

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 18, 1997

Mr. Ranjan Nayee Azalem Cleaners 5711 Dahlia Drive Orlando, Florida 32807

Re: Facility No. 0951156

Dear Mr. Nayee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 2, 1997.

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: Ms. Marie Driscole, Orange County

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

Printed on recycled paper.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL. RE-INSPECTION	COMPLAINT/DISCOVERY CI
AIRS ID#: 095/156 DATE: 9/7/90 FACILITY NAME: AZALEA C	8 TIME IN: 1115 TIME OUT: 1200 LEANERS
FACILITY LOCATION: 57/1 DA	HILA DL.
Ollotte DO	FL 32807
RESPONSIBLE OFFICIAL: <u>LAYA //</u>	NAYCE PHONE: 407-273-3361
CONTACT NAME:	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup Not 27 2 2
2. Facility failed to notify DARM to use general per	rmit Ve Man F
	6 0
from the commence with the working of the publisher of things the second filters of this contract the set of this work is the set	
PART II: CLASSIFICATION	K A
Facility indicated on notification form that it is: (check appropriate box)	□ No notification form □ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both (ypes, x < 140 gal/yr	2. New small area source Udry-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 is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both (ypes, 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	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both (ypes, 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 classification facility qualified for a general content of the constructed facility qualified for a general constructed facility qualified facility qua	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91) TY \(\text{\t

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY CIN CIN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? CIN CIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at CY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ONA 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) CIY CIN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? CIY CIN CIN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	ЦΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	IJИ	אאם
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a garbon releaster?	Chy	CON	(TINI/A
	if machines are equipped with a carbon adsorber? Is the pere concentration equal to or less than 100 ppm?			□N/A □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?			□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ÜN	ÜΝ/Λ

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	ON CAD
2. Maintained rolling monthly total of perc consumption?	CHY CIN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אומט מט אמן
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DWA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DANIA
6. Maintained startup/shutdown/malfunction plan?	CAYCON
7. Maintained deviation reports?	DY ON UNIVA
Problem corrected?	OY ON DANIA
8. Maintained compliance plan, if applicable?	OY ON DANTA

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?						
2. Has the facility maintained a leak log?	ON ON					
3. Does the responsible official check the	following areas for leaks	7				
Hose connections, fittings,			,			
couplings, and valves	©A√ □N □N/A	Muck cookers	ON ONIV			
Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A			
Filter gaskets and scating	DY ON ON/A	Exhaust dampers	EN CIN CIN/A			
Pumps	עא נוא נוא/א	Diverter valves	באי בוא בואיא			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A			
Water separators	DY ON ON/A					
4. Which method of detection is used by	the responsible official?					
Visual examination (condensed s	solvent on exterior surfac	cs)	S			
Physical detection (airflow felt the	rough gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrument						
Halogen leak detector	0 /					
If using direct-reading inst	DANIA					
a. Capable of detecting	OY ON					
b. Calibrated against a standard gas prior to and after each use						
(PID/FID only)?						
	nd obvious signs of wear		UY UN			
1	secure area when not in					
e. Verified for accurac	y by use of duplicate sam	ples (calorimetric only)?	CIY CIN			
	,					
ASSEFA HATLEMA	LIAM	7/7/98				
Inspector's Name (Please Pr		Date of Insp	ection			
orsch Hedemand	em	44199				
Inspector's Signature Approximate			Next Inspection			

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

TYPE OF INSPECTION: ANNUAL	COM	IPLAINT/DISCOVERY	RE-INSPECTION .
TIME IN: ///5 TIME OUT	1200	AIRS ID#: 09.	T1156
TYPE OF FACILITY: DRY CLEAR			
FACILITY NAME: A ZALEA	CLEAR	VERS I	DATE: 7/7/98
FACILITY LOCATION: 5711 DALA OR CANDO	IILA	DR.	
ORIANDO	FC	32807	
RESPONSIBLE OFFICIAL: KAYAN J	VAYCE	PHONE NUMBER: 4	107-273-3361
Based on the results of the compliance require compliance with DEP Rule 62-213.300, Flor			y is found to be in
Based on the results of the compliance required discrepancies were noted:	rements evalua	ated during this inspection, the follow	ring compliance
COMPLIANCE REQUIREMENT/PRO	OBLEM	FOLLOW-UP ACTIO	N REQUIRED
			,
·		·	·
		Burea &	R E
		u of Air Monitoring Mobile Sources	EIV
		onitoring urces	ED
FACILITY IN	l Con	PLIANCE	
The Annual Compliance Certification form has been	properly certif	ied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	7	13199	_
INSPECTION CONDUCTED BY: ASSE	FA A	proximate) HAI LE MARI AM ease Print)	,
INSPECTOR'S SIGNATURE: and 1	Loileur	G & G M PHONE NUMBER:_	407-836-932
	Page /	of 1.	Revised 10/96

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Orange County Environmental Protection Department

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ABBUAL RE-INSPECTION	LJ	COMPLABITADISC)VERY	1.)
ARS JOH: 095/156 D FACILITY NAME:	zalea C 5711 Dah	leaners			
PART I: NOTIFICATION				, , , , , , , , , , , , , , , , ,	
(check appropriate box)				·	· · · · · · · · · · · · · · · · · · ·
1. Existing facility notified DAR	M by 9/1/96				ט
2. New facility notified DARM (0 days prior to startup				
3. Facility failed to notify DARA	4 to use general permit	ι			القا
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)	on form that it is:	THE STATE OF THE S		T. T	
A. 1. Existing small area sour 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)	. d u b	ansfer only, x oth types, x<1	, x≤140, gal/yr <200-gal/yr	;	
3. Existing large area sour dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" only,="" td="" transfer="" types,=""><td>00 gal/yr</td><td>ransfer only, 2 both types, 140</td><td>area source < 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">)<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>C)</td><td></td></x<2,>	00 gal/yr	ransfer only, 2 both types, 140	area source < 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">)<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>	C)	
This is a correct facility classif	ication	RAY CIN	\mathbb{R}	ECEI	VED
If no, please check the approp	riate classification:		1		
☐ facility quali.	hed for a general perm ds above limits and is	it as number on the state of th		AUG 27	
B. The total quantity of perch	loroethylene (perc) pur		E	Bureau of Air பிக்கூMbங்கே	Seace Light Course

Revised 10/28/96

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Exercision Courses Courses the Course of the	1	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
1. Storing perchloroethylene in tightly scaled and impervious containers?	FIX. TIM	
2. Examining the containers for leakage?	LAY LIN	
3. Closing and securing machine doors except during loading/unloading?	UK UN	
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	UY LIN	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	MY LIN LIN/A	
	A	
PART IV: PROCESS VENT CONTROLS		
In Part II-A:		
If classification 1 has been checked, no controls are required. Proceed to Part V	7.	
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	igerated condenser	
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber me installed prior to September 22, 1993	,,,	
If classification 4 has been checked, the machine should be equipped with a refu (complete $\hat{\mathbf{A}}$ and $\hat{\mathbf{B}}$ below).	igerated condenser	
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)		
1. Equipped all machines with the appropriate vent controls?	OY ON	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	טא טא טאוע אט אט	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	איאט אט אט	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	אם צט	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	מץ טא	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	CIY LIN	

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7
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א/אם אם צם
ПА ПИ
CIY LIN
шү ым шила
מאט אנז אט
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PART V: RECORDREEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for pere purchased?	אט אען
2. Maintained rolling monthly averages of perc consumption?	UY WN
3. Maintained leak detection inspection and repair reports for the following:	,
a. documentation of leaks repaired w/in 24 hrs? or;	MY. CIM
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	LYY UN
4. Maintained calibration data? Gor direct reading instruments only)	איאיט אט צט
5. Maintained exhaust duct monitoring data on perc concentrations?	און און און און
6. Maintained startup/shutdown/malfunction plan?	LAY UN
7. Maintained deviation reports?	אויף אט צט
Problem corrected?	CIA ON WY
8. Maintained compliance plan, if applicable?	אואש אנו צנו

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection?

MY UN

2.	Which method of detection is used by the	responsi	ble offic	ial?		-V
	Visual examination (condensed solvent on exterior surfaces)				ख	
	Physical detection (airflow felt thro	ngh gask	cts)		C)	
	Odor (noticeable pere odor)			·	G/	
	Use of direct-reading instrumentati	on (EHD/I	PID/calo	rimetric tubes)	Ü	
	If using direct-reading instrumer	itation, is	the equ	ipment:		
	a. Capable of detecting po	ere vapor	concenti	rations in a range of 0-500 ppm?	CIX CIM	
	b. Calibrated against a state(PID/FID only)?	andard ga	s prior t		מצ טא	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				DY UN	
d. Kept in a clean and secure area when not in use?				ot in use?	CIY CIN	
	c. Verified for accuracy t	y use of o	luplicate	samples (calorimetric only)?	CIY CII	1
3.	Has the facility maintained a leak log?				MY CII	.1
4.	Does the responsible official check the f	gniwollo	areas for	r leaks?		
	Hose connections, fittings, couplings, and valves	ØY	ПИ	Muck cookers	ZY	ПN
	Door gaskets and scating	CYY	MO	Stills	UY	ПN
	Filter gaskets and seating	ĽŹΥ. '	ND	Exhaust dampers	CYY	CIM
	Pumps	CN	מט	Diverter valves	CXY	UN
	Solvent tanks and containers	OX	ПN	Cartridge filter housings	CX	ПN
	Water separators	CΣΑΧ	ИП			

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1 ,
7/23/97
Date of Inspection
7/23/98
Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: AN	NUAL CON	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12 30	TIME OUT:	45 AIRS ID#: 0	951156
TYPE OF FACILITY:	Dry Cleaner		
FACILITY NAME:	Zalea Clas	nevs	DATE: 7/73/97
FACILITY LOCATION:	711 Dahila	Dv	
	Orlando Fl	32807	
RESPONSIBLE OFFICIAL: R	aman Nayre	PHONE NUMBER:	273 - 3361
Based on the results of the co compliance with DEP Rule 62		ated during this inspection, the facil rative Code (F.A.C.).	ity is found to be in
Based on the results of the co discrepancies were noted:	mpliance requirements evalu	ated during this inspection, the follo	wing compliance
COMPLIANCE REQUIRE	EMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
No Running Perc	Consumption Log		· · · · · · · · · · · · · · · · · · ·
	`.		
COMMENTS:			·
The Annual Compliance Certification	form has been properly certi	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:	7/23/9	pproximate)	-
INSPECTION CONDUCTED BY:_	TONO	Please Print)	
INSPECTOR'S SIGNATURE:	Told It	<u> </u>	936-9514

Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)
Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	AZACOA CLOHNOUS
2.	Site Name (For example, plant name or number):
	AZACEN CLOANONS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Street Address: 5711 DAHGA DRIVE. City: Charles Orlando County: Orlando Zip Code: 32807
	City: ORLANDO County: ORLANGE Zip Code: 32 801
5.	Facility Identification Number (DEP Use ONLY - do not fill in):
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SHE CO	
	Responsible Official
6.	Name and Title of Responsible Official: OKINER Title: WANAGEN
ivan	ne: RANJAN NAMES Title: MANAGON
7.	Responsible Official Mailing Address: RANJAN MAYES
	Organization/Firm: Azaleu Clouwer S
	Street Address: 5711 DAHLIA DUIVE. City: OP LANDS County: ORANGE Zip Code: 32807
	City: ORMAGE Zip Code: 32807
8.	Responsible Official Telephone Number:
	Telephone: $(407)273-3361$ Fax: $()$
<u> </u>	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
l	
10	Facility Contact Addition
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
' .	Telephone: () - Fax: () -
	· · · · · · · · · · · · · · · · · · ·

RECEIVED

JUL 29 1997

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Гуре of Machine	.,,	Date Machine Initially Purchased	Date Control Device Installed	lD	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit				NE OF			200		
(1) w/ ref. condenser	- 1	01-02-87	01-02-87						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	TAME.	BAB AN A	Magnetic to	SECTION 1	uren urban			数据的知识	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		H my esterior	心理性的效果	NO.	HILLANDSTA	erainische			TO YOUR BOOK
(7) w/ ref. condenser			41.	:	44,50		ŕ		
(8) w/ carbon adsorber		,	•						
(9) w/ no controls			<u> </u>			<u> </u>			
Reclaimer Unit	Miss.	addresi.	Majaria di Att		nen araba araba	fied to all		MANGE STATES	1000
(10) w/ ref. condenser				<i>'</i>					
(11) w/carbon adsorber						<u> </u>			
(12) w/ no controls	ľ		1			1_	ľ	1	

(b) Control devices are required, but not yet ins	stalled []	, • ,
(c) No control devices are required to be install	led (existing small area sourc	e) [_X_]
own participation of the control of	•	
2.(a) What was the total quantity of perchloroethy [50] gallons (You must fill t		sumed in the latest 12 months?
(b) If less than 12 months, how many? [] n Check why it is less than 12 months: New o] Did not keep records: []
 What is the facility's source classification based (Indicate with an "X". Select one classification 		ection (3) of Part II?
Existing small area source [_X]	New small area source	
Existing large area source []	New large area source	[<u>·</u>

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

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

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

Surrender of Existing Air Permit(s)

	Survey of the su
Please indicat	e with an "X" the appropriate selection:
]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
LΧ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. Imptly notify the Department of any changes to the information contained in this notification.
Signature	July 23rd, 1997 Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0951156

AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807 Bureau of Air Monitoring & Mobile Sources

FEB 3 1330

	Do <u>NOT</u> Re	move Label		
Annual Reporting Period:		<u>98</u> то _	January	
Based on each term or condition of the Title V g	general air permit, my fa	acility has rema	ained in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C	C.), during the period co	overed by this s	tatement. YES	\square NO
If NO, complete the following:				
#1. Term or condition of the general permit tha	t has not been in contin	uous compliand	ce during the reporting po	eriod stated above:
Exact period of non-compliance: from		1	to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that	has not been in contin	uous compliand	ce during the reporting pe	eriod stated above:
Exact period of non-compliance: from		to)	
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry RESPONSIBLE OFFICIAL: RANGAN Name (1)	er, my annual consumpti o facilities or 1,800 galloi	ion of perchloro	ethylene solvent, based upo ransfer or combination fac	on purchase receipts,
Name (1	Please Print)	,	Signaturę	' 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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Do NOT Remove Label

AIRS ID#0951156

AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807

& Mobile Sources

Bureau of Air Monitoring

1 ,	Do NOT Remove Label		
Annual Reporting Period: 17/23/97 RE	БЙ 19<u>С</u>ГС ТО	7/7	198 BW 1999
Based on each term or condition of the Title V general air p	ermit, my facility has re	mained in compliance	with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the	he period covered by thi	s statement. YE	s \square NO
If NO, complete the following:			PK
#1. Term or condition of the general permit that has not bee	en in continuous compli	ance during the pepor	ting period stated above:
Exact period of non-compliance: from		toto	S. Jy M
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			* 118
#2. Term or condition of the general permit that has not bee	en in continuous complia	ance during the report	ing period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:			

*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.

does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts,

Signature

RESPONSIBLE OFFICIAL: K

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	u	COMPLAINT/DISCOVERY	Monie Sour						
AIRS 10#: 0951156	DATE: 6-29-96	q TIME IN	H: <u>0900</u> TIME OUT	: 1000 m						
FACILITY NAME: AZQ	lea Cleane	:15								
FACILITY LOCATION: 5		_								
	rlando FL	3280								
RESPONSIBLE OFFICIAL:	, l	yee	PHONE: 407-273-	3361						
CONTACT NAME: USh		· · · · · · · · · · · · · · · · · · ·	PHONE:							
PART I: NOTIFICATION										
(check appropriate box)										
New facility notified DARM	30 days prior to startur	1								
2. Facility failed to notify DARM to use general permit										
PART II: CLASSIFICATION				PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)			☐ No notification form ☐ Drop store/out of busines	s/petroleum						
1	ce Q dr	. New small a ry-to-dry only, ransfer only, x oth types, x < 1 constructed on	☐ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr	s/petroleum						
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ce 2. ce tr be ce 4. 100 gal/yr tr gal/yr b	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	☐ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	s/petroleum						
(check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gal/yr	ce 2. yr dr tr br (ce 4 100 gal/yr dr gal/yr br (co	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	s/petroleum						
(check appropriate box) A. 1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 to th types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility	ce 2. yr dr tr be (ce	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large a dry-to-dry only, ransfer only, 20 oth types, 140 constructed on Y □N ion: ral permit as no	□ Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr (40 gal/yr) or after $(12/9/91)$ rea source $(140 \le x \le 2,100 \text{ gal/yr})$ $(20 \le x \le 1,800 \text{ gal/yr})$ or after $(12/9/91)$ □ Can not determine	s/petroleum						

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON ONA 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DAY CIN CIN/A 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) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			·
	Is the temperature differential equal to or greater than 20° F?	ЦY		N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ם אם	N/A
	Is the perc concentration equal to or less than 100 ppin?	ΩY	DN D	N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ON 0	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ои о	N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ם אם	N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
H	as the responsible official:			

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?					
2. Maintained rolling monthly total of pere consumption?	QA ON				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	GAY CIN CIN/Y				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DZY □N □N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DANA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DYN/A				
6. Maintained startup/shutdown/malfunction plan?	MY ON				
7. Maintained deviation reports?	DY DN BN/A				
Problem corrected?	DY ON ØN/A				
8. Maintained compliance plan, if applicable?	OY ON ONIA				

PA	ART VI: LEAK DETECTION AND I	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MY ON			
2.	Has the facility maintained a leak log?			BY ON			
3.	Does the responsible official check the	following areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	QA ON ON/Y			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	EY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	GY ON ON/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	GY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	MY ON ON/A					
4.	Which method of detection is used by t	he responsible official?		/			
	Visual examination (condensed s	olvent on exterior surface	s)	u			
	Physical detection (airflow felt th	rough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ic tubes)				
	Halogen leak detector	•					
	If using direct-reading instr	umentation, is the equip	ment:	M/V			
	a. Capable of detecting	pere vapor concentrations	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON			
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	DY DN			
	d. Kept in a clean and s	ecure area when not in us	e?	OY ON			
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	OY ON			
	·						
-							
*	T., 70 1		1 20 00	~ <u>.</u>			
_	Ilka Bundy		6-29-90				
	Inspector's Name (Please Pri	nt)	Date of Inspe	ECHON			
	Illea Bunda		7-29-9	9			
	Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL SITE INFORMATION:

Mr. Nayre could not find his leak detection and repair reports. He was in the middle of moving his office into a new room.

7-2-94

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗸	COMPLAIN	IT/DISCOVERY	RE-INSPEC	TION
TIME IN: 0900	TIME OUT:	1000	AIRS ID#:	0951156	
TYPE OF FACILITY: Dry	Cleaner		Partition Frankes (and an all all behavior) 1 - Partition (and and an array distribution of a second and a		4.0
FACILITY NAME: Azale				DATE: 6 -6	29-99
FACILITY LOCATION: 57					
<u>Or</u>	lando, FL	32807		1	
RESPONSIBLE OFFICIAL:	Layan Nay	ee	PHONE NUMBE	r: <u>407-273</u>	-3361
compliance with DEP R	the compliance requirement tule 62-213.300, Florida A the compliance requirement	dministrative Co	ode (F.A.C.).	·	
COMPLIANCE REQU		EM	FOLLOW-UP AC	TION REQUIRI	ED
	on & repair	P	Re-inspection	w/in one	month
reports on site					
	. •				
					<u>.</u>
J.					
	<u> </u>				
COMMENTS:					
The Annual Compliance Certific	cation form has been prope	rly certified and	submitted to the inspect	tor. YES	NOU
DATE OF NEXT INSPECTIO	on:	1 / 47	nata)		
INCORPORTON CONTRACTOR	Til	(Approxin	iate)		
INSPECTION CONDUCTED	RA:	1 (Please Pr	rint)		
INSPECTOR'S SIGNATURE	: Alle Bi	indy.	PHONE NUMBE	cr: 836 - C	1524
		Page of	•		Revised 10/96

PERCHLOROÉTHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVI	ERY Monie of No. M. M. S. C.
AIRS ID#: <u>0951156</u>	^		:/OOO TIME O	оит: <u>/0 &</u>
FACILITY NAME: Aza	lea Cleaner	5		
FACILITY LOCATION:	5711 Dahila L	<u>۲</u>		· · ·
	Orlando, FL	32807		
RESPONSIBLE OFFICIAL	: Rayan Na	jee	PHONE: 407-273	3-336/
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	4 30 days prior to startu	p		
2. Facility failed to notify DAI	RM to use general perm	it		
PART II: CLASSIFICATIO	IN			
Facility indicated on notifica			☐ No notification form	
(check appropriate box)	tion form that it is.		☐ Drop store/out of bus	iness/petroleum
A. 1. Existing small area sou	urce 🗹 2	2. New small ar	rea source	
dry-to-dry only, $x < 140$ ga		lry-to-dry only,		
transfer only, x < 200 gal/y		ransfer only, x <	2 ,	
both types, x < 140 gal/yr (constructed before 12/9/91		both types, $x \le 1$ (constructed on c		
3. Existing large area soudry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/yr d 300 gal/yr t) gal/yr t	ransfer only, 20	$140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
5. This is a correct facility	classification (QY ON	☐Can not determine	
🔲 , faci	e appropriate classificat lity qualified for a gene lity exceeds above limit	ral permit as nu	mber above ble for a general permit	
B. The total quantity of perch facility was <u>O</u> gallon		chased within th	c preceding 12 months b	y 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?	ENY ON ON/A			
2. Examining the containers for leakage?	ON ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	DY ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON ON/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V	<i>/</i> .			
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated 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 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?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□Y □N □N/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ОУ ОИ			

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?	ΩY	Пи
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ΩY	□N □N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□n □n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟΥ	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	□N □N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	EN ON			
2. Maintained rolling monthly total of perc consumption?	DY ON			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	ONY CIN CIN/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?	ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DAN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A			
6. Maintained startup/shutdown/malfunction plan?	BY ON			
7. Maintained deviation reports?	DY DN 1911/A			
Problem corrected?	DY ON PANA			
8. Maintained compliance plan, if applicable?	DY ON ON/A			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a	weekly (for small sources,	, bi-weekly) leak detection an	d repair		
inspection?			ON ON		
2. Has the facility maintained a leak log?			ery on		
3. Does the responsible official check the	following areas for leaks?		·		
Hose connections, fittings, couplings, and valves	CY ON ONA	Muck cookers	DY ON ON/A		
Door gaskets and scating	MY ON ON/A	Stills	MY ON ON/A		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
Pumps	ØY ON ON/A	Diverter valves	ØY ON ON/A		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
Water separators	MY ON ON/A				
4. Which method of detection is used by	he responsible official?				
Visual examination (condensed s	olvent on exterior surface	s)	D		
Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)					
Use of direct-reading instruments	, a				
Halogen leak detector					
If using direct-reading inst	ŒN/A				
a. Capable of detecting	OY ON				
b. Calibrated against a (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
1	nd obvious signs of wear o	on a weekly basis?	OY ON		
<u> </u>	secure area when not in us		OY ON		
e. Verified for accuracy	OY ON				
Ilka Bundy 7-15-1999					
Inspector's Name (Please Print) Date of Inspection					
Alea Bunda	<u> </u>	7-15 - 20			
Inspector's Signature Approximate Date of Next Inspection			Next Inspection		

ADDITIONAL SITE INFORMATION:		
·		·
	·	
		·
·		

Orange County Environmental Protection Department

15 44 G

AIRS ID#: 0951156

the

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

$m{\Lambda}$	
FACILITY NAME: Azalea Cleaners	DATE: 7-15-99
FACILITY LOCATION: 5711 Dahila Dr.	
Orlando, FL 32807	
Annual Reporting Period: July 7 1998 to July 15	1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliance 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	_
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ting 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 inquade in this notification are true, accurate and complete. Further, my annual consumption of perchlore upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facility year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	pethylene solvent, based

^{*}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.

Closed 45 719-99

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAIN I/DISCOVERY RE-INSPECTION
TIME IN: 1000 TIME OUT: 1020	AIRS ID#: 0951156
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Azalea Cleaners	DATE: 7-15-99
FACILITY LOCATION: 5711 Dahila Dr	
Orlando , FL 32807	
RESPONSIBLE OFFICIAL: Bayan Nayee	PHONE NUMBER: 407-273-3761
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
··· 6	
. V	
COMMENTS:	
Facility in compliance.	Found leak detertion & repair reports.
The Annual Compliance Certification form has been properly certification	• • • • • • • • • • • • • • • • • • • •
DATE OF NEXT INSPECTION: 7-1	5-2000
INSPECTION CONDUCTED BY: Ika	Bundy
INSPECTOR'S SIGNATURE: Llka Bunds	PHONE NUMBER: 836-9524
	l se / se Pauliced 10/6

PERCHLOROETHYLENE DRY CLEANERS

ARMS 7/20/00 /

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	INSPEC	CTION C	CHECKLIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	ON	œ o	COMPLAIN	IT/DISCOVERY	o
airs id#: 0951156 FACILITY NAME: A7 FACILITY LOCATION: 5 OR	DATE: 7-17-Calea Cla 711 Dahil clando, F	eane a Dr	TIME 1 2 / S 1. 3 2 8 0	7	JUL A	2 4 2000 Air Monitoring ile Sources
	Kayan M			•	VI LIJ	<u> </u>
PART L. NOTTE CATION						
PART I: NOTIFICATION	<u> </u>					
(check appropriate box)						
1. New facility notified DARM	30 days prior to sta	artup				
2. Facility failed to notify DAR	M to use general pe	ermit				O.
7-16-00: Monday after 130	0.					
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)	on form that it is:			☐ No notific☐ Drop store	cation form e/out of business/	petroleum
1. Existing small area sourd dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to- transfe both ty	-dry only er only, x ypes, x <	area source y, x < 140 gal/yr < 200 gal/yr 140 gal/yr a or after 12/9/91		
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr O gal/yr	dry-to- transfe both ty	-dry only er only, 20 ypes, 140	area source $x, 140 \le x \le 2,10$ $00 \le x \le 1,800$ gal $0 \le x \le 1,800$ gal a or after 12/9/91	gal/yr l/yr	
5. This is a correct facility cla	ssification	ØY	ПN	□Can not de	termine	
If no, please check the a	appropriate classifi	ication:				

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

facility qualified for a general permit as number _____ above

facility exceeds above limits and is not eligible for a general permit

facility was 15 gallons.

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

B. Has the responsible official of an existing large or new large area source also:					
Ш	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?	ΩY	□и		
2	Measured and recorded the washer exhaust temperature at the condenser				
Į ~.	inlet and outlet weekly?	ПY	ΠN	□N/A	
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	ПY	ПN	□N/A	
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			·	
	or expansion; and downstream from no other inlet?	ΠY	ΩИ	□N/A	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A	

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official:						
(check appropriate boxes)	/					
1. Maintained receipts for perc purchased?	MA CON					
2. Maintained rolling monthly total of perc consumption?	ØY ON					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	ØY 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?	ØY ON ON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	אואים אם צם					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A					
6. Maintained startup/shutdown/malfunction plan?	OPY ON					
7. Maintained deviation reports?	DY DN DN/A					
Problem corrected?	OY ON DIN/A					
8. Maintained compliance plan, if applicable?	DY DN ŒN/A					

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			DY DN			
2.	Has the facility maintained a leak log?			OY ON			
3.	Does the responsible official check the	oes the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	UY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A			
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	CTY ON ON/A	Cartridge filter housings	MY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed so	olvent on exterior surfaces	s)	a			
	Physical detection (airflow felt through gaskets)						
,	Odor (noticeable perc odor)	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	c tubes)					
	Halogen leak detector						
	If using direct-reading instr	⊠N/A					
	a. Capable of detecting p	in a range of 0-500 ppm?	OY ON				
	b. Calibrated against a s (PID/FID only)?	מם עם					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON			
	d. Kept in a clean and secure area when not in use?			OY ON			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON				
	TIV. D						

Ilka Bundy	7-17-00
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	7-17-61 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: 2000 4-24-00 15.0 7-23-99 10.0 2-7-00 15.0 9-24-99 10.0 , 6-9-00 20,0

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- 10,0

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL of	СОМРІ	_AINT/DI	SCOVERY	RE-IN	ISPECTION
TIME IN: 1440	TIME OUT:	1510		AIRS ID#:	095115	6
TYPE OF FACILITY: Dry	Cleaner					, ef
FACILITY NAME: AZAL	~ \ \	<u> </u>	~~~		DATE:	7-17-00
FACILITY LOCATION: 57	11 Dahila Dr	•				· · · · · · · · · · · · · · · · · · ·
<u>Or</u>	lando FL 3	2807			<u>-</u>	
RESPONSIBLE OFFICIAL:	Rayan. Naye	e /		_PHONE NUME	BER: 407-	273-3361
Laurent Control of the Control of th	the compliance requireme Rule 62-213.300, Florida A		_		e facility is found	I to be in
Based on the results of discrepancies were not	the compliance requireme	nts evaluate	d during th	nis inspection, the	e following com	oliance
COMPLIANCE REQ		EM	EOI	LLOW-UP AC	CTION REO	/ HIRED
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COMMENTS:	من المن المن المن المن المن المن المن ال	1				
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tacility in	compliance	A				,
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The Annual Compliance Certifi	· .	_ `	d and subn	nitted to the inspe	ector. YES	NON
DATE OF NEXT INSPECTION	ON:	17-01 (ADD)	oximate)			
INSPECTION CONDUCTED	DBY: Ilko		•	·1		
MOLECTION CONDUCTED			se Print)			
INSPECTOR'S SIGNATURE	:. Uha B	und		PHONE NUME	BER: 407	-836-1400
		Page	of (.	,	· .	Revised 10/96
		. ~5~	~			- 12 . 1334 10/70

301435

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 30 98

Do NOT Remove Label

AIRS ID#0951156

AZALEA CLEANERS RANJAN NAYEE

RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



416037 APR172002

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

Do NOT Remove Label

AIRS ID # 0951156 AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Printed on recycled paper.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
9111	OFFICIAL USE
7975	Postage \$ Certified Fee
0001	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee
320 0	Total Posta; 10 AIRS ID # 0951156
7001 0	Sent To RANJAN NAYEE Street, Apt. No. or PO Box No. 5711 DAHLIA DRIVE City, State, Zii ORLANDO FL 32807
1	PS Form 3800, January 2001

ELIOTEME PO COLOR CENTRE ENTRE	M:S
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0951156 	A. Received by (Please Print Clearly) B. Date of Belivery C. Signature X
RANJAN NAYEE AZALEA CLEANERS	
5711 DAHLIA DRIVE ORLANDO FL 32807	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
7001 0320 0001 7975 9111	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Dofhestic Mail Only; No Insurance Coverage Provided)			
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000	Restricted Delivery Fee (Endorsement Required)		***	
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03	Sent To RANIAN NAYEE			
	Street Apt Nr. 5711 DAHLIA DRIVE			
7001	or PO Box No. ORLANDO FL City, State, ZiF 32807			
	PS Form 3800, January 20	OOT THE WAR THE WAY WAS AND AND THE	See Reverse for Instructions	

SENDER: COMPLETE THIS	SECTION	COMPLETE THIS SECTION ON DELIVER	Y
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1. Article Addressed to: AIRS ID # 0951156 AZALEA CLEANERS		If YES, enter delivery address below:	□ No
RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807		3. Service Type 1. Certified Mail	or Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Carticle Number (1970)	100071 34321	1213	

		MAIL REC	EIPT Coverage Provided)
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7001 0350	Sent To RANJAN		0951156

RETURN ADDRESS FOUCH DOTHE PICHT	FILEO
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0951156 AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE 	A. Received by (Please Print Clearly) B. Date of Delivery 3 - 8 - 0 - 2 C. Signature X
ORLANDO FL 32807	3. Service Type Certified Mail
7001 10320 0001 17976 14848 PS Form 3811, July 1999 Domestic Ref	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Majl Only; No Insurance Coverage Provided)			
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	Total Paris	AIRS ID # 09511	56	
0550	Re AZALEA CLE		mailer)	
	RANJAN NAY Str. 5711 DAHLIA		*************************	
7000	ORLANDO FL			
2	Cit ₁ 32807		***************************************	
£	PS Form 3800, Februa	ary 2000	See Reverse for Instructions	

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TO THE RIGHT OF RETURN ADDRESS	
PLACE STICKER AT TOP OF ENVELOP	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1*, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0951156 AZALEA CLEANERS RANJAN NAYEE 	A. Received by (Please Print Clearly) B. Date of Delivery 2 - 9 - 0 2 C. Signature X JJL Nov Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
5711 DAHLIA DRIVE ORLANDO FL	3. Service Type
32807	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 05200020 43731	24/
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-99-M-1789

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US Postal Service

Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0951156

AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	·
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
	Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees

51845	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0951156	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AZALEA CLEANERS RANJAN NAYEE	
5711 DAHLIA DRIVE L ORLANDO FL 32807	3. Service Type SEC Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

• Senser: Please print your name, address, and ZIP+4 in this box • Senser: OF AIR MONITORING & MOBILE SOURCES

BURY: OF AIR MONITORING & MOBILE SOURCES

DEDT: OF ENVIRONMENTAL PROTECTION

MAIL STATION 5510

2009 BLAIR STONE ROAD

TALLAHASSEE, FLOPIC

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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

Do NOT Remove Label

AIRS ID # 0951156

AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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891		Service MAIL REC only; No Insurance		ed)
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7000 0600	Recipit AZALEA CL RANJAN N Street, 5711 DAHLI City, St ORLANDO	AII LEANERS AYEE IA DRIVE	RS ID # 0951156	
	PS For			structions

SENDED: COMPLETE THE SECTION	COMPLETE THE SECTION ON DELIVERY
SENDER: COMPLETE'THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 3-5-0/ C. Signature X USL Acet Agent Addressee
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ORLANDO FL 32807	3. Service Type Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0026 4/26	0891
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789



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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

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AIRS ID # 0951156

AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807 MAIL ROOP MAR-1 99

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

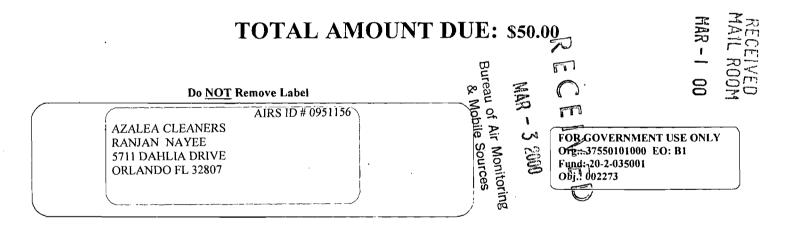
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, Apri	Return Receipt Showing to Whom Date, & Addressee's Address	,		
800	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			

SENDER: Told at line over top of envelope to

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.	I also wish to recifollowing services extra fee): 1. Addresse 2. Restricte Consult postmas	s (for an ee's Address d Delivery	ceipt Service.
_	3. Article Addressed to:	4a. Article N	366043	37	n Rec
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N AD		7. Date of De	2-13 -	99	you for
RETUR	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only i paid)	requested	Thank
s your <u>!</u>	6. Signature: (Addressee or Agent)				
<u></u>	PS Form 3811 December 1994 10	2595-97-B-0179	Domestic Retu	urn Receipt	- }

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



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0090	Total Po Recipien AZALEA (RANJAN	CLEANERS	RS ID # 0951156
2000	Street, Aj 5711 DAH ORLANDO City, Stat	LIA DRIVE DFL 32807	
	PS Form 3800, February	2000	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0951156 AZALEA CLEANERS RANJAN NAYEE	A. Received by (Please Print Clearly) B. Date of Delivery 2 9 0/ C. Signature Magent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
5711 DAHLIA DRIVE ORLANDO FL 32807	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
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PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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, L	US Postel Service Receipt for Cer	tified Mail AIRS ID # 0951156
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	Special Delivery Fee	
	Restricted Delivery Fee	
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800.	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

on the reverse side?	Ol adolanua lo dol Jano auil le pl 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 spacepermit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	can return this a does not a number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
IN ADDRESS completed o	AIRS ID # 0951156 AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807	4a. Article Ni P / 7 4 4b. Service 1 Registere Express I Return Rec 7. Date of De	umber 4 052 255 Type ed Mail Insured ceipt for Merchandise □ COD	you for using Return Rec
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X. M. M. A.	8. Addressee and fee is		Thank
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt	!

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AIRS ID # 0951156 AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE ORLANDO FL 32807	
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1-2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0951156 AZALEA CLEANERS RANJAN NAYEE 5711 DAHLIA DRIVE	A. Received by (Please Print Clearly) B. Date of Delivery 2 - 2 6 - 00 C. Signature X
ORLANDO FL 32807	3. Service Type Certified Mail
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