

# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 10, 1997

Mr. Peter Ballissoon  
Town N Country Cleaners  
145 University Park Drive  
Winter Park, Florida 32792

Re: Facility No. 0951162

Dear Mr. Ballissoon:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on July 31, 1997.

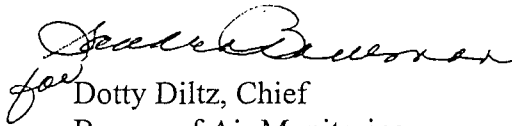
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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, <del>agency, or individual owner</del> ):	IPNS INC
2. Site Name (For example, plant name or number):	TOWN N COUNTRY CLEANERS 145 UNIVERSITY PARK DR WINTER PARK FL 32792
3. Hazardous Waste Generator Identification Number:	
4. Facility Location: Street Address:	145 UNIVERSITY PARK DR WINTER PARK
City:	WINTER PARK
County:	ORANGE
Zip Code:	32792
5. Facility Identification Number (DEP Use ONLY - do not fill in):	095162

Responsible Official

6. Name and Title of Responsible Official: Name:	PETER BALKISSOON	Title:	Manager Asst. Manager
7. Responsible Official Mailing Address: Organization/Firm:	TOWN N COUNTRY CLEANERS	Street Address:	145 UNIVERSITY PARK DR
City:	WINTER PARK	County:	ORANGE FL
Zip Code:	32792		
8. Responsible Official Telephone Number: Telephone:	( ) - ( ) - 407-679-1118	Fax:	( ) - ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same as #6.						
10. Facility Contact Address: Street Address:	Same as #4	City:		County:		Zip Code:	
11. Facility Contact Telephone Number: Telephone:	( ) - ( ) -	Fax:	( ) - ( ) -				

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JUL 31 1997

### 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	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	10/96	10/96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed (existing small area source)

2.(a) What was the total quantity of perchloroethylene (perc) purchased or consumed in the latest 12 months?  
 gallons (You must fill this in)

(b) If less than 12 months, how many?  months

Check why it is less than 12 months: New owner:  New store:  Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

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

Please indicate 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)  
\_\_\_\_\_

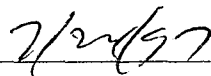
No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

July 27, 1998

Mr. Thanh D. Tran  
Town 'N Country Cleaners  
145 University Park Drive  
Winter Park, Florida 32792

Dear Mr. Tran:

Thank you for informing us that you are the new owner of Town 'N Country Cleaners. We received the information on July 23.

In accordance with Rule 62-213.300(3), Florida Administrative Code (F.A.C.), the Title V Air General Permit is not-transferable and does not follow a change in ownership of the facility. Therefore, as the owner of the facility, you must notify the Department of your intent to use a Title V General Permit. I am enclosing a Perchloroethylene Dry Cleaner Air General Permit Notification Form for your convenience. Please complete this form and submit it to the following address:

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

The terms and conditions for perchloroethylene dry cleaning facilities are listed in Part II of the enclosed notification form. If you have any questions pertaining to the completion of this form or the Title V general permit program, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman  
Mobile Source Control Section  
Bureau of Air Monitoring and  
Mobile Sources

SB/  
Enclosure  
cc: Assefa Hailemaria, Orange County  
Rick Butler

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

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

New owner

RECEIVED  
MAR 02 1998

Bureau of Air Monitoring  
& Mobile Sources

IPNS INC  
PETER BALLISSOON  
145 UNIVERSITY PARK DRIVE  
WINTER PARK FL 32792

AIRS ID 0951162

Thank D. Tran  
DBA Town 'N Countr  
cleaners  
145 University  
Park i

Do NOT Remove Label

Annual Reporting Period:

~~9/21/97~~ ~~11/1/98~~ ~~1/15~~ 19 ~~98~~ TO ~~9/4/97~~ ~~1/1/98~~ ~~7/16~~ 19 ~~98~~

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED  
JUL 23 1998  
Bureau of Air Monitoring  
& Mobile Sources

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

RESPONSIBLE OFFICIAL: THANH DUC TRAN [Signature] 2/20/98  
Name (Please Print) Signature Date  
X [Signature] THANH TRAN

\*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.

# INTEROFFICE MEMORANDUM

**Date:** 13-Jul-1998 02:38pm  
**From:** Sandy Bowman TAL  
BOWMAN\_S  
**Dept:** Air Resources Management  
**Tel No:** 850/921-9583

**To:** Assefa Hailemariam ORL ( HAILEMARIA\_A @ A1 @ EPIC66 )  
**CC:** Rick Butler TAL ( BUTLER\_R )  
**CC:** Marie Driscoll ORL ( DRISCOLL\_M @ A1 @ EPIC66 )  
**CC:** William Davis TAL ( DAVIS\_W )

**Subject:** Town N Country

Hi Assefa!

Welcome to our little world of Title V general permits! I understand you will be helping Marie out for awhile.

Town N Country (ID #0951162) drycleaners is identified in the ARMS database as inactive. We received a note saying that there had been a change in ownership of the facility. Since ownership for Title V general permit facilities can not be transferred, we sent the new owner a new notification form and inactivated the existing file. We have not yet received a notification form for this facility under the name of Town N Country. Therefore, we believe this facility is operating without a permit.

I am not certain that the new owner understands that permits can not be transferred and therefore, the importance in returning the completed notification form to us. I would appreciate it if you would check this out for me.

Thanks again.

Sandy



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MAR 02 1998

Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

New owner

IPNS INC  
 PETER BALLISSOON  
 145 UNIVERSITY PARK DRIVE  
 WINTER PARK FL 32792

AIRS ID 0951162

Thank D. Tran  
 DBA Town 'n' Country  
 Cleaners  
 145 University  
 Park Dr.  
 Winter Park 32792

Do NOT Remove Label

Annual Reporting Period: 9/21/97 \* 11/98 \* 95 1998 TO 9/4/97 \* 12/31/98 \* 7/16 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED  
 JUL 23 1998  
 Bureau of Air Monitoring & Mobile Sources

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: THANH DUC TRAN [Signature] 2/20/98  
 Name (Please Print) Signature Date  
X [Signature] THANH TRAN

\*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.

Surrender of Existing Air Permit(s)

Please indicate 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) \_\_\_\_\_

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

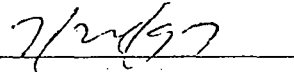
*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

Signature



Date



Orange County Environmental Protection Department RECEIVED

PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTOR CHECKLIST

SEP 25 1997

Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0951162 DATE: 7/24/97 TIME IN: 1030 TIME OUT: 1145  
FACILITY NAME: Town & Country Cleaners  
FACILITY LOCATION: 6470 Raleigh St  
Orlando FL 32835

PART I: NOTIFICATION  
(check appropriate box)  
1. Existing facility notified DARM by 9/1/96   
2. New facility notified DARM 30 days prior to startup   
3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION  
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 types,  $x < 140$  gal/yr  
(constructed before 12/9/91)  
2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)  
3. Existing large area source   
dry-to-dry only,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr  
(constructed before 12/9/91)  
4. New large area source   
dry-to-dry only,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr  
(constructed on or after 12/9/91)  
This is a correct facility classification  Y  N  
If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit  
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 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?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

- |  |                                       |                            |                              |
|--|---------------------------------------|----------------------------|------------------------------|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                              |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                              |

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**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?   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N   |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?<br><br>Is the temperature differential equal to or greater than 20° F?   | <input type="checkbox"/> Y <input type="checkbox"/> N N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N 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?<br><br>Is the pere concentration equal to or less than 100 ppm?                       | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? | <input type="checkbox"/> Y <input type="checkbox"/> N N/A  |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A  |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A  |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

- |  |   |
|--|---|
| 1. Maintained receipts for pere purchased?   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 2. Maintained rolling monthly averages of pere consumption?  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 3. Maintained leak detection inspection and repair reports for the following:  |   |
| a. documentation of leaks repaired w/in 24 hrs? or;  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |
| 4. Maintained calibration data? (for direct reading instruments only)  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on pere concentrations?   | <input type="checkbox"/> Y <input type="checkbox"/> N N/A                                     |
| 6. Maintained startup/shutdown/malfunction plan?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 7. Maintained deviation reports?   | <input type="checkbox"/> Y <input type="checkbox"/> N N/A                                     |
| Problem corrected?   | <input type="checkbox"/> Y <input type="checkbox"/> N N/A                                     |
| 8. Maintained compliance plan, if applicable?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART VI: LEAK DETECTION AND REPAIRS**

- |   |  |
|---|--|
| 1. Does the responsible official conduct a weekly leak detection and repair inspection? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
|---|--|

**BEST AVAILABLE COPY**

2. Which method of detection is used by the 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)

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

- |   |  |                           |  |
|---|--|---------------------------|--|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           |  |

Peter Balkissoon

Name of Responsible Official

**Todd Fletcher**

Inspector's Name (Please Print)

Todd Fletcher

Inspector's Signature

7/24/97

Date of Inspection

1/24/98

Approximate Date of Next Inspection

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1030 TIME OUT: 1145 AIRS ID#: 0951162  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Town & Country Dry Cleaner DATE: 7/24/97  
 FACILITY LOCATION: 6470 Raleigh St  
Orlando FL 32835  
 RESPONSIBLE OFFICIAL: Peter Balkisson PHONE NUMBER: 679-1115

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Pvc Receipts on site	
No Rolling Pev Consumption Log <sup>①</sup>	
No Leak Detection Log <sup>②</sup>	
No Corrective Action Form <sup>③</sup>	
No Condenser temp Log. <sup>④</sup>	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 1/24/98  
(Approximate)

INSPECTION CONDUCTED BY: Todd Fletcher  
(Please Print)

INSPECTOR'S SIGNATURE: Todd Fletcher PHONE NUMBER: 836-9524

September 3, 1997

This notification form was first brought down and received by me on this date.

The Bureau received this notification form on July 31, 1997.

Sandra Burnham

- spoke with Peter Balkisson - 9/4/97 -  
Manager of store - boiler is 15 HP / nat gas  
- M. Byrnes



*Production  
of  
owner*

*Activate*



(cut here)

**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**

*please change to new owner.*

303641

RECEIVED  
MAIL ROOM  
FEB 25 98

Do **NOT** Remove Label

*New owner*

AIRS ID 0951162

IPNS INC  
~~PETER BALLISSOON~~  
145 UNIVERSITY PARK DRIVE  
WINTER PARK FL 32792

*Thank Tran*

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

Z 333 633 655

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

IPNS INC  
 PETER BALLISSOON  
 145 UNIVERSITY PARK DRIVE  
 WINTER PARK FL 32792

AIRS ID 0951162

PS Form 3800, April 1995

Certified fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we 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.

3. Article Addressed to:

IPNS INC  
 PETER BALLISSOON  
 145 UNIVERSITY PARK DRIVE  
 WINTER PARK FL 32792

AIRS ID 0951162

4a. Article Number

2333-63-655

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

2-21-98

5. Received By: (Print Name)

PETER BALLISSOON

6. Signature (Addressee or Agent)

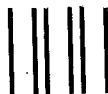
X

*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

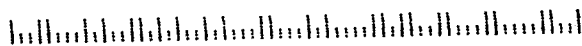
UNITED STATES POSTAL SERVICE



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

• 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

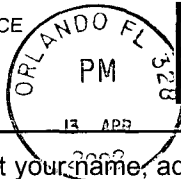


U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here <i>Receipt</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pos: 10 AIRS ID # 0951162	
Sent To	PETER BALLISSOON
Street, Apt. or PO Box /	TOWN N COUNTRY CLEANERS
City, State,	145 UNIVERSITY PARK DRIVE
	WINTER PARK FL 32792
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7975 9012

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>PANCIANO</i> B. Date of Delivery <i>4/13/02</i></p> <p>C. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0951162 PETER BALLISSOON TOWN N COUNTRY CLEANERS 145 UNIVERSITY PARK DRIVE WINTER PARK FL 32792</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy from reverse if not available)</p> <p>7001 0320 0001 7975 9012</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2500 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

