

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

May 28, 1998

Mr. Lester Lall Flamingo Cleaners 2704 North Pine Hills Road Orlando, Florida 32808

Facility No.: 0951182

Dear Mr. Lall:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 8, 1998.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\it V}$ 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 Driscoll, Orange County

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

Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	Bure ₂	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):		F (
	florida Cleaners Inc.	u of Air Monito	<u></u>
2.	Site Name (For example, plant name or number):	Sou.	5 6 <
	Flamingo Clefiness. Hazardous Waste Generator Identification Number:	Air Monitoring ile Sources	8 1998 E
3.	Hazardous Waste Geberator Identification Number:	ing	
4.	Street Address: 4455 N PINE HILL KU-		
	City: Orlando County: Harge Zip Code: 3280	8	
,5.	Facility Identification Number (DEP Use):	62.	
	・ のは、 は、 は	<u> </u>	
	Responsible Official		
	The state of the s	~~	
6.	Name and Title of Responsible Official:	, ` /	^
	LESTER LALL PRESIDENT. 3005	ر المن المن المن المن المن المن المن المن	
7.	Responsible Official Mailing Address:	Sy	
	Organization/Firm: Street Address:		Ψ
	TQ. T) 	
	V - A -	solo 1	
8.	Responsible Official Telephone Number:		
	Telephone: (407) 532 1877 Fax: ()		
	Facility Contact (If different from Responsible Official)		
9.	Name and Title of Facility Contact (For example, plant manager):		
10	Facility Comment Address.		
10.	Facility Contact Address:		
	Street Address:		
	City: County: Zip Code:		
3 3	Facility Contact Telephone Number:	15 H V	V E D
' ' '	Telephone: () - Fax: () -	[]	
		20	
	LIL! FIAT	79 195	98
	CP: NOTE COLL	ITV ETWO	
	ORÂNOS COUN		VELT ;

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#/	03-OCT-93	/2-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit						_			
(1) w/ rcf. condenser	1	06/06/84	06/06/54	l	T				
(2) w/ carbon adsorber		1 0101	90(-70)	*****					
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser						T			
(5) w/ carbon adsorber	-								
(6) w/ no controls			_				ļ		
Dryer Unit								<u> </u>	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						1			
(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 devices (b) If less than 12 mont Check why it is less	are ro Juant gallo	equired to be ity of perchlo	installed [_	perc)	purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar					initions foun	d in section (3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is requ (Indicate with an "X".)	ired on machines	pursuant to section (5) o	Part II of this notification form?
Existing large area source Carbon adsorber	<u> </u>	Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verifiexemption criteria or that no such	y that all steam and	d hot water generating un	to use the general permit pursuant nits on-site meet the following
All steam and hot water generating boiler HP or less), and (2) are fire during which propane or fuel oil o	d exclusively by ne	atural gas except for per than one percent sulfur	iods of natural gas curtailment is fired.
All steam and hot water generating No such units on-site	g units exempt	J. 5.5 HP	ElectRic
	•		
.		15 11 1 - 7 6	
· ·	_	and Recordkeeping Info	
Check all logs which are required	to be kept on-site	in accordance with the r	equirements of this general permit:
(a) Purchase receipts and solvent p	ourchases		
(b) Leak detection inspection and	repair		$\Box \downarrow$
(c) Refrigerated condenser temper	ature monitoring		
(d) Carbon adsorber exhaust perc	concentration mon	nitoring	
(e) Instrument calibration			ب
(f) Start-up, shutdown, malfunction	on plan		

Surrender of Existing Air Permit(s)

Please indica	ate 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)
الح	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemer maintair	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a 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 pr	omptly notify the Department of any changes to the information contained in this notification. $\frac{3/20/98}{\text{Date}}$

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	Burea &	
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	> _ 2	X
	Florida Cleaners Inc.	u of Air Monito Mobile Sources	~
2.	Site Name (For example, plant name or number):	0 ≤	- CD
	Flamingo Cleanlas. Hazardous Waste Geberator Identification Number:	Air Monitoring	866
3.	Hazardous Waste Geberator Identification Number:	ing	
4.	Facility Location: 4455 N Pine Hills Rd-		
	City: Orlando County: Olarge Zip Code: 3280	8	
5	Facility Identification Number (DEP Use):		all and a second
	09511	802)
Program.			
	Responsible Official		
6.	Name and Title of Responsible Official:		
	LESTER LALL PRESIDENT.		
7.	Responsible Official Mailing Address:		
	Organization/Firm:		
	Street Address:		
	010 90	2 fo 8	
8.	Responsible Official Telephone Number:		
	Telephone: (407) 532 1877 Fax: ()		
	Facility Contact (If different from Responsible Official)		
9.	Name and Title of Facility Contact (For example, plant manager):		
10	Facility Contact Address:		
10.	ruenty Conditionalities.		
	Street Address:		
	City: County: Zip Code:		
11	Facility Contact Telephone Number:		
' ' '	Telephone: () - Fax: () -		
			i

Facility Information

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

		Date	Date		Date	Date Control		Date Machine	Date Control
		Machine	Control		Machine	Device		Initially	Device
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Installed	ID	Purchased	Installed
Type of Wachine	110	rurchased	mstaned	10	rurchased	Instanca	10	1 di chascu	mstaned
Example	#/	03-OCT-93	12-NOV-93	#12	08-DEC-91		#3	02-N1AR-92	02-M1/1R-S
Dry-to-Dry Unit	_								
(1) w/ ref. condenser	1	06/010/84	06/06/84						
			, ,						
Washer Unit									
(4) w/ ref. condenser									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls								1	
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?									
			_		,				
(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 ar	y-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls saher Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls yer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls ver Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ ref. condenser (13) w/ carbon adsorber (14) w/ ref. condenser (15) w/ carbon adsorber (16) w/ no controls ver Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls ver Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls ver Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls ver Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls ver Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls ver Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls ver Unit (13) w/ ref. condenser (14) w/ ref. condenser (15) w/ ref. condenser (16) w/ ref. condenser (17) w/ ref. condenser (19) w/ ref. condenser (19) w/ ref. condenser (19) w/ ref. condenser (10) w/ ref. condenser (
Existing large ar	ea so	urce []	N	ew la	rge area sou	rce [.]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to section (5) of P (Indicate with an "X".) 	eart II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	<u></u>]
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	ause the general permit oursuant
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 1 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment fired.
All steam and hot water generating units exempt No such units on-site	E IECTICO
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	\Box
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	·
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	لل

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the us 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	omptly notify the Department of any changes to the information contained in this notification. $\frac{3/20/98}{Date}$

Bowman, Sandy

From: Sent: Ilka.Bundy@co.orange.fl.us

Thursday, June 07, 2001 4:19 PM

To:

Butler, Rick

Cc:

Bowman, Sandy; Marie.Driscoll@co.orange.fl.us

Subject:

Dry Cleaner Update

Hi Rick!

I have looked into the four facilities that have not paid their annual fee for the year. This is what I found:

- * 0951155 Park Ave. Cleaners: William Palmer is gone. There is a new R.O. as of 3 and a half months ago.
- * 0951169 Community Cleaners: John Joiner said he would mail in his payment right away.
- * 0951190 Spotless Cleaners: The store is empty and I am unable to get a hold of Michael Warfield.
- * 0951207 Best Cleaners: Gary Shif said he would also mail in his payment right away.

During inspections, I have found two facilities that no longer exist. Both stores are empty.

- * 0951182 Flamingo Cleaners
- * 0951190 Spotless Cleaners (also above)

Thank you!

If you have any questions, please contact me!

Ilka Bundy Environmental Specialist Phone (407) 836-1400 Fax (407) 836-1498

Ilka.Bundy@ocfl.net <mailto:Ilka.Bundy@ocfl.net>

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

6-9-00 AB

TYPE OF INSPECTION:

ANNUAL

(

COMPLAINT/DISCOVERY

RE-INSPECTION

		·	<u> </u>	
AIRS ID#: <u>0951182</u> date			TIME OUT:	1140
FACILITY NAME: Flamin	igo Clec	uners		
FACILITY LOCATION: 4455	N. P.	né Hills Rd.		
Orla	ndo, F	L 32808	· .	
RESPONSIBLE OFFICIAL:	' .		407-532-12	377 70
CONTACT NAME:			407-523E46	
Come @ 11:D	O Fri. 6-9-0	Ö	obi	2 111
PART I: NOTIFICATION			Air -	
(check appropriate box)			Monitori	
1. New facility notified DARM 30 day	s prior to start	up	torii	
2. Facility failed to notify DARM to u	se general peri	nit .	ng	
PART II: CLASSIFICATION				
Facility indicated on notification for	m that it is:	□ No not	ification form	
(check appropriate box)			ore/out of business/	petroleum
A.		2 M		•
1. Existing small area source dry-to-dry only, x < 140 gal/yr	נצו	2. New small area source dry-to-dry only, $x < 140$ gal	/vr ·	•
transfer only, $x < 200 \text{ gal/yr}$		transfer only, $x < 200$ gal/yr	·	
both types, $x < 140$ gal/yr		both types, $x < 140$ gal/yr		
(constructed before 12/9/91)	•	(constructed on or after 12/9	9/91)	
3. Existing large area source		4. New large area source	۵	

If no, please check the appropriate classification:

dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$

5. This is a correct facility classification

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)

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

dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$

□Can not determine

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)

ΠN

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 58 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? DY ON ON/A 2. Examining the containers for leakage? ØY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON 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) 1. Equipped all machines with the appropriate vent controls? DY DN Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? QY QN QN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

В	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ם עם	N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	n □n/a
	Is the temperature differential equal to or greater than 20° F?	OY O	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?		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?		n □n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Q Y Q	n □n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY O	n □n/a

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

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official condu	ct a weekly (for small sources	, bi-weekly) leak detection a	nd repair		
inspection?			DY ON		
2. Has the facility maintained a leak lo	og?		DY ON		
3. Does the responsible official check	the following areas for leaks?				
Hose connections, fittings, couplings, and valves	UY ON ON/A	Muck cookers	BY ON ON/A		
Door gaskets and seating	DY ON ON/A	Stills	ey on on/a		
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØÝ □N □N/A		
Pumps	EY ON ON/A	Diverter valves	OY ON ON/A		
Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON ON/A		
Water separators	DY ON ON/A				
4. Which method of detection is used	by the responsible official?				
Visual examination (condense	ed solvent on exterior surfaces	3)			
Physical detection (airflow fel					
Odor (noticeable perc odor)	.02				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecti	ng perc vapor concentrations	in a range of 0-500 ppm?	OY ON		
b. Calibrated against (PID/FID only)?	t a standard gas prior to and at	fter each use	OY ON		
, , , , , , , , , , , , , , , , , , , ,	s and obvious signs of wear o	n a weekly hasis?	DY DN		
•	d secure area when not in use		OY ON		
•	acy by use of duplicate sampl		OY ON		
c. Vermed for accur	acy by use of duplicate sample	es (carorimente omy).	GI GN		
TIL DI		6-9-00			
Inspector's Name (Please	Print)	Date of Inspection			
1	· ,	•			
Illea Runch		6-9-01			
Inspector's Signature	Next Inspection				

BEST AVAILABLE COP'.

ADDITIONAL SITE INFORMATION:

6-2-00 lester Lall not in . Left my rand w/ staff.
Told them to have him call me when he
gets in - I need to Inspect (Annual).

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Revised 01/18/00

DAC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

11RMS 6-9-00 Thora 6-9-00 1

ACILITY NAME: Flamingo Cleaners	DATE: 6-9-00
ACILITY LOCATION: 4455 N. Pine Hills R	id.
Orlando, FL 32808	
	· · · · · · · · · · · · · · · · · · ·
nnual Reporting Period: June 7, 1999	To June 9 20 00
ased on each term or condition of the Title V general air permit, my	facility has remained in compliance with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period c	covered by this statement. YES NO
NO, complete the following:	
	e e e e e e e e e e e e e e e e e e e
1. Term or condition of the general permit that has not been in contin	mous compliance during the reporting period stated above:
xact period of non-compliance: from	to
ction(s) taken to achieve compliance:	
lethod used to demonstrate compliance:	
•	
2. Term or condition of the general permit that has not been in conti	nuous compliance during the reporting period stated above:
	₹
xact period of non-compliance: from	to
ction(s) taken to achieve compliance:	
lethod used to demonstrate compliance:	
s the responsible official, I hereby certify, based on information and a this notification are true, accurate and complete. Further, my annuarchase receipts, does not exceed 2,100 gallons per year for dry-to dombination facilities.	tal consumption of perchloroethylcne solvent, based upon by facilities or 1/800 gallons per year for transfer or
ESPONSIBLE OFFICIAL: LESTER LALL	
Name (Please Print)	Signature Date Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL V	PLAIN 1/DISCOVERY RE-INSPECTION
TIME IN: 1110 TIME OUT: 1140	AIRS ID#: 0951182
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Flamingo Cleaners	DATE: 6-9-00
FACILITY LOCATION: 4455 N. Pine Hills T	24.
Orlando, FL 32808	
RESPONSIBLE OFFICIAL: Lester Lall	PHONE NUMBER: 407 - 532 - 1877
Based on the results of the compliance requirements evaluate 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
· · · · · · · · · · · · · · · · · · ·	
	·
COMMENTS:	
Facility in compliance	•
The Annual Compliance Certification form has been properly certification.	
DATE OF NEXT INSPECTION: 6-9-C	
INSPECTION CONDUCTED BY: Ilka Bun	
· · · · - //	PHONE NUMBER: 407-836-1400
Page 1	of / Payised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION		COMPLAINT/DISCOVERY	γ ロ
AIRS 10#: 095/18				r: 10 09
FACILITY NAME:F				
FACILITY LOCATION:	4455 N	Pine F	IIIs Rd	
	Orlande	5 F		
RESPONSIBLE OFFICIAL :			PHONE: 407 5	32-1877
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION			* C C C C C C C C C C C C C C C C C C C	
(check appropriate box)			Ken of Br. 184	/ ,
1. New facility notified DARM	4 30 days prior to startu	p	NO E V	
2. Facility failed to notify DAI	RM to use general perm	it	le S J J J J	
			W.C.	
PART II: CLASSIFICATIO	N .			
was 1911 to 1911 to 1914				
(check appropriate box)	tion form that it is:		☐ No notification form☐ Drop store/out of busine.	ss/petroleum
11	irce 🗗 2 l/yr d	2. New small a lry-to-dry only, ransfer only, x both types, x < (constructed on	☐ Drop store/out of busine. rea source ☐ x < 140 gal/yr < 200 gal/yr	ss/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr	irce	lry-to-dry only, ransfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	☐ Drop store/out of busine. rea source ☐ x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
 (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 	Irce	lry-to-dry only, ransfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop storc/out of business rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	ss/petroleum
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 gatransfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility If no, please check the	irce 2 il/yr di irce 1 2,100 gal/yr di 800 gal/yr di 0 gal/yr di classification de appropriate classification ility qualified for a general	Iry-to-dry only, ransfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on ITY Notion:	□ Drop store/out of busine. rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	ss/petroleum

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? DN DN/A 2. Examining the containers for leakage? VAND ND Closing and securing machine doors except during loading/unloading? DÍY □N 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? MY UN UNIA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY CIN CIN/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) LY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY UN UNA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? UY UN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? CIY ON ON/A Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	מא כוא
2. Maintained rolling monthly total of perc consumption?	QY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	מארם אני צע
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	אומם מם עם
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DX/A
6. Maintained startup/shutdown/malfunction plan?	CY ON
7. Maintained deviation reports?	OY ON ONJA
Problem corrected?	ם א מא מאא ן
8. Maintained compliance plan, if applicable?	מ/אם אם עם

PART	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	ection?			MY ON			
2. Has	the facility maintained a leak log?			OY ON			
3. Docs	s the responsible official check the f	following areas for leaks?					
	Ilose connections, fittings, couplings, and valves	מא ט טאע	Muck cookers	GA CIN ON/V			
	Door gaskets and scating	מא טט טאיע	Stills	אואם אם אם			
	Filter gaskets and scating	DY ON ON/A	Exhaust dampers	CAY CIN CIN/A			
	Pumps	MA CINIV	Divertor valves	DY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DAY CIN CIN/V					
4. Whi	ich method of detection is used by the	ne responsible official?					
	Visual examination (condensed so	olvent on exterior surfaces	5)	D			
	Physical detection (airflow felt thr	ough gaskets)					
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic tubes)				
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equip	ment:	CIN/A			
	a. Capable of detecting p	pere vapor concentrations	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after each use	OY ON			
	c. Inspected for leaks an	nd obvious signs of wear o	on a weekly basis?	מט עט			
	d. Kept in a clean and s	ccure area when not in us	se?	OY ON			
	e. Verified for accuracy	by use of duplicate sample	les (calorimetric only)?	WY WN			
Ton Fletcher 6/18/98							
-	Inspector's Name (Please Print) Date of Inspection						
	Add Add Isalaa						
	Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL S	SITE INFORMATION:			
			•	ľ
		•		
			•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0930 TIME OUT: 10	0:00 AIRS ID#: 095118Z
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Flamingo Cleans	
FACILITY LOCATION: 4455 N. PINE HI	Ils Rd
RESPONSIBLE OFFICIAL: Lester Lall	PHONE NUMBER: 407 · 53 z - 1877
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Leak check only once a month (need every Zwks	P
	ALL VIII CE
	* Moole Solitonia
	The state of the s
· ·	
COMMENTS:	
The Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NOU
DATE OF NEXT INSPECTION: 6	29 199 Approximate)
INSPECTION CONDUCTED BY: ODD	Fletchev Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (407) 836-9524

Page of .

Revised 10/96

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

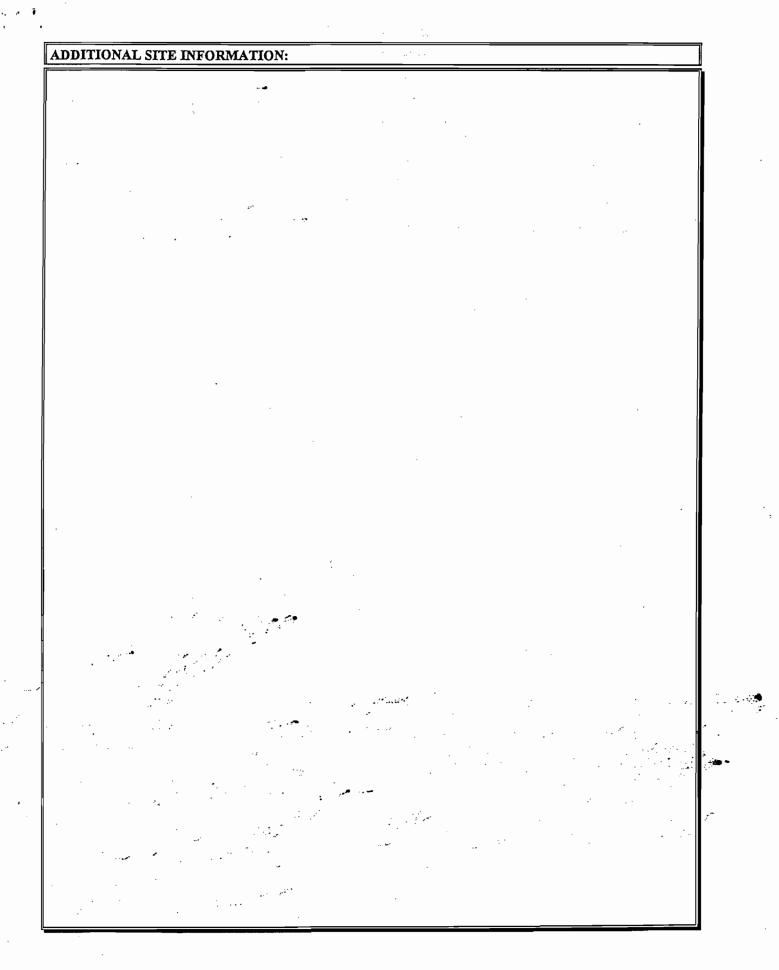
	NNUAL E-INSPECTION		COMPLAINTIDIS	COVERY	
AIRS ID#: <u>0951182</u> DATE FACILITY NAME: <u>Flaming</u> FACILITY LOCATION: <u>4455</u> Orla RESPONSIBLE OFFICIAL: <u>Le</u> CONTACT NAME:	ndo FL	Hills	Rd. **	ME OUT () () () () () () () () () (
PART I: NOTIFICATION					
(check appropriate box) 1. New facility notified DARM 30 day 2. Facility failed to notify DARM to u	-		·		0
PART II: CLASSIFICATION					
Facility indicated on notification for (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. No dry-to transf	er only, x < ypes, x < 1	x < 140 gal/yr < 200 gal/ут		roleum
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gatransfer 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 classifice 	al/yr dry-to yr transf both t (cons	er only, 20 types, 140 <	rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)		
If no, please check the appropriate facility qual	oriate classification: lified for a general potential po	ermit as nu	mber abo ible for a general per	ve mit	cleaning

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? DY ON ON/A Examining the containers for leakage? MY DN 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 ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the QY QN QN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ПΑ	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?			□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?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			ØY ON			
2. Has the facility maintained a leak l	og?		ody on			
3. Does the responsible official check	the following areas for leaks?					
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A			
Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A			
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A			
Pumps ·	MY ON ON/A	Diverter valves	MY ON ON/A			
Solvent tanks and containers	UY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water separators	MY ON ON/A		. %			
4. Which method of detection is used	by the responsible official?		/			
Visual examination (condense	ed solvent on exterior surfaces)					
Physical detection (airflow fel	lt through gaskets)					
Odor (noticeable perc odor)						
Use of direct-reading instrum	entation (FID/PID/calorimetric t	tubes)				
Halogen leak detector	•					
If using direct-reading in	nstrumentation, is the equipme	ent:	□N/A			
a. Capable of detecti	ing perc vapor concentrations in	a range of 0-500 ppm?	DY DN			
b. Calibrated agains (PID/FID only)?	t a standard gas prior to and afte	er each use	OY ON			
c. Inspected for leak	s and obvious signs of wear on a	weekly basis?	□Y □N			
d. Kept in a clean a	nd secure area when not in use?		OY ON			
	acy by use of duplicate samples	(calorimetric only)?	□Y □N			
·	· .	<u>.</u>				
Ilka Bundy		6-7-99				
Inspector's Name (Please	Print)	Date of Inspe	ction			
Ma Dundy		(e-7-2000)				
Inspector's Signature		Approximate Date of I	vext hispection			



Orange County Environmental Protection Department

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Flamingo Cleaners		DATE: 6-7-99
FACILITY LOCATION: 4455 N. Pine Orlando, FL	Hills Rd.	
Annual Reporting Period: 6.7.	19_98 то	6.7- 19 <u>98</u>
Based on each term or condition of the Title V general air perm 62-213.300, Florida Administrative Code (F.A.C.), during the	•	- -
If NO, complete the following:		
#1. Term or condition of the general permit that has not been	in continuous compliance duri	ng 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 durir	ng 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 informati made in this notification are true, accurate and complete. Fur upon rolling averages of purchase receipts, does not exceed 2, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	ther, my annual consumption of 100 gallons per year for arylio	of perchloroethylene solvent, based dry facilities or 1,800 gallons per

	l	1	
Page	of		

^{*}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 🔽	COMPLA	INT/DISCOVERY	RE-INSPECTION
TIME IN: 0840	TIME OUT:	0910	AIRS ID#:	0951182
TYPE OF FACILITY: Dry		and the state of t		
FACILITY NAME: Flam		<u>s</u> .	· · · · · · · · · · · · · · · · · · ·	DATE: <u>6-7-99</u>
FACILITY LOCATION: 44		lills Rdi		
	rlando FL			
RESPONSIBLE OFFICIAL:	ester Lall		PHONE NUMBE	er: <u>407-532-1877</u>
compliance with DEP	the compliance requirements Rule 62-213.300, Florida	Administrative	Code (F.A.C.).	·
Based on the results of discrepancies were no	f the compliance requirement led:	ents evaluated d	uring this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC	TION REQUIRED
			. /	
			Ç.	
			. god	
			•	
				•
				·
				· .
COMMENTS: Facili	ty in com	Plianco		
The Annual Compliance Certif	ication form has been pro-	nerly certified a	nd submitted to the inspec	tor. YES NO
•	i	6-7-20	-	(or. 125
DATE OF NEXT INSPECTI		(Approx	imate)	
INSPECTION CONDUCTED BY: I Ka Bundy				
	e: Allea Bu	(Please	Print)	921-4524
INSPECTOR'S SIGNATURE	e: Juna DV	mou	PHONE NUMBI	ER: 836-4524
		Page / of	<u>L</u> .	Revised 10/96

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

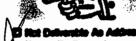


1000 0560 7976 3132





APR Z 2003 Bureau of Air Monitoring & Mobile Sources



- ☐ Unclaimed ☐ Refused
- ☑ Attempted-Not Known
- ☐ No Such Street ☐ Number
- ☐ Vacent ☐ filegible
- O No Mali Receptacle
- Box Closed-No Order
- ☐ Returned For Better Address
- Postage Due___

10 AIRS ID# 0951182001A@ FLAMINGO CLEANERS LESTER LALL 4455 N PINE HILLS FOAD ORLANDO FL 32808

Z. 333 667 458 al Service 2000

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

AIRS ID # 0951182

FLAMINGO CLEANERS LESTER LALL 4455 N PINE HILLS ROAD ORLANDO FL 32808

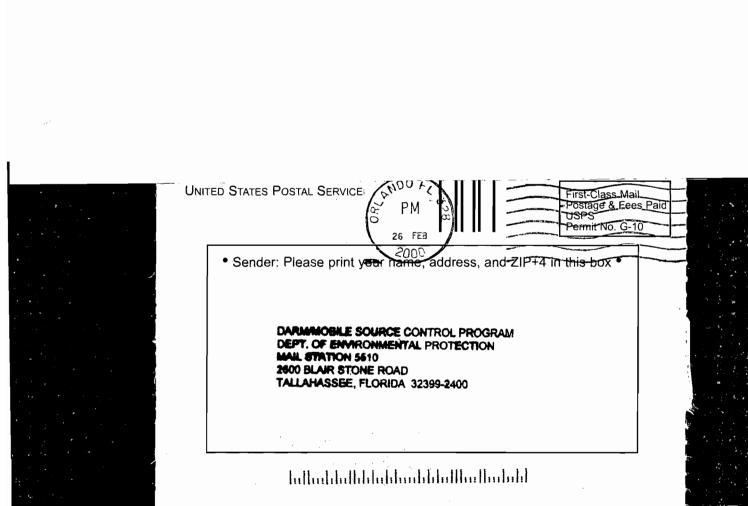
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
80	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	
٩١		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1?
1. Article Addressed to: AIRS ID # 0951182 FLAMINGO CLEANERS LESTER LALL	If YES, enter delivery address below:
4455 N PINE HILLS ROAD ORLANDO FL 32808	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandisu C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) £ 333 667 458	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



Z 333 667 175 N

US Postal Service

Receipt for Certified Mail

AIRS ID # 0951182

FLAMINGO CLEANERS LESTER LALL 2704 N PINE HILLS ROAD ORLANDO FL 32808

	Postage	\$
	Certified Fee	
	Special Delivery Fee	<u>-</u>
	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	
4	OREGO EMBE	Average Water Williams

■ Print your n card to you ■ Attach this permit. ■ Write "Return ■ The Return
delivered.
3. Article A

SENDER:		
	4 6	

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.

name and address on the reverse of this form so that we can return this

form to the front of the mailpiece, or on the back if space does not

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

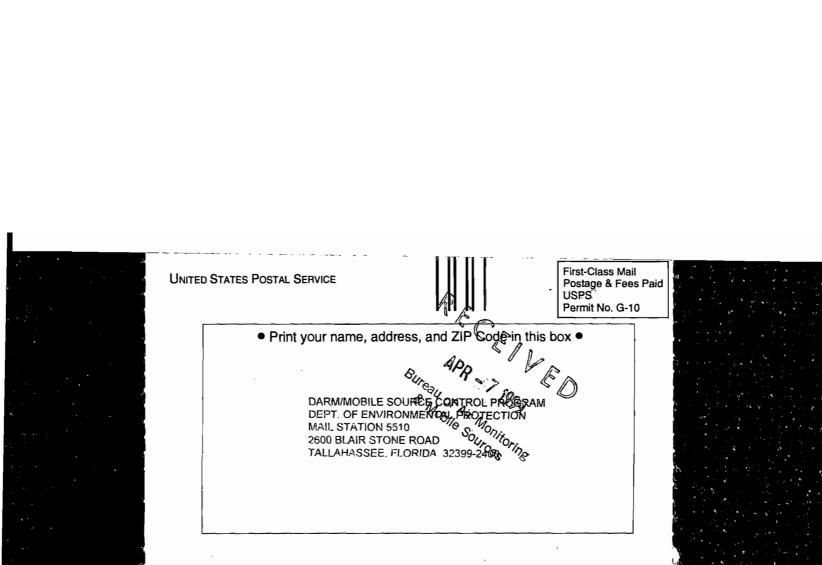
permit.				
Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date			2. Restricted Delivery	
delivered.	511 (10 ta) ac 11ac ac 11ac ac 11ac ac	ia trio dulo	Consult postma	ister for fee.
3. Article Addressed to:	AIDS ID # 0051102	4a. Article N 2 33	umber 3 667 1	7.5
FLAMINGO CLEANERS	AIRS ID # 0951182	4b. Service	Гуре	
LESTER LALL		☐ Registere	ed .	Certified
2704 N PINE HILLS ROAD		☐ Express	Mail	│ Insured
ORLANDO FL 32808		☐ Return Re	ceipt for Merchandis	se 🗆 COD
		7. Date of D	alivery 13/95	
5. Received By: (Print Name)		8. Addréssé and feé is	e's Áddress (Only paid)	if requested

6. Signature: (Addressee or Agent)

Is your RETURN ADDRESS completed on the reverse side? PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt



1.35	CERTIFIED MAIL RECEPT (Domestic Mail Only; No Insurance Consurage Provided)
9262	Postage \$ Certified Fee
000.	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
1 0350	Total Posts 10 AIRS ID# 0951182001AG Sent To FLAMINGO CLEANERS LESTER LALL Street, Apt. J 4455 N PINE HILLS ROAD
000	City, State, 2 PS form 3800 January 2001
ENFIGERACO (VOTO) ESERCOVO	AUNIBREHITEO TO THE REMOVE THE REMOVE TO THE REMOVE TO THE REMOVE THE THE REMOVE THE THE THE THE THE THE THE THE THE TH

SENDER COMPLETE HIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X		
1. Article Addressed to: 10 AIRS ID# 0951182001AG FLAMINGO CLEANERS LESTER LALL	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
4455 N PINE HILLS ROAD ORLANDO FL 32808	3. Service Type Certified Mail		
2. Article 7001 0320 0001 7976 3132			
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540			

Z 333 613 497 US Postal Service
Receipt for Certified Mail AIRS ID # 0951182 FLAMINGO CLEANERS LESTER LALL 2704.N PINE HILLS ROAD ORLANDO FL 32808 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, \$ TOTAL Postage & Fees Postmark or Date

on the reverse side?	 Print your name and address on the reverse of this form so that we can return 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 		I also wish to rec following services extra fee):	ee's Address
is your RETURN ADDRESS completed or	AIRS ID # 0951182 FLAMINGO CLEANERS LESTER LALL 2704 N PINE HILLS ROAD ORLANDO FL 32808	4b. Service 1 ☐ Registere ☐ Express I	613 497 Type ad Mail peipt for Merchandise	Contilied COD Con
	5. Received By: (Print Name) 6. Signature: (AWressee or Agent) X PS Form 381 Y, December 1994	8. Addresses and fee is	e's Address (Only	Ithank

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Postmark or Date Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees

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 Print your name and address on the reverse of this form so that we can return to 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. 		 Addressee's Address Restricted Delivery Consult postmaster for fee. 	
3. Article Addressed to: AIRS ID # 0951182 FLAMINGO CLEANERS LESTER LALL 2704 N PINE HILLS ROAD ORLANDO FL 32808	4a. Article N 4b. Service Register Express Return Re 7. Date of D	Y 052 Type ed . Mail sceipt for Merchandis	
5. Received By: (Print Name)	8. Addresse and fee is		if requested

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US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

[Sent to AIRS ID # 09511

AIRS ID # 0951182

FLAMINGO CLEANERS LESTER LALL 4455 N PINE HILLS ROAD ORLANDO FL 32808

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	\$
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0951182 FLAMINGO CLEANERS LESTER LALL	A. Received by (Please Print Clearly) B. Date of Delivery 2/14/00 C. Signature X (1) A 44 C
ORLANDO FL 32808	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.
<u>.</u>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 233 (6) 272	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

0365773

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

APR-2 **TOTAL AMOUNT DUE: \$50.00** Bureau of Air Monitoring & Mobile Sources Do NOT Remove Label AIRS ID # 0951182 FLAMINGO CLEANERS FOR GOVERNMENT USE ONLY Ors: 37550101000 EO: B1 Fund: 20-2-035001 Obji: 002273

61.

LESTER LALL 2704 N PINE HILLS ROAD ORLANDO FL 32808

X 570 PP3 707 US Postal Service Receipt for Certified Mail AIRS ID # 0951182 FLAMINGO CLEANERS LESTER LALL 4455 N PINE HILLS ROAD ORLANDO FL 32808 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is pelivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below: No
AIRS ID # 0951182	
FLAMINGO CLEANERS	,
LESTER LALL	
4455 N PINE HILLS ROAD	3. Service Type
ORLANDO FL 32808	Certified Mail
2 210 663 101	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951182

FLAMINGO CLEANERS LESTER LALL. 4455 N PINE HILLS ROAD ORLANDO FL 32808 MAIL ROOM
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FOR GOVERNMENT USE ONLY

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Fund: 20-2-035001 Obj.: 002273

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



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(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

Do NOT Remove Label

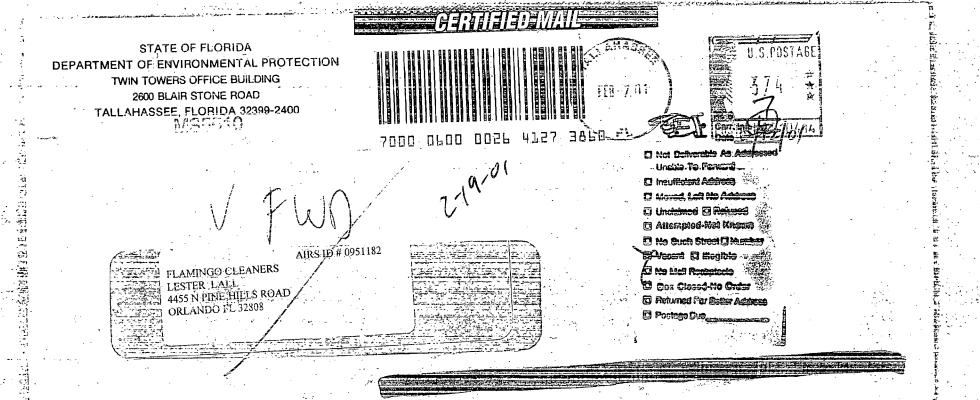
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FLAMINGO CLEANERS LESTER LALL 4455 N PINE HILLS ROAD ORLANDO FL 32808

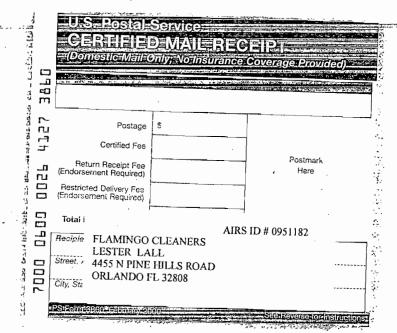
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

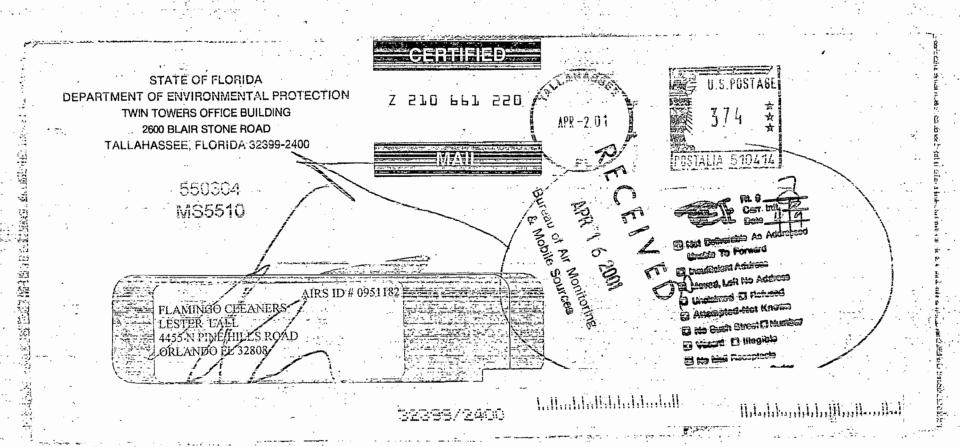
Fund: 20-2-035001 Obj.: 002273

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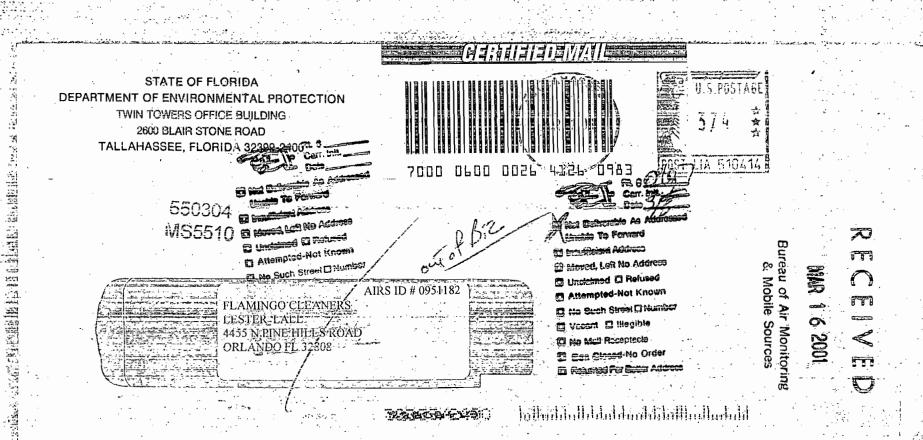
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	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
	Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	C. Signature X
	Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
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distribution	FLAMINGO CLEANERS LESTER LALL 4435 N PINE-HILLS ROAD	
HAVE AND	ORLANDO FL 32808	3. Service Type Certified Mail Express Mail
The Control		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	7 2 Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
an Albania i To o o o o o	PS Form 3811, July 1999 Domestic Re	4/2// 3.66() sturn Receipt 102595-99-M-1789
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٩	■Write "Return Receipt Requested" on the mailpiece below ■The Return Receipt willishow to whom the article was de	with article number. 2. Restricted Delivery
, 1	delivered.	Consult postmaster for fee.
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Š	AIRS ID # 09	51182 4b. Service Type
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U.	4455 N PINE HILLS ROAD ORLANDO FL 32808	☐ Express Mail ☐ Insured
. <u>C</u>	OKLANDO FL 32808	☐ Return Receipt for Merchandise ☐ COD
RESTRICTED N		7. Date of Delivery
FTIRN	5. Received By: (Print Name)	8. Addressee's Address (Only if requested and fee is paid)
'n		
· <u>-</u>	6. Signature: (Addressee.or. Agent)	
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	US Postai Service Receipt for Certified No Insurance Coverage Provided Do not use for International Mail AI FLAMINGO CLEANERS LESTER LALL 4455 N PINE HILLS ROAD ORLANDO FL 32808 Cartified Fee Special Delivery Fee Return Receipt Showing to Whom & Date Delivered Heturn Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	Mail
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Attach this card to the back of the mailpiece, or on the front if space permits.	X Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0951182 FLAMINGO CLEANERS LESTER LALL 4455 N PINE HILLS ROAD	
ORLANDO FL 32808	3. Service Type Certified Mail Express Mail
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	4. Restricted Delivery? (Extra Fee) ☐ Yes
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