:	·		
	•		
. Term or condition of the general permit that has no	ot been in continuous compliar	nce during the reporti	ng period stated above:
sact period of non-compliance: from		to	
etion(s) taken to achieve compliance:		<u> </u>	
ethod used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
	·		
this notification are true, accurate and complete. Fi archase receipts, does not exceed 2,100 gallons per yo	urther, my annual consumption	of perchloroethylen	e solven <b>j</b> , based upon
s the responsible official, I hereby certify, based on in this notification are true, accurate and complete. Funchase receipts, does not exceed 2,100 gallons per you submination facilities.  ESPONSIBLE OFFICIAL: ANVEL JAWOO	urther, my annual consumption cear for dry-to dry facilities/or	of perchloroethylen	e solven <b>j</b> , based upon

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

me a windownstation

TYPE OF INSPECTION: ANNUAL V COMPL	AINT/DISCOVERY RE-INSPECTION
TIME IN: 1320 TIME OUT: 1345	AIRS ID#: 0950341
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Parisian Cleaners	DATE: 1-19-0/
FACILITY LOCATION: 701 Virginia Drive	
Orlando, FL 32803	
RESPONSIBLE OFFICIAL: Anver Dawood	PHONE NUMBER: 407-894-2655
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrativ	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
facility in compliance,	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12-19-0	O / oximate)
INSPECTION CONDUCTED BY: Ilka Bun	ody
INSPECTOR'S SIGNATURE: Alla Bund	se Print)PHONE NUMBER:
Page / c	of Revised 10/96



407058 MAR 92001

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0950341

PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801 MAR 1 2 2001
Sureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0356113

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR

ORLANDO FL 32801

AIRS ID# 0950341

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0394090

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

**TOTAL AMOUNT DUE: \$75.00** 

6

Do NOT Remove Label

AIRS ID # 0950341

PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801

FOR GOVERNMENT USE ONLY Org.: 37550101000 EOBB

Fund: 20-2-035001 Obj.: 002273

50:

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414832 MAR 42002

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

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



Do NOT Remove Label

AIRS ID # 0950341
PARISIAN CLEANERS
ANVER A DAWOOD
701 VIRGINIA DR
ORLANDO FL
32801

FOR GOVERNMENT USE ONLY

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

X

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

**TOTAL AMOUNT DUE: \$50.00** 

A25628 Max 22 24式

Yar Monitorii Mar Sources

Do NOT Remove Label

AIRS ID#0950341

PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

## Z 333 613 712 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID# 0950341 MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, \$ TOTAL Postage & Fees Postmark or Date S

on the reverse sid	<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.</li> </ul>	following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		
ADDRESS completed	3. Article Addressed to:  AIRS ID# 0950341  MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801	4b. Service ☐ ☐ Registere ☐ Express I	Type ad Mail Spipt for Merchandise	Contified Insured Is COD Insured I
ls your <u>RETURN</u>	5. Received By: (Print Name)  6. Signature (Addressee or Agent)	arld/fee is	,	T.
	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Retu	irn Heceipt

SENDER:

First-Class Mail Postage & Fees Paid USPS Permit No. G-10 UNITED STATES POSTAL SERVICE Print your name, address, and ZIP Code in this box

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

	U.S. Postal Service CERTIFIED M (Domestic Mail C		ce Cover	age Provided)
1258				
9373	Postage Certified Fee	\$		
0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			Postmark Here
7000 0520 0	PARISIAN CLI Re ANVER A DAV 701 VIRGINIA Sti ORLANDO FL CL 32801	WOOD	1 )341	maller)
	PS Form 3800, Febru	ary 2000	See Reve	rse for Instructions

CHILE SULFIDE EITE DE	
NOITDES SIHE LE LHIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address eifferent from item 1?
1. Article Addressed to:  AIRS ID # 0950341 PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR	If YES, enter delivery address below:
ORLANDO FL 32801	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service Jabel) 70005 200020937.	31258
PS Form <b>3811</b> , July 1999 Dome	stic Return Receipt 102595-99-M-1789

United States Postal Service



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

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

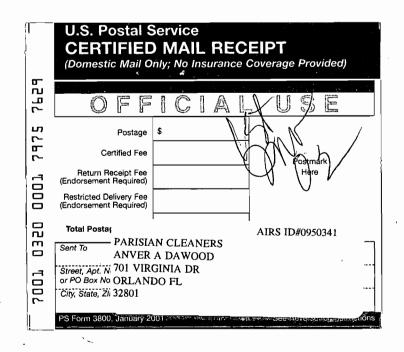
DAPM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION M/ IL STATION 0510 2602 BLAIR STOLE ROAD

TALIAHASSEE, FLORIDA 32399-2400

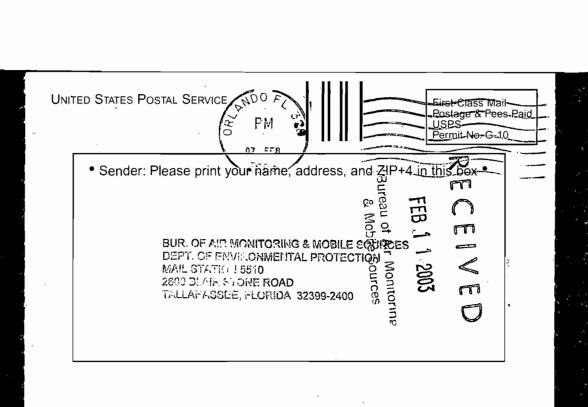
5		MAIL REC	EIPT Coverage Provided)	•
1.65	OFF	ICIAL	USE	
76	Postage	\$		
2-	Certified Fee		Postmark	
170	Return Receipt Fee (Endorsement Required)		Here	
0.0	Restricted Delivery Fee (Endorsement Required)			
딦	Total Post	AIRS 1D#	0950341	
035	Sent To	AN CLEANERS A DAWOOD		7
	Street, Apt. 701 VIRO	GINIA DR	,	
700	City, State, 32801	OO PL		
	PS Form 3800, January-20	n na an	See Reverse for Instruction	าร

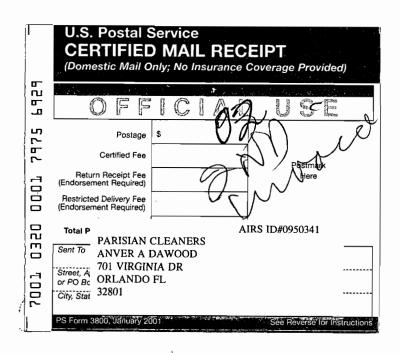
The state of the s		
SENDER: COMPLETION SENDER: COMPL	OF THE RETURN ADDRESS OF THE ALTOR ON ADDRESS OF THE A	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of De  C. Signature  Agen  Addr	nt I
1. Article Addressed to:  AIRS ID # 0950341 PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
ORLANDO FL 32801	3. Service Type	
	⊠ Certified Mail	ındise
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
7001; 0320; 0001; 7976; 1455		
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M	I-1789
•		

United States Postal Service First-Class Mail Postage & Fees Paid USPS Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box • DARM/MOBILE SOURCE CONTROL PROGRAMD
DEPT. OF ENVIRONMENTAL PROTECTION A
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 յունուն անականի անկանի անում հայանի անկանի անկա



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#0950341 PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR	
ORLANDO FL 32801	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0001,,7975 7629
PS Form 3811, August 2001 Domestic Reti	urn Receipt 102595-02-M-1035





PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	A. Received by (Please Print Clearly)  ANNO SHUMP  C. Signature		
Attach this card to the back of the mailpiece, or on the front if space permits.	X Addressee		
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No		
AIRS ID#0950341 PARISIAN CLEANERS ANVER A DAWOOD			
701 VIRGINIA DR ORLANDO FL	3 Service Type		
32801	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
7001 10320 0001117975 69281 1	<u> </u>		
PS Form 3811, July 1999 Domestic Retu	urn Receipt . 102595-99-M-1789		

UNITED STATES POSTAL SERVICE 100

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

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

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING & MOBILE SOURCES PERMIT NO. G-10

EUR. OF ARR MOUSTORING PERMIT NO. G-10

EUR. OF ARR M

•	° b 562 305 556					
	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.					
A 7	AIRS ID#: 0950341  MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801					
	Certified Fee					
	Special Delivery Fee					
·	Restricted Delivery For					
1995	Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addressee's Address  TOTAL Postage & Fees  Postmark or Date					
April	Return Receipt Showing to Whom, Date, & Addressee's Address					
800	TOTAL Postage & Fees \$					
<b>6</b>	Postmark or Date					
P.S.						

completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:	1. Addressee's A  2. Restricted Deli Consult postmaster for  4a. Article Number  4b. Service Type		s (for an ee's Address d Delivery ter for fee.	eturn Receipt Service.
N ADDRESS CO	MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801	7. Date of De	Mail ceipt for Merchandise	☐ Insured .	you for using R
Is your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee of Agent)  X  1  1  1  1  1  1  1  1  1  1  1  1	8. Addressee and fee is	, ,	<u> </u>	Thank you
<u> </u>	PS Form <b>381-1</b> , December 1994		Domestic Retu	ırn Receipt	1

Z 333 PJ3 OSJ US Postal Service
Receipt for Certified Mail AIRS ID 0950341 MUTARE INC ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees Postmark or Date

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write *Return Receipt Requested** on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	Consult postmaster for fee.	ceipt service.
completed	3. Article Addressed to:  AIRS 1D 0950341	4a. Article N	umber	운
를	MUTARE INC	4b. Service	Туре	Heturn
	ANVER A DAWOOD 701 VIRGINIA DR	☐ Registere		
DDRESS	ORLANDO FL 32801	☐ Express i	Mail 🗇 Insured -	nsıng
,胃		☐ Return Red		
RN AD	·	7. Date of De	3/17/98	you ror
∕ ≂ι	5. Received By: (Print Name)		e's Address (Only if requested	nank
RETI		and fee is	paio)	Ξ
s your	6. Signature: (Addressee (Ir(Agent)			
<u> </u>	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Return Receipt	

	Z 333 & US Postal Sérvice '			Mo	Ø
P	Receipt for Cer No Insurance Coverage Do not use for Internation ARISIAN CLEANERS	Provid Pal Ma A	ed. il /Soo ra	l I	41
A 7	NVER A DAWOOD 01 VIRGINIA DR 0RLANDO FL 32801				
	Certified Fee				
. 20	Special Delivery Fee Restricted Delivery Fee				
, April 199	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address				
PS Form <b>3800</b> , April 1995	TOTAL Postage & Fees Postmark or Date	\$			
S					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete, item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID # 0950341</li> </ul> </li> <li>PARISIAN CLEANERS         <ul> <li>ANVER A DAWOOD</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X
701 VIRGINIA DR ORLANDO FL 32801	3. Service Type  Certified Mail
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

Z 094 212 758 US Postal Service Receipt for Certified Mail AIRS ID # 0950341 PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom & Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, TOTAL Postage & Fees \$ Postmark or Date PS

<u> </u>	Ol-adolavna lo dol 1	at line ove	Fold	<u>i</u>
se side?	SENDER: ■Complete items 1 and/or 2 for additional services. ■Complete items 3, 4a, and 4b; ☆ ■Print your name and address on the reverse of this form so that we can return this card to you.		I also wish to receive the following services (for an extra fee):	di
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	
the l	<ul> <li>Write "Return Receipt Requested" on the mailpiece below the articl</li> <li>The Return Receipt will show to whom the article was delivered an</li> </ul>		2. Restricted Delivery	Service
	delivered.	0 1110 <u>9</u> 0110	Consult postmaster for fee.	<u>e</u> i
RN ADDRESS completed on	3. Article Addressed to:  AIRS ID # 0950341  PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801  5. Received By: (Print Name)	4b. Service  Registere  Express  Retum Retum Ret	Type  ad	Thank you for using Return Receipt
s your RETUR	6. Signature #Apdressee on Agent)	and fee is		Than
	PS Form <b>381-1</b> , December 1994		Domestic Return Receipt	-

	Z 570 PE	P3 100
	US Postal Service Receipt for Cer No Insurance Coverage	tified Mail Provided.
701	RISIAN CLEANERS VER A DAWOOD VIRGINIA DR LANDO FL 32801	AIRS ID # 0950341 $3 \frac{1}{2000}$
	Postage	Ψ
	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
April A	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	
Į.		

SENDER: COMPLETE of agolavna fo got	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  ANUCA PANAGO  C. Signature  X
Article Addressed to:	D. Is defivery address different from item 1?
AIRS ID # 0950341 PARISIAN CLEANERS ANVER A DAWOOD	
701 VIRGINIA DR ORLANDO FL 32801	3. Service Type Certified Mail Registered Insured Mail C.O.D.
2210663100	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

EDOh	U.S. Postal CERTIFIED (Domestic Mail of	MAIL REC	Coverage Provided)
4127	Postage Certified Fee	\$	
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0600	PARISIAN CI Street, ORLANDO FI City, St	LEANERS AWOOD A DR L 32801	ID # 0950341

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 0950341  PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801	3. Service Type Certified Mail
	□ Insured Mail □ C.O.D.  4. Restricted Delivery? (Extra Fee) □ Yes
2. Article Number (Copy from service label) 7000 0600 0026	4274003
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789

0877	U.S. Postal CERTIFIE (Domestic Marko	ervice MAIL RECEI nly, No Insurance Co	PT verage Provide	ed)
47.26	Postage	\$		<del></del> <del>-</del> -
7	Certified Fee		Postmark	
9200	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)			ĺ
	Total Postage & Fees			
10	Recipie PARISIAN	AIRS CLEANERS	ID # 0950341	
	Street, ANVER A D	AWOOD		
7000	701 VIRGIN City, Sta ORLANDO			
	PS Form			tructions

F 141			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly).  B. Date of Oelivery 3/5/0  C. Signature  X		
PARISIAN CLEANERS ANVER A DAWOOD 701 VIRGINIA DR ORLANDO FL 32801	3. Service Type		
	☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 7000 0600 0026 4126 0877			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M			

<b>\$</b>	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	e Goverage Provid	lec y
문		a <sup>h</sup>		
79.				$\mathbb{Z}$
п	Postage	\$		7
937	Certified Fee	,		9
	Return Receipt Fee (Endorsement Required)		Postmark Here	S.
000	Restricted Delivery Fee (Endorsement Required)			B
7000 0520	10 AI ANVER A DAWG PARISIAN CLEA 701 VIRGINIA D ORLANDO FL 32	NERS R	)1AG	de sa
	PS Form 3800, Februa	ary 2000	See Reverse for Instru	ictions

.

ICKER AT TOP OF ENVELOPE SIGHT OF RETURN ADDRESS. OLD AL DOTTED LINE	TO THE F
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C: Signature  X
1. Article Addressed to:  10 AIRS ID # 0950341001AG  ANVER A DAWOOD	ES, enter delivery address below:   No
PARISIAN CLEANERS 701 VIRGINIA DR ORLANDO FL 3280	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0520 0020 9372 29	7.30
PS Form 3811, July 1999 Domestic Ret	· · · · · · · · · · · · · · · · · · ·