



Department of Environmental Protection

Lawton Chiles
Governor

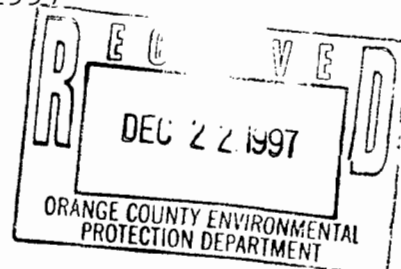
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RECEIVED
MAR 12 1998
Bureau of Air Monitoring
& Mobile Sources
Virginia B. Vetherell
Director

December 19, 1997

Mr. Harry Nathoo
Royal Touch Dry Cleaners
4664 South Kirkman Road
Orlando, Florida 32811

Re: Facility No.: 0951174



Dear Mr. Nathoo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 4, 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,

[Signature]
Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 19, 1997

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4664 South Kirkman Road
Orlando, Florida 32811

Re: Facility No.: 0951174

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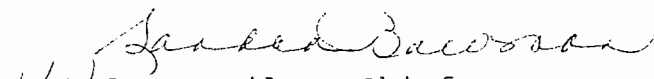
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Sincerely,


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"

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

DEC 4 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

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

2. Site Name (For example, plant name or number):
4531 ROYAL TOUCH DRYCLEANERS FLA 32811

3. Hazardous Waste Generator Identification Number:
None Yet

4. Facility Location: 4531 CONROY RD.
Street Address:
City: ORLANDO, County: ORANGE Zip Code: 32811

5. Facility Identification Number (DEP Use):
0951174

Responsible Official

6. Name and Title of Responsible Official:
HARRY NATHOO

7. Responsible Official Mailing Address:
Organization/Firm: 4664 S. KIRKMAN RD.
Street Address:
City: ORLANDO FLA County: ORANGE Zip Code: 32811

8. Responsible Official Telephone Number:
Telephone: (407) 299-3622 Fax: () -

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:
Street Address:
City: County: Same as above Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

0951174

p13 6. add Title of Responsible Official

7. add Organization/Firm.

p14

2a) add # of gallons of "perc" purchased.
If none add "0"

3. Choose one

p15

4. Choose one

5. Choose one.

a)

b)

f)

Required should be marked.

Mark others corresponding to size
facility.

12/16/97

Spoke to Harry Nathoo and he is
the Vice-President of Jarry Inc. He also
stated that the facility will open in
Jan. 1998. It is not open at this time.

Facility Information

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

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	11-NOV-90	11-NOV-90	#2	15 NOV 90	15-NOV-90			
(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

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

[New facility] gallons

(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

None yet

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

DEC 4 1997

BU of Air Monitoring
Mobile Sources

p13 6. add Title of Responsible Official

7. add Organization/Firm.

1. Facility

JA

p14

2. Site No

4.

2(a) add # of gallons of "perc" purchased.
If none add "0"

3. Hazard

No

3. Choose one

4. Facility

Street
City:

p15

4. Choose one

5. Choose one.

5. Facility

a)

b)

f)

Required should be marked.

6. Name

H

Mark others corresponding to size
facility.

7. Respon

Organ
Street
City:

12/16/97

Spoke to Harry Nathoo and he is
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Jan. 1998. It is not open at this time.

32811

8. Respon

Teleph

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

10. Facility Contact Address:

Street Address:
City:

County:

Same as above

Zip Code:

11. Facility Contact Telephone Number:

Telephone: () -

Fax: () -

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

DEC 4 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

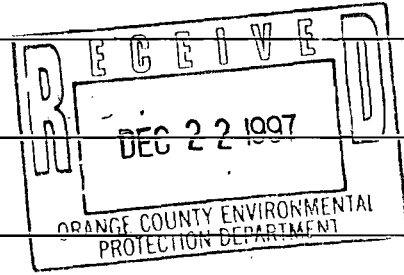
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JAYPRI INC.

2. Site Name (For example, plant name or number):
1. ROYAL TOUCH DRYCLEANERS

3. Hazardous Waste Generator Identification Number:
None Yet

4. Facility Location: 4531 CONROY RD.
Street Address:
City: ORLANDO, County: ORANGE Zip Code: 32811

5. Facility Identification Number (DEP Use):
0951174



Responsible Official

6. Name and Title of Responsible Official:
HARRY NATHOO (V. Pres)

7. Responsible Official Mailing Address:
Organization/Firm: 466A S. KIRKMAN RD.
Street Address:
City: ORLANDO FLA County: ORANGE Zip Code: 32811

8. Responsible Official Telephone Number:
Telephone: (407) 299-3622 Fax: () -

Facility Contact (If different from Responsible Official)

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Facility Information

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

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>									
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Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	11-NOV-90	11-NOV-90	#2	15 NOV 90	15-NOV 90			
(2) w/ carbon adsorber									
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(5) w/ carbon adsorber									
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(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

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

[New facility] gallons

(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

None yet

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

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 (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

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

3755

0323742

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0951174
JAYPRI INC HARRY NATHOO 4664 S KIRKMAN ROAD ORLANDO FL 32811

RECEIVED
MAIL ROOM
JUN - 5 98

Do NOT Remove Label

Annual Reporting Period: 1998 19 TO 19

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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
JUN - 9 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: HARRY NATHOO [Signature] 6/2/98

Name (Please 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.

11/06/97 Note - just recently opened for business. (MAY 1998)

5755

0323742

APCC ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0951174

JAYPRI INC
HARRY NATHOO
4664 S KIRKMAN ROAD
ORLANDO FL 32811

RECEIVED
MAIL ROOM
JUN - 5 98

Do **NOT** Remove Label

Annual Reporting Period: 1998 19__ TO 19__

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

If NO, complete the following:

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Name (Please Print) Signature Date

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11/06/97 Note - just recently opened for business. (MAY 1998)

✓
PERCHLOROETHYLENE DRY CLEANERS

RECEIVED 5-18-99 JB

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

MAY 24 1999

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY of Air Monitoring
RE-INSPECTION & Mobile Sources

AIRS ID#:	<u>0951174</u>	DATE:	<u>5-11-99</u>	TIME IN:	<u>1050</u>	TIME OUT:	<u>1115</u>	
FACILITY NAME:	<u>Royal Touch Dry Cleaners</u>							
FACILITY LOCATION:	<u>4245 Conroy Rd</u>							
	<u>Orlando, FL</u>			<u>32811</u>				
RESPONSIBLE OFFICIAL:	<u>Harry Nathoo</u>	PHONE:	<u>407-649-3311</u>					
CONTACT NAME:	<u>Jaypri Inc</u>						PHONE:	

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- | | |
|--|---|
| <p>1. Existing small area source <input type="checkbox"/></p> <p>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)</p> | <p>2. New small area source <input type="checkbox"/></p> <p>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)</p> |
| <p>3. Existing large area source <input checked="" type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/></p> <p>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 390 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 <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 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 <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input 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 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/bi-weekly basis? | <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. 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 <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- 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

Ilka Bundy
 Inspector's Name (Please Print)

5-11-99
 Date of Inspection

Ilka Bundy
 Inspector's Signature

5-11-2000
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

5-29-98	39.0 gal	← started @ this store
7-17-98	78.0	
8-11-98	39.0	
9-28/98	19.5	
11-6-98	58.5	
12-15-98	58.5	
1-14-99	39.0	
2-19-99	58.5	

390.0

- ① Columbia - Left _{50 lbs} 11 yrs old
- ② Columbia - Right _{80 lbs} 11 yrs old

~ 1988

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1050 TIME OUT: 1115 AIRS ID#: 0951174
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Royal Touch Dry Cleaners DATE: 5-11-99
 FACILITY LOCATION: 4245 Conroy Rd
Orlando, FL 32811
 RESPONSIBLE OFFICIAL: Harry Nathoo PHONE NUMBER: 407-649-3311

- 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

COMMENTS:
Facility in compliance.

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

DATE OF NEXT INSPECTION: 5-11-2000
(Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 836-9524

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS 6-2-00
Thorn 5 6-16-00

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0951174 DATE: 5-26-00 TIME IN: 0925 TIME OUT: 1005
FACILITY NAME: Royal Touch Dry Cleaners
FACILITY LOCATION: 4245⁴⁵²⁵ Conroy Rd. 4525
Orlando, FL 32811
RESPONSIBLE OFFICIAL: Harry Nathoo PHONE: 407-649-3311
CONTACT NAME: _____ PHONE: _____

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

RECEIVED
JUN 21 2000
Bureau of Air, Noise & Mobile Sources

PART II: CLASSIFICATION
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) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 389 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? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or; Y N N/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? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. 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 <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. 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)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- 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

Ilka Bundy
 Inspector's Name (Please Print)

5-26-00
 Date of Inspection

Ilka Bundy
 Inspector's Signature

5-26-01
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1035-1042 Spoke w/ Nell - She called Harry Nathoo
 I said I would come back next week -
 Asked Harry to call me.

01/17/00 - ² 39.0	
03/21/00 - 117.00	
05/19/00	
05/18/00 58.5	
<u>01/1</u>	<u>214.5</u>

12/3/99	39.0
10/18/99	58.5
07/02/99	39.0
06/11/99	39.0
02/19/99	58.50
01/14/99	39.0
	<u>273.0</u>

216.0
- 58.5
<u>213.5</u>
117.0
<u>330.5</u>
58.5
<u>389.0</u>

AIRS ID#: 0951174

Revised 01/18/00

ARM 6-2-00 JB

Title 5 6-16-00 JB

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Royal Touch Dry Cleaners DATE: 5-26-00
 FACILITY LOCATION: 4245 Conroy Rd.
Orlando, FL 32811

Annual Reporting Period: May 11 ^{to} 20 1999 TO May 26 2000

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: _____

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: HARRY NATHOO [Signature] 5/26/00
 Name (Please 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**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0925 TIME OUT: 1005 AIRS ID#: 0951174
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: Royal Touch Dry Cleaners DATE: 5-26-00
 FACILITY LOCATION: 4245 Conroy Rd.
Orlando, FL 32811
 RESPONSIBLE OFFICIAL: Harry Nathoo PHONE NUMBER: 407-649-3311

- 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

COMMENTS:
Facility in compliance.

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

DATE OF NEXT INSPECTION: 5-26-01
 (Approximate)

INSPECTION CONDUCTED BY: Ilka Bundy
 (Please Print)

INSPECTOR'S SIGNATURE: Ilka Bundy PHONE NUMBER: 407-836-1400

JAYPRI INC. DBA ROYALTOUCH DRYCLEANERS

DEPARTMENT OF ENVIROMENTAL PROTECTION
ENVOIREMENTAL

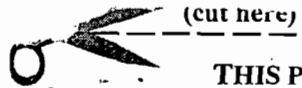
12/24/2000

-2703

50.00.

ROYAL TOUCH DRYCL customer# AIR ID# 0951174

50.00



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401291

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

12-29-02

Do NOT Remove Label

AIRS ID # 0951174
 ROYAL TOUCH DRYCLEANERS
 HARRY NATHOO
 4521 S CONROY ROAD
 ORLANDO FL 32811

RECEIVED
MAIL ROOM
DEC 29 2000

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: A1
 Fund: 20-2-035001
 Obj.: 002273

JAYPRI INC. DBA ROYALTOUCH DRYCLEANERS

2924

DEPT OF ENVIROMENTAL PROTECTION
SALES TAX

12/26/2001

50.00

ROYAL TOUCH DRYCL AIRS ID # 09951174

50.00



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

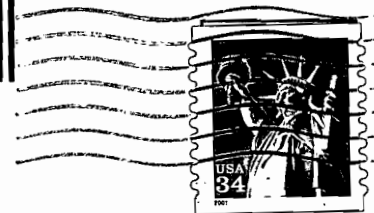
~~X~~ 412409 DEC31 2001

Do NOT Remove Label

AIRS ID # 0951174
ROYAL TOUCH DRYCLEANERS
HARRY NATHOO
4521 S CONROY ROAD
ORLANDO FL
32811

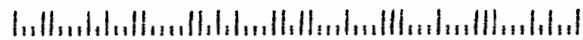
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

GOLDEN TOUCH CLEANERS
2453 SOUTH HIAWASSEE ROAD
METROWEST VILLAGE PLAZA
ORLANDO, FLORIDA 32835



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

32315+3070 99



JAYPRI INC. DBA ROYALTOUCH DRYCLEANERS
TITLE V AIR GENERAL PERMITS
ENVOIREMENTAL

6/1/98

2042

50.00

Bureau of Air Monitoring
& Mobile Sources

JUN - 9 1998

RECEIVED

ROYAL TOUCH DRYCL AIRS ID# 0951174

50.00

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.

RECEIVED

JUN - 9 1998

Bureau of Air Monitoring
& Mobile Sources

TOTAL AMOUNT DUE: \$50.00

For 1998

Do NOT Remove Label

AIRS ID#0951174

JAYPRI INC
HARRY NATHOO
4664 S KIRKMAN ROAD 4521 S. Conroy Rd.
ORLANDO FL 32811

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

Please note address change

JAYPRI INC. DBA ROYALTOUCH DRYCLEANERS

2207

DEPARTMENT OF ENVIROMENTAL PROTECTION
ENVOIREMENTAL

12/31/98

50.00

ROYAL TOUCH DRYCL AIRS ID# 0951174 ROYAL TOUCH

50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING.

0358426

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

RECEIVED
MAIL ROOM

JAN 27 99

Do NOT Remove Label

AIRS ID # 0951174

ROYAL TOUCH DRYCLEANERS
HARRY NATHOO
4521 S CONROY ROAD
ORLANDO FL 32811

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

JAYPRI INC. DBA ROYALTOUCH DRYCLEANERS

2379

DEPARTMENT OF ENVIROMENTAL PROTECTION
ENVOIREMENTAL

12/16/99

50.00

ROYAL TOUCH DRYCL AIRS ID# 0951174 ROYAL TOUCH

50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390576

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

RECEIVED

DEC 10 2000

Bureau of Air Monitoring
& Mobile Sources

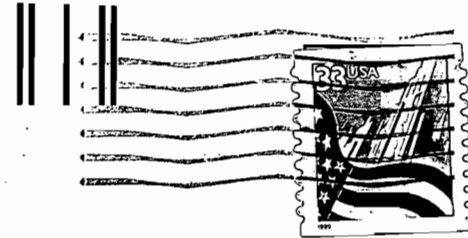
RECEIVED
MAIL ROOM
JAN 5 00

Do NOT Remove Label

AIRS ID # 0951174
ROYAL TOUCH DRYCLEANERS HARRY NATHOO 4521 S CONROY ROAD ORLANDO FL 32811

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

Touch Of Glass Cleaners
4664 Bush Kirman Road
Kirkman Oaks Place
Orlando, Florida 32811



TITLE V - General Permit
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

323153070



U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
OFFICIAL USE	
Postage \$	<i>Postmark Here</i> <i>Receipt</i> <i>02</i>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
10	AIRS ID # 0951174001AG
HARRY NATHOO ROYAL TOUCH DRYCLEANERS 4521 S CONROY ROAD ORLANDO FL 32811	
PS Form 3800, May 2000	

FOLD AT DOTTED LINE
 PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0951174001AG
 HARRY NATHOO
 ROYAL TOUCH DRYCLEANERS
 4521 S CONROY ROAD
 ORLANDO FL
 32811

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1?

If YES, enter delivery address below:

7/30

Agent
 Addressee

Yes

No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

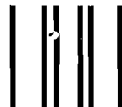
Yes

2. Article Number

(Transfer from service label)

70001670001331087059

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 •

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

RECEIVED

AUG 06 1991

Bureau of Air Monitoring
& Mobile Sources

01



959 613 656

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID 0951174

JAYPRI INC
HARRY NATHOO
4664 S KIRKMAN ROAD
ORLANDO FL 32811

PS Form 3800, April 1995

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

Fold at line over top of envelope to
the right of the return address

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:

JAYPRI INC
HARRY NATHOO
4664 S KIRKMAN ROAD
ORLANDO FL 32811

AIRS ID 0951174

4a. Article Number

2333-613-656

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2/1/94

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

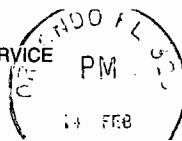
X

Harry Nathoo

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



Z 333 613 718

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

AIRS ID# 0951174

JAYPRI INC
HARRY NATHOO
4664 S KIRKMAN ROAD
ORLANDO FL 32811

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	
TOTAL Postage & Fees	\$
Postmark or Date	

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:

JAYPRI INC
HARRY NATHOO
4664 S KIRKMAN ROAD
ORLANDO FL 32811

AIRS ID# 0951174

4a. Article Number

2333613718

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 checked="" type="checkbox"/> COD |

7. Date of Delivery

4/8/98

5. Received By: (Print Name)

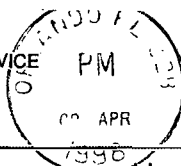
6. Signature: (Addressee or Agent)

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

Bureau of Air Monitoring
& Mobile Sources

APR 10 1998

RECEIVED

