

# Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

Mr. Raju K. Patel Alafaya Dry Cleaner 11792 East Colonial Drive Orlando, Florida 32817

Facility No.: 0951183

Dear Mr. Patel:

28, PASS Surcesu OF Air Moritorine Sources Orine The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 11, 1998.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title  ${\tt V}$ 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"



# Department of **Environmental Protection**

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May 28, 1998

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Facility No.: 0951183

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL LY	COMPLA	INT/DISCOVERY	RE-II	ASPECTION [
TIME IN: 1100	TIME OUT:	11 30	AIRS ID#:	0951	183
TYPE OF FACILITY: $\mathcal{D}$	vy Cleaner				
FACILITY NAME:	19 Faya D	1	ennev	DA1'E:_	6/29/98
FACILITY LOCATION:	11792 6.0	Coloni			
	Ovlando		32817		<u> </u>
RESPONSIBLE OFFICIAL:	Raju Patel		PHONE NUMBE	CR: 407	281-4131
	the compliance requiremen Rule 62-213.300, Florida A		•	facility is foun	d to be in
Based on the results of discrepancies were note	the compliance requiremened:	its evaluated d	uring this inspection, the f	following com	pliance
COMPLIANCE REQU	UIREMENT/PROBL	EM .	FOLLOW-UP AC	TION REC	QUIRED
		,	,		
				P	
	·			`<	^
			d	211 1/1	~
			4	JUL 23 Monitoring	1
				Ole S. M.	Ty K
				Ources	O
COMMENTS:					
	Facility	111	Complian	حو	
The Annual Compliance Certific	cation form has been prope	rly certified a	nd submitted to the inspec	tor. YES	S NO
DATE OF NEXT INSPECTIO	DN:		29/99		
INSPECTION CONDUCTED	BY: ODI	(Approx	etcher		
INSPECTOR'S SIGNATURE	dold Te	det	PHONE NUMBI	er: <u>83</u>	6-9524

Page of .

Revised 10/96

### PERCHLOROETHYLENE DRY CL

# CO

SOROETH LENE DRI CLEANERS
TITLE V GENERAL PERMIT
OMPLIANCE INSPECTION CHECKLIST

ANNUAL

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

Dry Cleaner Colonial Dr do F1 32817
Patel PHONE: (407) 281-4131
PHONE:
δ, ,
rtup Life Life Life Life Life Life Life Life
rmit & Z
6 1 4 M
☐ No notification form; ☐ Drop store/out of business/petroleum  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

If no, please check the appropriate classification:

3. Existing large area source

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

5. This is a correct facility classification

transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ 

both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91)

facility qualified for a general permit as number

4. New large area source

ПN

dry-to-dry only,  $140 \le x \le 2,100$  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)

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 110 gallons.

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,					
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY ON ON/A					
2. Examining the containers for leakage?	מארם אם לאם					
3. Closing and securing machine doors except during loading/unloading?	DY DN					
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	CIY ON ON/A					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	CIY CIN DIN/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 $\Lambda$ 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). <i>Carbon adsorber must have been installed prior to September 22, 1993</i>						
If classification 4 has been checked, the machine should be equipped with a ref (complete ${\bf A}$ and ${\bf B}$ below).	rigerated condenser					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	CIY CIN					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	CIY ON ON/A					
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A					
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON					

B.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ŪΥ	ÜN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□N □N/A
	Is the temperature differential equal to or greater than 20° F?	ÜΥ	□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?	ĽΙΥ	UN UN/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ON ON/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?	ΩY	ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/Á
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ON ON/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: GY 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 DY ON ON/A and parts installed w/in 5 days of receipt? DY DN QN/V 4. Maintained calibration data? for applicable direct reading instruments) DY DN QN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? DY DN ØN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN DN/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND RI	EPAIRS		
l,	Does the responsible official conduct a w	eckly (for small source	s, bi-weekly) leak detection an	d repair
	inspection?			ער ווי אני
2.	Has the facility maintained a leak log?			אם אם
3.	Does the responsible official check the fe	ollowing areas for leaks	57	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and scating	DY DN DNA		
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	CIY ON ON/A	Cartridge filter housings	DY ON ONA
	Water separators	DY ON ONA		
4.	Which method of detection is used by the	e responsible official?		ſ
	Visual examination (condensed so			
	Physical detection (airflow felt thr			
	Odor (noticeable perc odor)			
	Use of direct-reading instrumental	Ü		
	a ,			
If using direct-reading instrumentation, is the equipment:				Carti/A
a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm? □Y □N				
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	d after each use	מם עם
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			
d. Kept in a clean and secure area when not in use?				OY ON
	e. Verified for accuracy	by use of duplicate sam	nples (calorimetric only)?	OY ON
, man				
	Fles	toher	(c) 7	9 9
	Inspector's Name (Please Pri	nt)	Date of Insp	ection
	ADD SHOP	dat	6.129	. 199
-	Inspector's Signature		Approximate Date of	Next Inspection

ADDITIO	NAL SITE INFORMATION	DN:		•	
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## Bureau of Air Monitori-& Mobile Spurces Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner): Site Name (For example, plant name or number): Hazardous Waste Generator Identification Number: 4. Facility Location: 11792 E COLONIAL DR Street Address: County: ORANGE ORLANDO Zip Code: 32817 32 817 Facility Identification Number (DEP Use): Responsible Official Name and Title of Responsible Official: 7. Responsible Official Mailing Address: Organization/Firm: Street Address: Zip Code: 32817 County: ORANG City: ORLANDO 8. Responsible Official Telephone Number: Fax: (407) 208 - 0665 Telephone: (407) 281 - 4131 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: Zip Code: City: County: 11. Facility Contact Telephone Number: Telephone: Fax: ( (

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

### **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  Example  #1  Dry-to-Dry Unit  (1) w/ ref. condenser (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	Initially Purchased 03-OCT-93	Device Installed	ID #2	Initially Purchased	Device Installed	ID #2	Initially Purchased	Device Installed
Example #1  Dry-to-Dry Unit  (1) w/ ref. condenser (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	Purchased 03-OCT-93	12-NOV-93		Purchased	Installed		Purchased	I
Dry-to-Dry Unit  (1) w/ ref. condenser (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			#2	08-DEC-91		шэ	02.1//5.02	
(1) w/ ref. condenser (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	12/2/86	Lalak				#3	02-MAR-92	02-MAR-9
(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	12/2/86	10/2/4						
(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	·	121486						
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								
(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	•							
(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				•				
(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								
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								
(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								
(8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls								
(9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser  (11) w/carbon adsorber  (12) w/ no controls								
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls								
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls								
(11) w/carbon adsorber (12) w/ no controls	•						***************************************	
(12) w/ no controls								
(b) Control devices are required.  (c) No control devices are required.  2.(a) What was the total quan [	required to be tity of perchloons now many? [	installed [_ proethylene ( ] months	[perc]	) purchased in				
3. What is the facility's source (Indicate with an "X". Sele  Existing small area so  Existing large area so	ct one classif	ication only.)	) ew si	initions found mall area sour	ce [	3) of ]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source  Carbon adsorber [] 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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

lease 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)
$\checkmark$	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij 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 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 pro	omptly notify the Department of any changes to the information contained in this notification.
	116 tu 5/7/198

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

# BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification
Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
ALAFAYA CLEANER
2. Site Name (For example, plant name or number):
ALAFAYA DRYCLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location: 11792 E COLONIAL DIZ.
City: ORLANDO County: ORANGE Zip Code: 32817
32 817  5. Facility Identification Number (DEP Use):
095/183
Responsible Official
6. Name and Title of Responsible Official:
RAJU K PATEL (OWNER)
RAJU K PATEL COWNER)  7. Responsible Official Mailing Address: 11792 E COLONIAL DR Organization/Firm: Street Address:
City: ORLANDO County: ORANG Zip Code: 32817
8. Responsible Official Telephone Number:
Telephone: (407) 281 - 4131 Fax: (407) 208 - 0665
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: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -
$1 \cdot \sqrt{16} \cdot 10 \cdot 16 \cdot 1 \cdot 10 \cdot 10$
JUN 2 2 1998
DEP Form No. 62-213.900(2) Page 13 of 16  Effective: 6-25-96

### · 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.

	ĺ	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		lnitially	Device
Type of Machine	ID	Purchased	Installed	1D	Purchased	Installed	1D	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#13	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	12/2/86	12/2/86						
(2) w/ carbon adsorber		, , , , , , ,	1 1						
(3) w/ no controls									
Washer Unit		_	<u>'</u>	-	·				
(4) w/ ref. condenser				1					
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				·	,	•		-	-
(7) w/ ref. condenser									
(8) w/ carbon adsorber		<del></del>				,			
(9) w/ no controls			_						
Reclaimer Unit						,	L		•
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are required, but not yet installed</li></ul>									
3. What is the facility's so (Indicate with an "X".  Existing small an Existing large ar	Selec rea so	ource [	ication only.	) ew sr	initions foun nall area sou rge area sou:	rce [	3) of ] ]	Part II?	
5 5					-	`			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required (Indicate with an "X".)	ired on machines p	oursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	[]
<ul> <li>New small area source</li> <li>Refrigerated condenser</li> </ul>			
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such that steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil contains and hot water generating No such units on-site	that all steam and units exist on-site: gunits on-site (1) if the description of the containing no more	hot water generating units have a total heat input of languages	On-site meet the following  O million BTU/hr or less (298)  Is of natural gas curtailment fired.
<b>.</b>		d Dogo they be Inform	
	_	nd Recordkeeping Inform	
Check all logs which are required t	to be kept on-site i	n accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent p	urchases		
(b) Leak detection inspection and r	repair		
(c) Refrigerated condenser tempera	ature monitoring		
(d) Carbon adsorber exhaust perc c	concentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunctio	on plan		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### Surrender of Existing Air Permit(s)

Please indica	e with an "X" the appropriate selection;
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
$ \underline{\checkmark} $	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 its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	amptly notify the Department of any changes to the information contained in this notification.
Signature	\$16.7198 Date

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

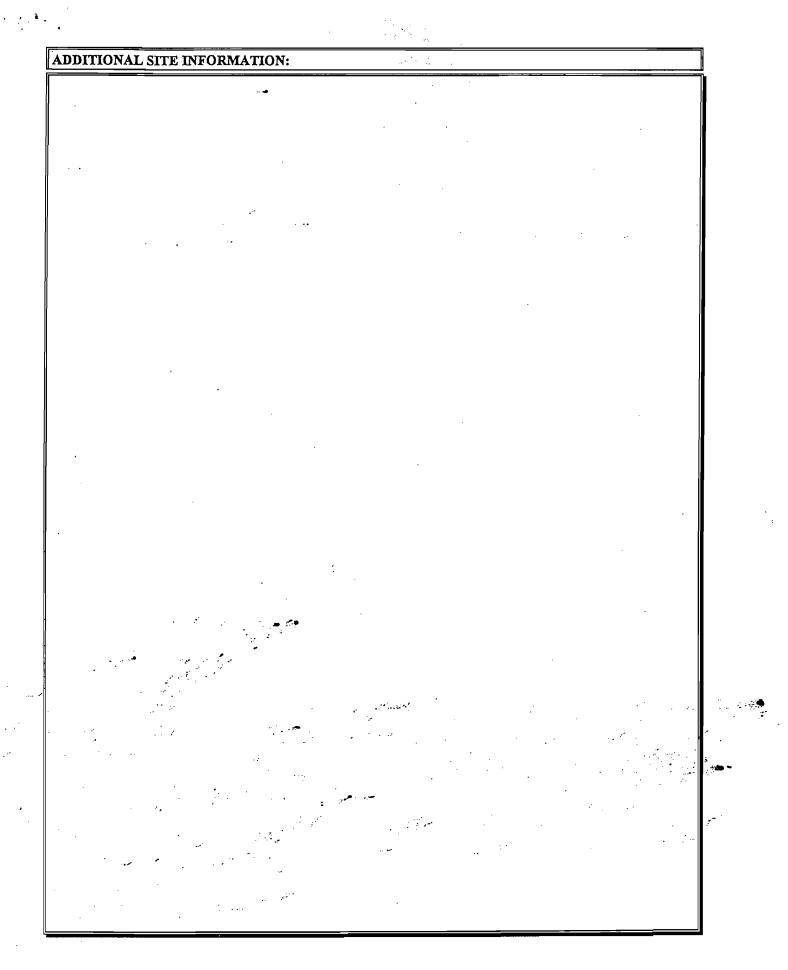
TYPE OF INSPECTION:	ANNUAL	V	COMPLAINT/DISCOVERY	, @ <sup>v</sup>	
	RE-INSPECTION	۵	Bures V	Wy C/L	
AIRS 10#: 0951183	DATE: 6-10-99	TIME I	N: 1420 TIME OUT	8444 <b>695</b>	
FACILITY NAME: \(\frac{\bar{\lambda}}{\alpha}\)	taya Dry Cl	<u>itaner</u>		Our Cesting	
FACILITY LOCATION:			Dr.		
	rlando FL 32				
RESPONSIBLE OFFICIAL :	Raja Pati	el	PHONE: 407-281-4	1131	
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION	·				
(check appropriate box)					
New facility notified DARM	30 days prior to startup				
2. Facility failed to notify DAR	M to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	on form that it is:		<ul><li>□ No notification form</li><li>□ Drop store/out of business/p</li></ul>	etroleum.	
A.	/		a Diop store out of our mess p	euoieum	
1. Existing small area sour		New small a			
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr		v-to-dry only, nsfer only, x	x < 140 gal/yr < 200 gal/yr		
both types, $x < 140$ gal/yr		h types, $x < 1$			
(constructed before 12/9/91)		• •	or after 12/9/91)		
3. Existing large area sour	ce 🗆 4.	New large a	rea source		
dry-to-dry only, $140 \le x \le 2$ ,			$140 \le x \le 2,100 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,80$			$00 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$ )			≤ x ≤ 1,800 gal/yr or after 12/9/91)		
(constructed before 12/3/31)	(60	_	or and 12/1/11)		
5. This is a correct facility cl	assification \(\sigma\)	Y ON	□Can not determine		
If no, please check the appropriate classification:					
n no, piease check the	appropriate classification	n:	7		
☐ facilit	ty qualified for a general	permit as nu	amber 3 above gible for a general permit		

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? NO AK 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) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y □N □N/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an-existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	<b>□</b> Y	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	ØN/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПN	☑N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΩΝ	⊠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	□и	⊠n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	пП	⊠N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	ØN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
i. Maintained receipts for perc purchased?	OY ON
2. Maintained rolling monthly total of perc consumption?	MY ON
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	מאַמם מם צם
4. Maintained calibration data? (for applicable direct reading that temperate)	OY ON MYA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MONA
6. Maintained startup/shutdown/malfunction plan?	, אם אַעם
7. Maintained deviation reports?	DY DN ØM/A
Problem corrected?	מאַלט מם צם Д
8. Maintained compliance plan, if applicable?	OY ON MIN/A

P	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection as	ıd repair		
	inspection?			DYY □N		
2.	Has the facility maintained a leak log?			DY ON		
3.	Does the responsible official check the f	ollowing areas for leaks?				
	Hose connections, fittings, couplings, and valves	Øy □n □n/a	Muck cookers	MY ON ON/A		
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	MY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A		
	Water separators	Y ON ON/A	•			
4.	Which method of detection is used by the	e responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces	)	<b>ta</b>		
	Physical detection (airflow felt three	ough gaskets)				
	<b>a</b>					
	If using direct-reading instrumentation, is the equipment:					
	OY ON					
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and a	fter each use	□Y □N		
	c. Inspected for leaks and	l obvious signs of wear or	n a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area when not in use	?	□Y □N		
	e. Verified for accuracy b	y use of duplicate sample	es (calorimetric only)?	□Y □N		
	· .	·				
		•				
		•				
	Ilka Bundy		6-10-9	9		
	Inspector's Name (Please Print	*)	Date of Inspe	ction		
	Illea Bunch _		6-10-20	)00		
	Inspector's Signature	•	Approximate Date of I	Next Inspection		



Orange County Environmental Protection Department

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Alafaya Dry Clear	ner	DA	TE: 6-(0-99
FACILITY LOCATION: 11792 E. Colonial	Dr.		
Orlando, FL 3281			
Annual Reporting Period:	_19 <u>98</u> то _	June 10	19 <u>9</u> 9
Based on each term or condition of the Title V general air permit, a 62-213.300, Florida Administrative Code (F.A.C.), during the period		- <del></del> -	n DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in co	ontinuous complian	ice during the reporting p	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 co	ntinuous complian	ce during the reporting p	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 as made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	my annual consun	aption of perchloroethyle	ene solvent, based

<sup>\*</sup>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 $\checkmark$	COMPL	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1420 TIME OUT:	1440	AIRS ID#:	0951183
TYPE OF FACILITY: DIV Cleaner			
,	aner		DATE: 6-10-99
FACILITY LOCATION: 1179'2 E. Colon	ial Dr.		
	32817		
RESPONSIBLE OFFICIAL: Raja Patel		PHONE NUMB	ER: 407-281-4131
Based on the results of the compliance requirer compliance with DEP Rule 62-213.300, Florid.		- •	facility is found to be in
Based on the results of the compliance requirer discrepancies were noted:	ments evaluated	d during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP AC	CTION REQUIRED
			port
		· · · · · · · · · · · · · · · · · · ·	. de recei
			Ý
COMMENTS: Facility in complic	ance,		
The Annual Compliance Certification form has been pro-	operly certified	and submitted to the inspec	etor. YES NO
DATE OF NEXT INSPECTION:	0/10/2	OOD oximate)	
INSPECTION CONDUCTED BY: Ik	(a Bund	(XIIIIATE)	
INSPECTION CONDUCTED BY: Ike	(Please	se Print)PHONE NUMB	er: 836-9524
·	Page 1	of	Revised 10/96

## **BEST AVAILABLE COPY**

IRS ID#: 0951183

Revised 01/18/00

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 6-5-00 11 Thum 5 6-16-00

· · · · · · · · · · · · · · · · · · ·	·	<u> </u>	
ACILITY NAME: Alafaya Dry Cleaner		I	DATE: 5/30/200
			,
Orlando FL 32817			
Annual Reporting Period: JUNE 10 1999	то	May 31	20 00
ased on each term or condition of the Title V general air permit, my facil	lity has remained	in compliance wi	ith DEP Rulc
2-213.300, Florida Administrative Code (F.A.C.), during the period cove	red by this state:	nent. YES	□NO
f NO, complete the following:		.*	. ·
1. Term or condition of the general permit that has not been in continuous	us compliance di	ring the reporting	period stated above:
To the condition of the general partial than his not seen in continuous	is compliance at	mig the reporting	, portou stateu acover
	<u> </u>		
xact period of non-compliance: from	to		
ection(s) taken to achieve compliance:			<u> </u>
1ethod used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·		
2. Term or condition of the general permit that has not been in continuous	us compliance du	iring the reporting	g period stated above:
xact period of non-compliance: from	to		
ction(s) taken to achieve compliance:			
1ethod used to demonstrate compliance:			
	<del></del>		
s the responsible official, I hereby certify, based on information and beli I this notification are true, accurate and complete. Further, my annual c urchase receipts, does not exceed 2,100 gallons per year for dry-to dry fo ombination facilities.	consumption of p	erchloroethylene .	solvent, based upon
RESPONSIBLE OFFICIAL: PAJU PATEU  Name (Please Print)	Ple	HU ignature	5/30/2000 Date

<sup>\*</sup>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 🚺 COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:15	TIME OUT: 104C	AIRS ID#: <i>O</i>	951183
TYPE OF FACILITY: Dry	Cleaner		
FACILITY NAME: Alafa	mya Dry Cleaner		DATE: 5-30-00
FACILITY LOCATION: 117	92 E. Colonial S	<u>)(                                    </u>	·
	lando FL 32817		
RESPONSIBLE OFFICIAL:	Raja Patel.	PHONE NUMBER	407-281-4131
compliance with DEP F	the compliance requirements evalua Rule 62-213.300, Florida Administr	ative Code (F.A.C.).	*
Based on the results of discrepancies were note	the compliance requirements evaluated	ated during this inspection, the fo	llowing compliance
•	UIREMENT/PROBLEM	FOLLOW-UP ACT	/ ION REOUIRED
			<i>y</i>
•	v		
			j
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	,		16.5
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,	11.7		
·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	gw	, , , , , , , , , , , , , , , , , , ,
•	The state of the s	· · ·	
			<u>ः</u> । <b>६</b>
·			· · · · · · · · · · · · · · · · · · ·
COMMENTS:	,	-	
Failing	a Complance	· · ·	
rucility i	in compliance.		,
The Annual Compliance Certific	cation form has been properly certif	fied and submitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTIO	r- 20		
	(A <sub>1</sub>	oproximate)	N. C.
INSPECTION CONDUCTED			
INSPECTOR'S SIGNATURE	: Alka Bund	lease Print) PHONE NUMBER	<u>: 407-836-1400</u>
•		<u>/</u> of <u>/</u> .	Revised 10/96

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARM	6-5-00 db	2.
	n COS	D

TYPE OF INSPECTION:

facility was 175 gallons.

**ANNUAL** 

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

	- ○ TIME IN: 10:15 TIME OUT: 1040
FACILITY NAME: Alafaya Dry	Cleaner
FACILITY LOCATION: 11792 E. C	olonial Dr.
Orlando, F	L 32817 & = 0
responsible official: <u>Raja Patel</u>	
CONTACT NAME:	PHONE: SO TO THE PHONE:
PART 1: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup 🚨
2. Facility failed to notify DARM to use general per	mit 🚨
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1 Evicting small area source	2. New small area source
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x < 200$ gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91):
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91)	(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	,
TV Contitute and 150 of Contract	
	neral permit as number above nits 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

PART III: GENERAL CONTROL REQUIREMENTS		
Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
Storing perchloroethylene in tightly sealed and impervious containers?	MY ON ON/A	
2. Examining the containers for leakage?	OY ON ON/A	
3. Closing and securing machine doors except during loading/unloading?	DY ON	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ery on on/a	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON EMIA	
PART IV: PROCESS VENT CONTROLS		
In Part II-A:		
If classification I has been checked, no controls are required. Proceed to Part V		
If classification 2 has been checked, the machine should be equipped with a refri (complete A below).	gerated condenser	
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993		
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).		
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	3 <b>:</b>	
1. Equipped all machines with the appropriate vent controls?	MO NO	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/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?	uy on	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עט	

B. Has the responsible official of an existing large or new large area source also:	
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?	OY ON
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)	,	
1. Maintained receipts for perc purchased?	EY ON	
2. Maintained rolling monthly total of perc consumption?	אם עש	
3. Maintained leak detection inspection and repair reports for the following:	/	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ON/A	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ON ON/A	
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN EMIA	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A	
6. Maintained startup/shutdown/malfunction plan?	DAY CIN	
7. Maintained deviation reports?	OY ON ON/A	
Problem corrected?	OY ON ON/A	
8. Maintained compliance plan, if applicable?	DY DN DYN/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?			MD DN
2. Has the facility maintained a leak log?			ery on
3. Does the responsible official check the	following areas for leaks?		
Hose connections, fittings,	DY ON ON/A	,	DY ON ON/A
couplings, and valves	/	Muck cookers	,
Door gaskets and seating	DAY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A
Water separators	ery on on/a		
4. Which method of detection is used by t	he responsible official?		,
Visual examination (condensed se	olvent on exterior surfaces)	•	<b>a</b>
Physical detection (airflow felt through gaskets)			
Odor (noticeable perc odor)			<b>Z</b>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			<u> </u>
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			ØN/A
a. Capable of detecting	perc vapor concentrations in	a range of 0-500 ppm?	OY ON
b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?			OY ON
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON
d. Kept in a clean and secure area when not in use?			DY DN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON
			·
Ilka Bindy 5-30-00			
Inspector's Name (Please Prid	nt)	Date of Inspection	
Alka Bunch		5-30-01	
Inspector's Signature		Approximate Date of	Next Inspection

## **BEST AVAILABLE COPY**

ADDITIONAL SITE INFORMATION	₹:	
1-14-00 10 2-4-00 10 2-4-00	0,0 10,0 25,0	1-1-99 [5.0] 1-14-99 [0.0] 2-4-99 [0.0] 4-2-99 [0.0] 5-1-99 [5.0] 7-13-99 [5.0] 7-16-99 [5.0] 7-13-99 [0.0] 9-13-99 [0.0] 9-1-99 [0.0] 10-21-99 [0.0] 11-4-99 [0.0] 12-3-99 [5.0]

### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392311

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 # 0951183

ALAFAYA DRYCLEANER RAJU K PATEL 11792 E COLONIAL DRIVE ORLANDO FL 32817

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

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360914

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 # 0951183

ALAFAYA DRYCLEANER RAJU K PATEL 11792 E COLONIAL DRIVE ORLANDO FL 32817

FOR GOVERNMENT USE ON IN

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0951183

ALAFAYA DRYCLEANER

RAJUK PATEL SHAKTI INDUSTRIET 11792 E COLONIAL DRIVE INC.

ORLANDO FL 32817

FOR GOVERNMENT USE ON

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

Obj.: 002273

Z 333 667 281

**US Postal Service** 

### **Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0951183

ALAFAYA DRYCLEANER RAJU K PATEL 11792 E COLONIAL DRIVE ORLANDO FL 32817

	Certified Fee	
	Special Delivery Fee	
ıo	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 <b>3800</b> , April 1995	Postmark or Date	

#### **SENDER:** COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY B. Date of Delivery ■ Complete items 1, 2, and 3. Also complete -(Please Print Clearly) item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signatur so that we can return the card to you. ☐ Agent ■ Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes ss different from item 1? 1. Article Addressed to: If YES, enter delivery address below: □ No AIRS 1D # 0951183 ALAFAYA DRYCLEANER RAJU K PATEL 11792 E COLONIAL DRIVE 3. Service Type ORLANDO FL 32817 Certified Mail ☐ Express Mail □ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

