

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 14, 1997

Mr. Gerard Dorcely Palm Beach Cleaners 7305 West Colonial Drive Orlando, Florida 32818

Re: Facility No.: 0951159

Dear Mr. Dorcely:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 13, 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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Ms. Marie Driscole, Orange County

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

Butler, Rick

From: Sent: Parker, John [John.Parker@ocfl.net] Monday, July 08, 2002 2:45 PM

To:

Bowman, Sandy

Cc: Subject: Butler, Rick Palm Beach Cleaners / Rainbow cleaners inactivate the fife

Hi Sandy:

FYI: Palm Beach Cleaners, airs #: 0951159 located at 7305 W. Colonial Drive, Orlando, FL is currently out of business. In a separate matter, I spoke with Arnaldo Reyes from Rainbow Cleaners, airs # 0950363, He was away on business for a few weeks and claims he never got any letters to maintain his Title V GP. He said "send me another letter and I'll pay the fee".

Let me know if I can be of further assistance.

John X Parker

Environmental Specialist Phone: 407-836-1445 Fax: 407-836-1498

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID#: <u>095[159</u> DATE: <u>8/13/9</u> FACILITY NAME: <u>PALM BEAC</u> FACILITY LOCATION: <u>7305</u> W.	1
	o FL 32818
RESPONSIBLE OFFICIAL: BERAL 1	ORCELYPHONE: 407-299-3206
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	Bure L
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	0 2 5
PART II: CLASSIFICATION	Si Milita
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	cation: eneral permit as number above units and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) particles facility was gallons.	ourchased within the preceding 12 months by this dry clenning

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? CIY CIN PIN/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 least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been elected, 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? DN CIN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhanst temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	UN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CJY	ĽΙΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	ЦY	ПN	UN/A
	Is the pere concentration equal to or less than 100 ppm?	CJA	ΠИ	□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,			
1	or expansion; and downstream from no other inlet?	ΠY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΞY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÚΥ	ÜN	C)N/A

PART V: RECORDKEEPING REQUIREMENTS	And the state of t
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for pere purchased?	DAY DN
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,	DA 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? 	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading Instruments)	DY ON DANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DN ON/A
6. Maintained startup/shutdown/malfunction plan?	CIY CIN
7. Maintained deviation reports?	DY DN BN/A
Problem corrected?	אואב אם צם
8. Maintained compliance plan, if applicable?	אואבע אנו צנו

PA	RT VI: LEAK DETECTION AND	REPAIRS				
=			hi waaldu\ ladadataatia	.d		
1.	Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection at	/		
2	inspection?			ÆΥ	□N	
	Has the facility maintained a leak log?			ÜΥ	ŮΝ	
3.	Does the responsible official check the	following areas for leaks	7			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ו צובוק	אומם מב	
	Door gaskets and scating	DY ON ON/A	Stills	PAY	א/אם אב	
	Filter gaskets and scating	DAY ON ON/A	Exhaust dampers	, Z Y 1	A/ACD NC	
, 	Pumps	DAY ON ON/A	Diverter valves	ÞΩY Ι	JN UN/A	
	Solvent tanks and containers	אואם אם אַצע	Cartridge filter housings	ZY I	□N/A	
	Water separators	DAY ON ON/A				
4.	Which method of detection is used by	the responsible official?		/		
Visual examination (condensed solvent on exterior surfaces)				X		
Physical detection (airflow felt through gaskets)						
Odor (noticeable perc odor)						
	Use of direct-reading instrument	tation (FID/PID/calorimet	ric tubes)			
	Halogen leak detector				_	
	If using direct-reading inst	romentation, is the equi	pment:	/EIN/	٨	
	a. Capable of detecting	g perc vapor concentration	is in a range of 0-500 ppm?	ÜΥ	ШN	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	ΩΥ	□N	
ļ .	•	and obvious signs of wear	on a weekly basis?	ĽΙΥ		
1	•	secure area when not in a	-			
1	·	ey by use of duplicate sam				
l	e. Verifica for accurac	y by use of duplicate sam	pies (calorimetric omy)?	CI (UN.	
					-	

ASSEFA HATCEMAKIAM Inspector's Name (Please Print)	8/13/98 Date of Inspection
Inspector's Signature	8/12/98 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	1:	A Marie C.	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM.	PLAIN I/DISCOVERY RE-INSPECTION
TIME IN: 0900 TIME OUT: 09.4	SAIRS ID#: 0951159
TYPE OF FACILITY: DRY CLEANER	./3,
FACILITY NAME: DALM BEACH CL	EANERS INC. DATE: 8/4 /98
FACILITY LOCATION: 7305 W. POLO	MIAL DR. DATE: 8/4 /98
OKLANDO FL	328/8
RESPONSIBLE OFFICIAL: GELAL DORC	18/4 PHONE NUMBER: 407-299-3206
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P.E.
	West of All Republic
	SS NO FE TO
	KD Nonitoring Sources
	ŪĐ.
·	
FACILITY IN	ORDER
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 8/	proximate)
(Ple	CEMALIAM
INSPECTOR'S SIGNATURE: asset Iberlow	(a R cy PHONE NUMBER: 407 - 836 - 9323
Page	_off Revised 10/96

#0951159

	are to be
	Falm Beach Cleaners
	Stoke with Gerard Dorcely- 9/4/97-signed form
P.15	5. add 3HP/electric
P.16	verify signature/resign
. ,	
<u> </u>	
· •	
	1

Perchloroethylene Dry Cleaning Facility Notification

(keep a copy of the completed form on-site)

Facility Name and Location-----

Pacing Name and Location
1.1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
2. Site Name (For example, plant name or number):
Falm Beach Cleaners
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 7305 West Colonial Drive City: Orlando County: Orange Zip Code: 32818
City: O. County: O. Zip Code:
Orlando Commy Orange 210 Comes 32818
Facility fuentification Number (DEP USE ONL Y - do not fill in)
11 0961/59 B
Pagnagaible Official
Responsible Official
6. Name and Title of Responsible Official:
Name: Gerard DORCELY Title: Co-DWuch
7. Responsible Official Mailing Address: Organization/Firm: Falw Weach Cleaners. Inc.
Organization/Firm: Statu V Scach Claudy Income Street Address: 7305 WW. Colonial Divide City: Organization/Firm: Street Address: 7305 WW. Colonial Divide Zip Code: 73818
8. Responsible Official Telephone Number:
Telephone: (497) 299 - 3206 Fax: () -
1.211 5000
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Genard DORCELY
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
III. Franklin Compatitude Land No. Land
11. Facility Contact Telephone Number: Telephone: (107) 799- 370 (Fax: () DECELVED
Telephone: 407) 799-3206 Fax: () RECEIVED

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	CI	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-9 3	#2	08-DEC-91		#3	02-MAR-92	02-MAR~
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	11-11-90	11-11-92						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	V-90	Military in the	AND WAR	\$460	unionalization.	erus elektrik u nd	總統	ariquati, is ali	óbiania.
(4) w/ ref. condenser	V								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	(1)	Works to the	erate statement			ઌૡ૽ૼૺ૱૽ૺ૱ઌ૽૽ૢ૽ઌ૽ઌ૽૽ૡ૽ૺૺૡ૿ૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺૺ૾૽ૺૺૺ૽૽ૺૺૺૺ૾ૺૺૺૺ૽ૺૺૺૺ૽૽ૺૺૺૺૺૺ	1	SKIP AND	eriginalism eriginalism
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	性機能	制的国际海岸主义	Unwite Wild	22/46	fill fair se ter	AT BUT WENT TO BE		MHAXBALLE	ere ner sta
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls		-		<u></u>					
(b) Control devices are (c) No control devices 2.(a) What was the total of	are ro	equired to be ity of perchlons (You mu	installed (exported the control of t	cisting (perc)	g small area	or consumed			

4. What control technology is required on machines pursuant to section (Indicate with an "X".) Existing large area source	The Drug of the Control of the Contr
Carbon adsorber OR Refrigera	ted condenser
New small area source Refrigerated condenser [_X]	
New large area source Refrigerated condenser []	
	······································
A facility which contains non-exempt emissions units shall not be eli to Rule 62-213.300, F.A.C. Verify that all steam and hot water generati exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site have a total heat inpuboiler HP or less) and are fired by natural gas, propane or fuel oil consulter	
sulfur.	
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping	g 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	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

Surrender of Existing Air Permit(s)

,	
lease 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)
ركار	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notify statemen 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.
I will pro	mptly notify the Department of any changes to the information contained in this notification. Mclyar

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

0

#0951159

BEST AVAILABLE COPY

Palm Beach Cleaners

The sport of the state of the s

Facility Contact (If different from Responsible Official)

l	9.	Name and Title of Facility Contact	ct (For example, plant manager):	
l			C - NOT 1	
l		(= c A a for de	TOPOF/L/	

10. Facility Contact Address:

Street Address:

City:

Teleph

County:

Zip Code:

11. Facility Contact Telephone Number:

Telephone:

407) 299-320E

Fax: (··

RECEIVED

AUG 1 3 1997

Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

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):
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Fallon Bound a la avers
Falm Beach Clands 3. Hazardous Waste Generator Identification Number:
Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: 7305 West Colonial Drive
City: County:
City: Orlando County: Oranlex Zip Code: 32818
5. Facility Identification Number (DEP Use ONLY - do not fill in)
095/150
- 新型性の対象性があった。対象性が対象性が対象性が対象性が対象性が対象性が対象性が対象性がある。 - 大型性の対象性が対象性が対象性が対象性が対象性が対象性が対象性が対象性が対象性が対象性が
Responsible Official
6. Name and Title of Responsible Official: Name: Title: Title:
Name: Schand CRCFLY Title: Co-DWuch 7. Responsible Official Mailing Address: Organization/Firm: Street Address: 7305 WWL Colonial Daily City: County: County: Zip Code: 328/8
7. Responsible Official Mailing Address:
Organization/Firm: Talw VSCach Cleaners. Inc
Street Address: 7 505 WWE Colonial Janes
County On and 328/8
8. Responsible Official Telephone Number:
Telephone: (497) 299 - 3200, Fax: () -
Facility Contact (If different from Responsible Official)
ि हि त ता ह
9. Name and Title of Facility Contact (For example, plant manager):
Gerard DORCELY IIII SEP 26 1997
10. Facility Contact Address:
ORANGE COUNTY CANADONNA
Street Address: ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (407) 799-3206 Fax: () RECEIVED
NLCEIVED

AUG 1 3 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	CII	Date Machine Initially Purchased	Date Control Device Installed	ΙD	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-
Dry-to-Dry Unit	1148		AT VICE A AN ANT DATA SECTION			y na granding i	100130		entoj strovija
(1) w/ ref. condenser	<u> </u>		11-11-92						
(2) w/ carbon adsorber		1 1 1 43	1-1	1					
(3) w/ no controls				1			1		
Washer Unit	1.00	Magae ()	7.1.14 Just	75.6	and the second	on a land the said	arey.		-1,2800,100g
(4) w/ ref. condenser		T		1			1		
(5) w/ carbon adsorber									
(6) w/ no controls				İ					
Dryer Unit	-4 (8)	Mark Sand St.	t dan galayi	4864	de de la composição	the Dates and High	100	WHAT HOUSE	and growth light
(7) w/ ref. condenser				 					
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	可持續以	的数数的行为特别。	. 经产品的 经销售额的	3800G	B ar And The Control	hitabilitik (Marking Series		MERKATALAN	alater francis
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls					_				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	quant gallo	equired to be ity of perchlo ons (You mu ow many? [_	installed (expression of the control	isting (perc)	g small area	or consumed			
3. What is the facility's so (Indicate with an "X". Existing small an	Selec ea so	classification et one classif urce []	cation only.)) ew sn	ıall arca sou	rce [X	3) of	Part II?	
Existing large an	ca so	urce []	N	ew la	rge area som	ce	.]		

4. What control technology is required on machines p (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
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 up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
• •	ve a total heat input of 10 million BTU/hr or less (298 pane or fuel oil containing no more than one percent
All steam and hot water generating units exempt No such units on-site $3~\mu P~ £ /e$	etnic.
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	a 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	[X]
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	(<i>X</i>)

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:			
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)			
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.			
	Responsible Official Certification			
this notifi statemen 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 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 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	1 M Celyan 1 08-07-97 Date			
	12-21-97			

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 52	COMPLAINT/DISCO	VERY Mobile Source for
AIRS 1D#: 095 159				OUT: 1230_
FACILITY NAME:	Ilm Beac	h Cli	24 hers In	c
FACILITY LOCATION:	7305 W	. Color	rial DV	
	Orlando	FL	32818	
RESPONSIBLE OFFICIAL :	Geval Do	ovcely_	_PHONE: <u>407</u> 2	<u> 199 - 3706</u>
CONTACT NAME:		ι	PHONE:	1
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN		•		a
2. Facility failed to notify DAI	RM to use general peri	mit		<u> </u>
PART II: CLASSIFICATIO	N	- 14		
Facility indicated on notifica (check appropriate box)	tion form that it is:	Aun de la companya de	☐ No notification for ☐ Drop store/out of but	
A. 1. Existing small area soudry-to-dry only, x < 140 galy transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr cr	transfer only, both types, x <	$y_{\rm c} \propto < 140$ gal/yr $\propto < 200$ gal/yr	a
3. Existing large area soudry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1$, both types, $140 \le x \le 1$,800 (constructed before 12/9/9)	2,100 gal/yr 800 gal/yr 0 gal/yr	transfer only, both types, 14	area source y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ on or after $12/9/91$)	a
5. This is a correct facility	classification	□Y □N	Can not determine	
☐ fac	ne appropriate classific fility qualified for a ge fility exceeds above lin	neral permit as	number above	

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

facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? UY UN WN/A 2. Examining the containers for leakage? UY UN ÚN/A 3. Closing and securing machine doors except during loading/unloading? DY LIN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ראים אם אבי 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? LY LN WN/V 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? EN ON ONIA 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 DY 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 CIY ON DAYA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DY verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
ì.	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?	ЦΥ	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	UN	ÜN/A
	Is the temperature differential equal to or greater than 20° F?	ПΥ	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□N/∧
	Is the perc concentration equal to or less than 100 ppm?	ÜΥ	ШN	ÜN/∧
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?	ΞY	מט	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ÜΥ	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ÜИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	DY DN					
2. Maintained rolling monthly total of perc consumption?	טא קא					
3. Maintained leak detection inspection and repair reports for the following:	,					
a. documentation of leaks repaired w/in 24 hrs? or;	אמט מש צם					
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	סא פא סאיצ					
4. Maintained calibration data? (for applicable direct reading instruments)	מאל פוא לואי					
5. Maintained exhaust duct monitoring data on perc concentrations?	(A) ON QNIV					
6. Maintained startup/shutdown/malfunction plan?	DY UN					
7. Maintained deviation reports?						
Problem corrected?	חל חו מאיע					
8. Maintained compliance plan, if applicable?	טא טא פאיע					

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a	weekly (for	r small source	es, bi-weekly) leak detection ar	nd rep	air		
	inspection?				A Y	ПN		
2.	Has the facility maintained a leak log?				ΩY	ŒŃ		
3.	Does the responsible official check the	following a	ircas for leaks	57				
	Hose connections, fittings, couplings, and valves	DY ON	I 🗆 N/A	Muck cookers	CΖΥ	מאט אט		
	Door gaskets and scating	אם ציט	I □N/Λ	Stills	ŒΥ	בוא בוא/ע		
	Filter gaskets and scating	GY OV	I DN/A	Exhaust dampers	ŒΥ	טאט טאיא		
	Pumps	קא טא	I □N/A	Diverter valves	ĽÝΥ	אואט אט		
	Solvent tanks and containers	קא טא	I □N/V	Cartridge filter housings	ЦY	□N □N/A		
	Water separators	מא הו	I UN/A					
4.	Which method of detection is used by t	he respons	ible official?					
	Visual examination (condensed se	olvent on c	xterior surfac	ecs)				
	Physical detection (airflow felt th	rough gask	cets)					
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)							
	Halogen leak detector	α,						
	If using direct-reading instr	UN	/ /					
	a. Capable of detecting	ns in a range of 0-500 ppm?	ŪΥ	UN				
	b. Calibrated against a s (PID/FID only)?	standard ga	is prior to and	l after each use	ΩY	ΩΝ		
	c. Inspected for leaks a	nd obvious	signs of wear	on a weekly basis?		ÜN		
	d. Kept in a clean and s					ÜN		
	•			ples (calorimetric only)?		ÜN		
Times.								
	7							
_	Inspector's Name (Please Print) Date of Inspection							
_	Inspector's Signature	lch	<u>></u>	Approximate Date of	78 Next	Inspection		

ADDITIONAL SITE INFORMATION:		and the state of t
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT/D	ISCOVERY [] RE	-INSPECTION	Sec. Sec.	
TIME IN: 12:00	TIME OUT:	2:30	AIRS ID#:	095	1159		
TYPE OF FACILITY:	Dry Cleaner		·			_	
FACILITY NAME: Pa		equers	Inc	DATE	2/11/98	_	
FACILITY LOCATION: 7	1305 W. Ca	olonial	V			_	
· · · · · · · · · · · · · · · · · · ·	Ovlando FL	32818					
RESPONSIBLE OFFICIAL:	Geval Dorcel	y	_PHONE NUM	BER: 407	299-320	6	
ĻJ	he compliance requirements e ule 62-213.300, Florida Admi			e facility is fo	und to be in		
Based on the results of t discrepancies were noted	he compliance requirements e	valuated during t	his inspection, th	e following co	ompliance		
COMPLIANCE REQU	JIREMENT/PROBLEM	I FO	LLOW-UP A	CTION RI	EQUIRED		
NO leak De	etection Log		SIX MO	outh v	einspectió	u	
No Temp	Log		W	11	\		
No Perc	Log		11	11	***		
No Correa-	tive Action 1	20	10		11		
				_			
	South Arm out					_	
comments: second ins	pection of the Explained to	s facilit	ly, Faci	lity no	ot in		
compliance procedure.	. Explained to	owner t	he brobot	~ reeov	Leeping		
The Annual Compliance Certific	ation form has been properly	certified and sub	mitted to the insp	ector. Y	'ES NO		
DATE OF NEXT INSPECTIO	DATE OF NEXT INSPECTION: 8111 98						
INSPECTION CONDUCTED	INSPECTION CONDUCTED BY: TODD FIETCHEV						
. INSPECTOR'S SIGNATURE:	dold Flatet	(Please Print)	_PHONE NUM	ber: <u>83</u>	36-9524		

Revised 10/96

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

11/23/98 fg.

Revised 10/96

INSPECTION: ANNUAL [1 23 70 COM	IPLAINT/DISCOVERY REINSPECTION
ME IN: 0900 TIME OUT: 094	5 AIRS ID#: 0951159
YPE OF FACILITY: DRY MEANER	13 th
ACILITY NAME: DALM BEACH CO	LEANERS INC. DATE: 8/4/98
ACILITY LOCATION: 7305 W. AD/O	nial DR.
OKLANDO FO	
ESPONSIBLE OFFICIAL: GELAL DOR	19/4 PHONE NUMBER: 407-259-3206
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Pro
	Surgar April 10 P. T.
	Modification of Fig. 27
	KD Nonitoring Sources
DMMENTS:	
FACILITY IN	DRDER
e Annual Compliance Certification form has been properly certif	icd and submitted to the inspector. YES NO
TE OF NEXT INSPECTION: 8	12/99 oproximate)
SPECTION CONDUCTED BY: ASSEFA HAZ	CEMBLIAML lease Print)
	10 8 64 PHONE NUMBER: 627 - 836-932

Page 1 of 1

PERCHLOROETHYLENE DRY CLEANERS

1 1 1 1, E, Y	CERENALIEMNIII
COMPLIANCE	INSPECTION CHECKLIST
	1/23/67

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-HASPECTION 11/23/98	N. D.
1/25/10	<i>M</i> ·
AIRS ID#: <u>0951159</u> DATE: 8/13/	78 time in: <u>0 900</u> time out: <u>0 9 45</u>
FACILITY NAME: PALM BEAC	H CLEANERS INC.
facility location: 7305ω .	COLONIAL DR.
ORLAND	o FL 32818
RESPONSIBLE OFFICIAL: <u>GERAL 1</u>	ORCELYPHONE: 407-299-3206
CONTACT NAME:	PHONE:
The tax a tax of the control of the	2
PART I: NOTIFICATION	
(check appropriate box)	C 30 2 /
1. New facility notified DARM 30 days prior to star	rtup 1 CEZ - L
(check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per	rmit de su la
	Mos. A. Is. S.
PART II: CLASSIFICATION	C. M. TO
Facility indicated on notification form that it is: (check appropriate box)	Co Pol No notification form Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
diy-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, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
1 3 Existing large area source 2	4. New large area source
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr	4. New large area source \Box 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	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
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	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
dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
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	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
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 $12/9/91$)	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 $12/9/91$) $\square Y \qquad \square N \qquad \square Can not determine$
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 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 second content of t	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 $12/9/91$) $\Box Y \qquad \Box N \qquad \Box Can not determine$ cation: eneral permit as number above
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 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 second content of t	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 $12/9/91$) $\Box Y \Box N \Box Can not determine$ cation:

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
MPLIANCE INSPECTION CHECKLEST

TYPE OF INSPECTION:	ANNUAL	EZ/	COMPLAINT/DISÇ	OVERY VOED
	RE-INSPECTION		COMPLAINT/DISC	UG 26 5000 = W
			, eau	0f_1
AIRS 1D#: 0951159	DATE: 7-26-99	TIME IN	1: 10:10 TIM	Of 2 6 1999 bilo Monito 10130 IE O PROCESS
FACILITY NAME: Palm	_			
FACILITY LOCATION:			Dr.	·
	Irlando, FL	32	818	
RESPONSIBLE OFFICIAL :	Gerard Do	orcely	PHONE: 407-	299-3206
CONTACT NAME:			PHONE:	
PART 1: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			a
2. Facility failed to notify DAR	M to use general permit			۵
			· · · · · · · · · · · · · · · · · · ·	
•				
PART II: CLASSIFICATION	1			
Facility indicated on notificati			☐ No notification fo	
Facility indicated on notificati (check appropriate box)			☐ No notification fo☐ Drop store/out of	
Facility indicated on notificati	ion form that it is:	New small a	☐ Drop store/out of	
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	ion form that it is: rce	-to-dry only,	☐ Drop store/out of rea source x < 140 gal/yr	business/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ion form that it is: rec	-to-dry only, nsfer only, x	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	business/petroleum
Facility indicated on notificati (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	ion form that it is: rec	y-to-dry only, nsfer only, x th types, x < 1	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	business/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	ion form that it is: rec	y-to-dry only, nsfer only, x th types, x < 1	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	business/petroleum
Facility indicated on notificati (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 (constructed before 12/9/91) 3. Existing large area sour	ion form that it is: rce	y-to-dry only, insfer only, x on the types, x < 1 on the types, x < 1 on the types of types of types of the types of types o	☐ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	business/petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour 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) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rec	y-to-dry only, usfer only, x .h types, x < lonstructed on New large a y-to-dry only,	Drop store/out of rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/y}$	business/petroleum
Facility indicated on notificati (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 ≤ 1,80	ion form that it is: rcc	v-to-dry only, usfer only, x on types, x < 10 onstructed on New large a v-to-dry only, usfer only, 20	Drop store/out of rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 440 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	business/petroleum
Facility indicated on notificati (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	ion form that it is: rcc	v-to-dry only, usfer only, x sh types, x < 10 onstructed on New large a v-to-dry only, usfer only, 20 th types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ < $x \le 1,800 \text{ gal/yr}$	business/petroleum
Facility indicated on notificati (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 ≤ 1,80	ion form that it is: rcc	v-to-dry only, usfer only, x sh types, x < 10 onstructed on New large a v-to-dry only, usfer only, 20 th types, 140	Drop store/out of rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 440 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	business/petroleum
Facility indicated on notificati (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	ion form that it is: rce	v-to-dry only, x is fer only, x is types, x < 1 onstructed on New large a y-to-dry only, is fer only, 20 th types, 140 onstructed on	Drop storc/out of rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ < $x \le 1,800 \text{ gal/yr}$	business/petroleum
Facility indicated on notificati (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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility curve of the second of	ion form that it is: rcc	v-to-dry only, usfer only, x on types, x < 10 on tructed on New large a v-to-dry only, usfer only, 20 th types, 140 on structed on Y	Drop storc/out of rea source $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/yr}$ of $x \le 1,800 \text{ gal/yr}$ or after 12/9/91) $x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	business/petroleum
Facility indicated on notificati (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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	ion form that it is: rce	v-to-dry only, insfer only, x. In types, x < 1 onstructed on New large a v-to-dry only, insfer only, 20 th types, 140 onstructed on Y Y	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 1,800 \text{ gal/yr}$ or after $= 1,800 \text{ gal/yr}$ or after $= 12/9/91$) Can not determine the source $= 1,900 \text{ gal/yr}$ about the source $= 1,900 \text{ gal/yr}$ or after $= 1,900 \text{ gal/yr}$ or after $= 1,900 \text{ gal/yr}$ about the source $= 1,900 \text{ gal/yr}$ and $= 1,900 \text{ gal/yr}$ about the source $= 1,900 \text{ gal/yr}$ and $= 1,900 gal$	business/petroleum
Facility indicated on notificati (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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	ion form that it is: rcc	v-to-dry only, insfer only, x. In types, x < 1 onstructed on New large a v-to-dry only, insfer only, 20 th types, 140 onstructed on Y Y	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 140 \text{ gal/yr}$ or after $= 12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 1,800 \text{ gal/yr}$ or after $= 1,800 \text{ gal/yr}$ or after $= 12/9/91$) Can not determine the source $= 1,900 \text{ gal/yr}$ about the source $= 1,900 \text{ gal/yr}$ or after $= 1,900 \text{ gal/yr}$ or after $= 1,900 \text{ gal/yr}$ about the source $= 1,900 \text{ gal/yr}$ and $= 1,900 \text{ gal/yr}$ about the source $= 1,900 \text{ gal/yr}$ and $= 1,900 gal$	business/petroleum
Facility indicated on notificati (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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	ion form that it is: rce	v-to-dry only, nsfer only, x. In types, x < 1 onstructed on New large a v-to-dry only, nsfer only, 20 th types, 140 onstructed on Y	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$) rea source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0.00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine the complete of the gible for a general pergible source.	business/petroleum

8-13-99 1

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Storing perchloroethylene in tightly scaled and impervious containers? DN DN/A 2. Examining the containers for leakage? DN DN/A 3. Closing and securing machine doors except during loading/unloading? ØΥ □Ν 4. Draining cartridge filters in their housing or in scaled 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 DN DYNA 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 ONA 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 A' 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 ON ON/A condenser exceeded 45° F7 Conducted all temperature monitoring after an appropriate cooldown period and after MY DW verifying that the coolant had been completely charged?

₿.	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 CIN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON CHIA
	Is the temperature differential equal to or greater than 20° F?	OY ON DANA
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 DINJA
	Is the perc concentration equal to or less than 100 ppm?	DY ON UN/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 UNIA
	or expansion, and downstican from no other fracti	ar an ana
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON EN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON DANA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (Check appropriate boxes)	<u></u>
1. Maintained receipts for perc purchased?	tory □N.
2. Maintained rolling monthly total of perc consumption?	ONΩ ₹O
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	CAN 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? 	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN CHN/A
6. Maintained startup/shutdown/malfunction plan?	DAY CIN
7. Maintained deviation reports?	DY ON DNJA
Problem corrected?	DY DN MINIA
8. Maintained compliance plan, if applicable?	OY ON WN/A

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?			ON ON
2.	Has the facility maintained a leak log?			OY ON
3.	Does the responsible official check the f	ollowing areas for leak	ss?	
	Hose connections, fittings, couplings, and valves	GY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	CY ON ON/A	Stills	BA ON ON'Y
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A
	Water separators	DY ON DNA		
4.	Which method of detection is used by the	ne responsible official?		
Visual examination (condensed solvent on exterior surfaces)			@	
Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			a . ′	
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			©HV/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON
	d. Kept in a clean and so	ecure area when not in	usc?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			\Box Y. \Box N
				·
	Inspector's Name (Please Pri	nt)	726-9 Date of Insp	
	Allea Bunch	·	7-26-	
	Inspector's Signature		Approximate Date of	Next Inspection

ADDITIONAL SITE INFORMATION:	
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Orange County Environmental Protection Department

AIRS ID#: 0951159

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>	
FACILITY NAME: Palm Beach	Cleaners		DATE: 7-26-99
FACILITY LOCATION: 7305 W. C	colonial Dr.		
Orlando, F			
O' (White)			
Annual Reporting Period: Aug. 13	1998	TO July	26 1999
Based on each term or condition of the Title V gen 62-213.300, Florida Administrative Code (F.A.C.)			
If NO, complete the following:			
#1. Term or condition of the general permit that h	as not been in continuous	compliance during the rep	porting 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 h	as not been in continuous	compliance during the rep	porting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:		 	
As the responsible official, I hereby certify, based made in this notification are true, accurate and co upon rolling averages of purchase receipts, does n year for transfer or combination facilities. RESPONSIBLE OFFICIAL: GERARD Name (Ple	mplete. Further, my annu	al consumption of perchlo	proethylene solvent, based
Name (Ple	ease 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TITE OF INSPECTION:	AMMONE [4] COI	WIP DATINITIONS COVERT	RE-INSPECTION
TIME IN: 1010	A \	30airs id#:_	0951159
TYPE OF FACILITY: Dry	Cleaners		
FACILITY NAME: Palm	Beach Cleaners		DATE: 7-26-99
FACILITY LOCATION: 730		۲.	
	ando FL 32818		
	<u> </u>		ER: 407-299-3206
RESPONSIBLE OFFICIAL: (rerard Dorcely	PHONE NUMB	ER: 90 1- 211 7206
	ne compliance requirements evaluile 62-213.300, Florida Administ		facility is found to be in
Based on the results of the discrepancies were noted	ne compliance requirements evalt l:	nated during this inspection, the	following compliance
COMPLIANCE REQU	IREMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
			, def
			· ·
/			•
		· .	<u> </u>
:			
			•
A .			
			·
COMMENTS:			
Facility in	compliance.		
The Annual Compliance Certifica	tion form has been negative part	ified and submitted to the increa	ctor. YES NO
DATE OF NEXT INSPECTION	7176	1	TESE NO
		(pproximate)	
INSPECTION CONDUCTED E	J1:	Sundy	
		Please Print)	(21 (57)
INSPECTOR'S SIGNATURE:	Ilha Bu	MONE NUMB	ER: 836-7524
	Page	l of L.	Revised 10/90

DK 8/14/98

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE (OF INSP	ECTION:
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1	
ANNUAL COMPLAINT/DISCOVERY	
RE-INSPECTION TO THE RE-INSPEC	

AIRS ID#: 0951159 DATE: 8/13/9	78 TIME IN: 0900 TIME OUT: 0945
FACILITY NAME: PALM BEAC.	H CLEANERS INC.
facility location: 7305ω .	COLONIAL DR.
	o FL 32818
RESPONSIBLE OFFICIAL: BERAL D	ORCELYPHONE: 407-299-3206
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup 🗀
2. Facility failed to notify DARM to use general per	mit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source □	2. New small area source
dry-to-dry only, $x < 140$ gal/yr	dry-to-dry only, $x < 140$ gal/yr
transfer only, x < 200 gal/yr.	transfer only, $x \le 200$ 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, $140 \le x \le 2{,}100 \text{ gal/yr}$	- The street street
transfer only, $200 \le x \le 1,800$ gal/yr	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 both types, $140 \le x \le 1,800$ gal/yr
both types, $140 < x < 1.800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr $\stackrel{\text{Res}}{=}$
(constructed before 12/9/91)	(constructed on or after 12/9/91) Sog
5. This is a correct facility classification	DY DN DCan not determine of A
If no, please check the appropriate classific	ouron:
facility qualified for a ge	neral permit as number above $\overset{\circ}{\mathcal{V}}$
☐ facility exceeds above lin	nits and is not eligible for a general permit
	urchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled and impervious containers? DY ON MONA 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 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ŪΥ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	.: • • • • • • • • • • • • • • • • • • •	ОΝ	□ N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÜΥ	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DAY GN .				
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 lirs? or; 	DA ON ONY				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DAY ON ON/A				
4. Maintained calibration data? Gor applicable direct reading instruments)	DY DN DN/A				
5. Maintained exhaust duct monitoring data on pere concentrations?	ANO NO YES				
6. Maintained startup/shutdown/malfunction plan?	אם אם				
7. Maintained deviation reports?	באום אם אם				
Problem corrected?	אואבן אם צם				
8. Maintained compliance plan, if applicable?	אואען אנו אנו				

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	ZY	ПИ				
2.	Has the facility maintained a leak log?	ΠY	ПИ				
3.	Does the responsible official check the following areas for leaks?		. '				
	Hose connections, fittings, couplings, and valves	ZY C	א/אבז אכ				
	Door gaskets and seating DY ON ON/A Stills	par c	N/NC NC				
	Filter gaskets and seating	ZY C	א/אם אכ				
	Pumps Diverter valves	ZY C	אומם מם				
	Solvent tanks and containers TAY ON ON/A Cartridge filter housings	ZY C	אומם מב				
	Water separators DAY ON ON/A						
4.	Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)	X					
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector		_				
	If using direct-reading instrumentation, is the equipment:	ZIN/A					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	UY U	ИĽ				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?		. N⊑				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ÜY	ЭN				
	d. Kept in a clean and secure area when not in use?	CIY (DИ				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	□Y (ПN				

ASSEFA HATCEMARIAM

Inspector's Name (Please Print)

Date of Inspection

8/12/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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BEST AVAILABLE COPY

ITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMP	LAINT/DISCOVERY		RE-INSPEC	TION D
TIME IN: 0 700	TIME OUT: 2	7113	AIRS	1D#: <u>0 7</u>	57159	
TYPE OF FACILITY: DR	1 CLEANS	£	en delle delle som en			3,
FACILITY NAME: 1914	-M BEACH	01	EANERS	INC. I	DATE: 2/47	H/18
FACILITY LOCATION: 7			1101 DE	? • • ·		
	OKIANDO					
RESPONSIBLE OFFICIAL:	GELAL I	DORC	PHONE N	vumber: Υ	07.299	3206
	ne compliance requirements ule 62-213.300, Florida Ad			on, the facility	y is found to be	in
Based on the results of the discrepancies were noted	ne compliance requirements	s evaluato	d during this inspecti	on, the follow	ing compliance	
COMPLIANCE REQU	IREMENT/PROBLE	EM	FOLLOW-U	JP ACTIO	N REQUIRI	ED
•						
· · · · · · · · · · · · · · · · · · ·						
•						
MMENTS:		J.,				
julio j	ACILITY Z	M	OKDER	?		
		···		٠.		
Annual Compliance Certifica	•		,	e inspector.	YES	NO
'E OF NEXT INSPECTION	N:					
ECTION CONDUCTED I	30000	`	roximate)	east		
ECTION CONDUCTED I	3Y: <u>H.558 F.A.</u>	(Ple:	ise Print)		· ·	· · · · · · · · · · · · · · · · · · ·
ECTOR'S SIGNATURE:	worth 160	Clour	PHONE I	NUMBER:_(,	27 - R.30	6-732
	7.	. 1	5 1	-,		Pavised 10/0

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ďα	COMPLAINT/DISCOVE	ŖY □
	RE-INSPECTION		4	
	<u> </u>		<u> </u>	
AIRS ID#: 095 1159	DATE: 7-24-00	TIME I	i: 1002 & Tame of	UT: <u>(030</u>
FACILITY NAME: POLY	n Beach Cle	2aners	Oll XX	
FACILITY LOCATION:	1305 W. Co	lonial	Dr. Oliginia	·
	Orlando, FL	- 3281	8	<u></u>
RESPONSIBLE OFFICIAL :	Gerard Dor	rcely	PHONE: 407-299	-3206
CONTACT NAME:		l	PHONE:	
		· · · · · · · · · · · · · · · · · · ·		
PART I: NOTIFICATION	·			
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			0
2. Facility failed to notify DAR	M to use general permit			0
PART II: CLASSIFICATION	N .			
PART II: CLASSIFICATION Facility indicated on notificati			☐ No notification form	
Facility indicated on notificati (check appropriate box)			☐ No notification form ☐ Drop store/out of busin	ness/petroleum
Facility indicated on notificati (check appropriate box) A.	ion form that it is:	New small a	☐ Drop store/out of busing	ness/petroleum
Facility indicated on notificati (check appropriate box) A. I. Existing small area sour	ion form that it is:	New small a	☐ Drop store/out of busin	
Facility indicated on notificati (check appropriate box) A.	ion form that it is: ree 2. /yr dry		□ Drop store/out of busing rea source □ x < 140 gal/yr	
Facility indicated on notificati (check appropriate box) A. I. Existing small area sour dry-to-dry only, x < 140 gal/	rce 2./yr dry	y-to-dry only,	☐ Drop store/out of busing the properties of busing the busing the busing the properties of busing the busing the busing	
Facility indicated on notificati (check appropriate box) A. I. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr	rce 2. /yr dry trai	y-to-dry only, nsfer only, x th types, x < 1	☐ Drop store/out of busing the properties of busing the busing the busing the properties of busing the busing the busing	ness/petroleum Aerotech 1992 Machine
Facility indicated on notificati (check appropriate box) A. I. Existing small area soundry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce 2. /yr dry trai bot	y-to-dry only, nsfer only, x th types, x < l onstructed on	Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	
Facility indicated on notificati (check appropriate box) A. I. Existing small area sour dry-to-dry only, x < 140 gal/ transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	ion form that it is: ree 2. /yr dry trai bot (co	y-to-dry only, nsfer only, x th types, x < 1 onstructed on New large as	Drop store/out of busing rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	
Facility indicated on notificati (check appropriate box) A. I. 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	ion form that it is: ree 2. /yr dry trai bot (co	y-to-dry only, nsfer only, x th types, x < 1 onstructed on New large an y-to-dry only,	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$	
Facility indicated on notificati (check appropriate box) A. I. 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 ≤ 1,80	ion form that it is: ree 2. /yr dry trai bot (co	y-to-dry only, nsfer only, x th types, x < 1 onstructed on New large an y-to-dry only, nsfer only, 20	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
Facility indicated on notificati (check appropriate box) A. I. 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	ion form that it is: ree 2. /yr dry trai bot (co	y-to-dry only, nsfer only, x th types, x < 1 onstructed on New large an y-to-dry only, nsfer only, 20 th types, 140	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$	
Facility indicated on notificati (check appropriate box) A. I. Existing small area sour dry-to-dry only, x < 140 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	ion form that it is: ree 2. /yr dry trai bot (co	y-to-dry only, nsfer only, x th types, x < 1 postructed on New large an y-to-dry only, nsfer only, 20 th types, 140 postructed on	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) The source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
Facility indicated on notificati (check appropriate box) A. I. Existing small area sour dry-to-dry only, x < 140 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 (constructed before 12/9/91) 5. This is a correct facility of	ion form that it is: ree 2. /yr dry trai bot (co ree 1 4. ,100 gal/yr dry 00 gal/yr trai gal/yr bot (co	y-to-dry only, nsfer only, x th types, x < lonstructed on New large ary-to-dry only, nsfer only, 20 th types, 140 onstructed on	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
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Facility indicated on notificati (check appropriate box) A. I. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-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 classification, please check the facility of the constructed before 12/9/91)	ion form that it is: ree 2. /yr dry trai bot (co ree 1 4. ,100 gal/yr dry 00 gal/yr trai gal/yr bot (co	y-to-dry only, nsfer only, x th types, x < 1 onstructed on New large an y-to-dry only, nsfer only, 20 th types, 140 onstructed on Y LYN 1: I permit as nu	Drop store/out of busing rea source $x < 140 \text{ gal/yr}$ (200 gal/yr) (40 gal/yr) (40 gal/yr) (40 gal/yr) (40 $\le x \le 1,800 \text{ gal/yr}$ (50 $\le x \le 1,800 gal/y$	

facility was 50

gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY, ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ON/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 ON 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the THY 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 condenser exceeded 45° F? 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:		
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?	□Y □N	
2.	Measured and recorded the washer exhaust temperature at the condenser		
1	inlet and outlet weekly?	\Box Y \Box N	□N/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N	□N/A
	to the temperature distributed and to or greater than 20 T.		
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	□N/A
	Is the perc concentration equal to or less than 100 ppm?		ΓIN/Δ
	13 the pero consentration equal to or 1033 than 100 ppm.	— 1 —	— 11772
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?	□Y □N	□N/A
_			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	Out to:	CDs 1/4
	condenser coils?		UN/A
_	Douted sixflam to the combon advantage (if word) at all times?	пу гъм	□NI/A
0.	Routed airflow to the carbon adsorber (if used) at all times?	UY UN	UN/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?	ETY ON				
3. Maintained leak detection inspection and repair reports for the following:	. /				
a. documentation of leaks repaired w/in 24 hrs? or;	TY 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?	CY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON WINA				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON CON/A				
6. Maintained startup/shutdown/malfunction plan?	MY ON				
7. Maintained deviation reports?	OY ON LAN/A				
Problem corrected?	OY ON TIN/A				
8. Maintained compliance plan, if applicable?	DY DN MIN/A				

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
ir	aspection?			MY ON		
2. H	as the facility maintained a leak log?			MY ON		
3. D	oes the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	OY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	ey on on/a				
4. W	hich method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces	5)	년 		
·	Physical detection (airflow felt thr	ough gaskets)		. .		
	Odor (noticeable perc odor)			a l		
	Use of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)	ū		
	Halogen leak detector			a		
	MN/A					
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	אם אם		
	b. Calibrated against a st	andard gas prior to and a	fter each use			
	(PID/FID only)?			DY DN		
	c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	מם עם		
	d. Kept in a clean and se	cure area when not in use	?	OY ON		
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON		
ı						
-						
	The Budi		7-24-00			
	Inspector's Name (Please Prin	t)	Date of Inspection			
	<u> </u>		•			
	Illa Burch		7-24-01			
	Inspector's Signature		Approximate Date of	Next Inspection		

ADDITIONAL SITE INFORMATION:

1999 None 1-28-00 20.0 5-30-00 30.0

RS ID#: 0951159

BEST AVAILABLE COPY

17hms 7/24/00 80

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

CILITY NAME: Palm Bea	ch Cleaners		DATE: 07.24-200
CILITY LOCATION: 7305	W. Colonial Dr		
	10, FL 32818		
unual Reporting Period:	26, 1999 30	TO July &	20,00
sed on each term or condition of the Title?-213.300, Florida Administrative Code (F		·	
NO, complete the following:			
1. Term or condition of the general permit	t that has not been in continuous	compliance during the report	ting period stated above:
xact period of non-compliance: from		to	
ction(s) taken to achieve compliance:			
1ethod used to demonstrate compliance:			
2. Term or condition of the general permit	t that has not been in continuous	compliance during the repo	rting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
		•	
As the responsible official, I hereby certify, in this notification are true, accurate and conurchase receipts, does not exceed 2,100 go combination facilities.	omplete. Further, my annual con	sumption of perchloroethyl	ene solvent, based upon
RESPONSIBLE OFFICIAL: <u>CERA</u> Na	RD DERCELY ume (Please Print)	Jin Lilya Signature	07-24-2000 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 V COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 1005 TIME OUT: 1030	AIRS ID#: 0951159
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Palm Beach Cleaners	DATE: 7-24-00
FACILITY LOCATION: 7305 W. Colonial Dr.	
Orlando FL 32818	
RESPONSIBLE OFFICIAL: Gerard Dorcely	
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
COMI BIANCE REQUIREMENTA ROBLEM	FOLLOW-OF ACTION REQUIRED
	·
Section 1	
	<i>₩</i>
·	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·
COMMENTS.	
Facility in compliance	o
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7-24 - 0	<i></i>
(Арр	roximate)
INSPECTION CONDUCTED BY: Ika B	
	nse Print)
INSPECTOR'S SIGNATURE: Mha Bunch	PHONE NUMBER: 407-836-7400
Page /	of Revised 10/96

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









Dimension Address

Dimension Deliverable As Address

Cantinitials

Date 12902

10 AIRS ID # 0951159001AG GERARD DORCELY PALM BEACH CLEANERS 7305 WEST COLONIAL DRIVE ORLANDO FL 32818

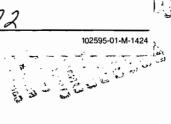
Receiving on N

U.S. Postal Service CERTIFIED MAIL F (Domestic Mail Only; No Insur	RECEIPT ance Coverage Provided)
0 F F C 1 2	ALUS
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required)	M Postmark Here)
Restricted Delivery Fee (Endorsement Required)	
GERARD DORCELY PALM BEACH CLEANERS 7305 WEST COLONIAL DRI ORLANDO FL 32818	
PLACE SHIP SECUROR PLACE STICKER AT TOP OF ENVELOR TO THE RIGHT OF RETURN ADDRESS TOLD AT DOT THE PLACE OF	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	A. Received by (Please Print Clearly) B. Date of Delivery
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.	C. Signature X
i. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 0951159001AG GERARD DORCELY PALM BEACH CLEANERS	1
7305 WEST COLONIAL DRIVE ORLANDO FL 32818	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)

PS Form 3811, March 2001

Domestic Return Receipt

Article Number (Transfer from service label) 7000/47000/33/08 7/72



on the reverse side'	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 		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.
N ADDRESS completed of	AIRS ID#: 0950359 SUNCREST #11501 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4b. Service Registere	5 36 2 2 Type ed Mail ceipt for Merchandise	Certified Insured	ou for using Return Rec
our <u>RETURI</u>	5. Received By: (Print Name) 6. Signature (Addressee or Agent)	8. Addressee and fee is	e's Address <i>(Only i</i> paid)	f requested	Thank y

PS Form 3811, December 1994

Domestic Return Receipt

CINHATED STATES POSTAL SERVICE - 20-97 20:5

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

 \bullet Print your name, address, and ZIP Code in this box \bullet

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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		Service MAIL REC		led)
97b	, to			
m		_		
2	Postage	\$		
7	Certified Fee	·	Postmark	
4	Return Receipt Fee (Endorsement Required)		Here	
005	Restricted Delivery Fee (Endorsement Required)			
	Tot	AIRS II	D # 0951159	
90	Reci, PALM BEACH GERARD DOI	CLEANERS		
_	Stree 7305 WEST CO	LONIAL DRIVE		
7000	ORLANDO FL	32818		
	PS Form 3800, February	2000	See Reverse fo	Instructions

		$\overline{}$
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Cc. iplete 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 # 0951159 PALM BEACH CLEANERS GERARD DORCELY 	e C. Signature Agent	2/16/01 Agent Addressee dress different from item 1? Yes
7305 WEST COLONIAL DRIVE ORLANDO FL 32818	3. Service Type	
N	Certified Mail	dise ,
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label)	6 412M 3976	
PS Form 3811, July 1999 Dome	nestic Return Receipt 102595-99-M-1	1789

UNITED STATES POSTAL SERVICE



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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400



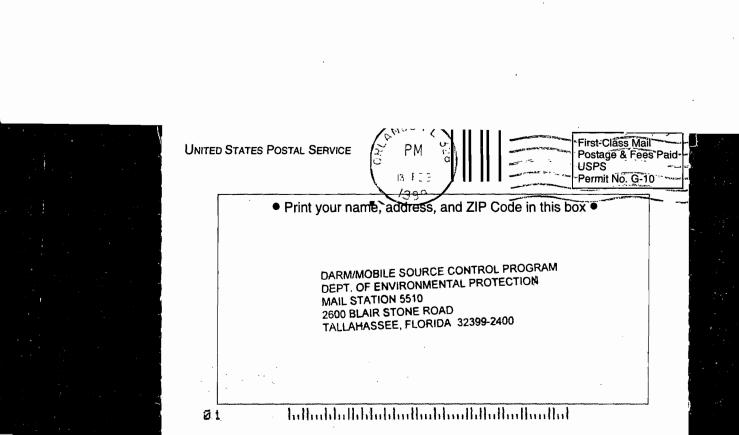
I (Z 333 LE US Postal Service Receipt for Cert PALM BEACH CLEAN GERARD DORCELY 7305 WEST COLONIA	tified Mail AIRS ID # 0951159 NERS
	ORLANDO FL 32818	L DRIVE
ļ	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	
	e return-address	
	top of envelope to	levo enil ts blo∃

on the reverse side?	SENDER: ■Complete items 1 and/or 2 for additional services. ■Complete items:③Aa, 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 *Feturn Receipt Requested* on the mailpiece below the article ■The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eipt Service.
IN ADDRESS completed	3. Article Addressed to: AIRS ID # 0951154 MICHELLE M' CLEANERS JUAN ARRIOLA 2398 WEST OAK RIDGE ROAD ORLANDO FL 32809	4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ed	you for using Return Rec
ls your <u>RETUR</u>	5. Received By: (Print Name) 1. Rest VCRO 6. Signature: (Addressed or Agent) X J.		e's Address (Only if requested	:ank

102595-97-B-0179

Domestic Return Receipt

PS Form 3811, December 1994



	PALM BEACH CLEA	AIRS ID # 0951159
	GERARD DORCELY 7305 WEST COLONIA ORLANDO FL 32818 Post Office, State, & ZIP Cod	AL DRIVE
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
10	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 3800 , April 1995	Postmark or Date	

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 spac permit. Write "Return Receipt Requested" on the mailpiece below the article.	e can return this te does not e number.	also wish to receive the following services (for an extra fee): 1.
AIRS ID # 0951159 PALM BEACH CLEANERS GERARD DORCELY 7305 WEST COLONIAL DRIVE ORLANDO FL 32818	4b. Service ☐ Registere ☐ Express	7799
5. Received By: (Print Name) 6. Signature: (Addresseefer Agent) X A C C C C C C C C C C C C	and fee is	, ,
	■ 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: AIRS ID # 0951159 . PALM BEACH CLEANERS GERARD DORCELY 7305 WEST COLONIAL DRIVE ORLANDO FL 32818 5. Received By: (Print Name)	■ 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. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write 'Return Receipt Requested' on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0951159 ABACH CLEANERS GERARD DORCELY 7305 WEST COLONIAL DRIVE ORLANDO FL 32818 5. Received By: (Print Name) 8. Addressed and fee is and fee is

United States Postal Service

Print your name, address, and ZIP Code in this box

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

■ Complete items 1 and/or ≥ \(\delta\) driving additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this focard to you.	I also wish to receive the following services (for an extra fee):
 Attach this form to the front of the mailpiece, or on the permit. 	back if space does not 1. Addressee's Addres
■Write "Return Receipt Requested" on the mailpiece b ■The Return Receipt will show to whom the article wa	
delivered.	Consult postmaster for fee.
3. Article Addressed to: AIRS ID #	4a. Article Number 951159 Z 333 660329
PALM BEACH CLEANERS	4b. Service Type
GERARD DORCELY	☐ Registered
7305 WEST COLONIAL DRIVE	☐ Express Mail ☐ Insure
ORLANDO FL 32818	☐ Return Receipt for Merchandise ☐ COD
	7. Date of Delivery
5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361800

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
FEB 24 99

Do NOT Remove Label

AIRS ID # 0951159 PALM BEACH CLEANERS GERARD DORCELY 7305 WEST COLONIAL DRIVE ORLANDO FL 32818

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0951159

PALM BEACH CLEANERS GERARD DORCELY 7305 WEST COLONIAL DRIVE ORLANDO FL 32818 ROOM 13 00

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412854 JAN10 2002 📉



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 # 0951159
PALM BEACH CLEANERS
GERARD DORCELY
7305 WEST COLONIAL DRIVE
ORLANDO FL
32818

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



This portion must be attached to remittance for proper handling $\ensuremath{\cancel{\smile}}\ 301499$

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

FEB -2 98

Do NOT Remove Label

AIRS ID#0951159

PALM BEACH CLEANERS INC GERARD DORCELY 7305 WEST COLONIAL DRIVE ORLANDO FL 32818 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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 # 0951159

PALM BEACH CLEANERS GERARD DORCELY 7305 WEST COLONIAL DRIVE ORLANDO FL 32818

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273