

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

July 7, 1998

Mr. Michael Warfield Spotless Cleaners 32 East Cypress Street Winter Garden, Florida 32836

Re: Facility No.: 0951190

Dear Ms. Warfield:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 29, 1998.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Fl 32399-2400

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

Sincerely,

≁Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

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

Bowman, Sandy

From:

Ilka.Bundy@co.orange.fl.us Thursday, June 07, 2001 4:19 PM Butler, Rick

Sent:

To:

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 TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCO RE-INSPECTION 490 DATE: 6/18/98 TIME IN: 1:00 TIME OUT: Spotless Cleaner FACILITY LOCATION: RESPONSIBLE OFFICIAL: Michael was field CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140 < x < 2.100 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 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) $\square N$ Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number 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 100 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? DN/A 2. Examining the containers for leakage? אומנו מנו אינו 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? UN UN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 DN DN/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 UN UN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after CAY LIN 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?	œÝ	מט	
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?	ПΥ	ΠN	□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?	ΓIV	ſΊΝ	□N/Λ
	Is the perc concentration equal to or less than 100 ppm?			וויא בו
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□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?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) DY ON 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: על עוח בוא/ע 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 DN DN/A and parts installed w/in 5 days of receipt? CIY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ONIA 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN 6. Maintained startup/shutdown/malfunction plan? DY DN DYNA 7. Maintained deviation reports? DY DN DNA Problem corrected? DY DN QN/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? ШN 2. Has the facility maintained a leak log? CY $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A CHY CIN CIN/A couplings, and valves Muck cookers DY ON ON/A DY ON ON/A Door gaskets and seating Stills DY ON ON/A DY ON ON/A Filter gaskets and scating Exhaust dampers CAY ON ON/A CA ON ON/V Pumps Diverter valves DY ON ONIA OY ON ON/A Solvent tanks and containers Cartridge filter housings DY CIN CIN/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) \Box Use of direct-reading instrumentation (FID/PID/calorimetric tubes) \Box Halogen leak detector EN/A If using direct-reading instrumentation, is the equipment: UY UN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? UY UN 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? DY DN DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Approximate Date of Next Inspection

ADDITIONAL SITE I	NFORMATION:				
			THE PERSON NAMED IN	WWW.	Acting the Author Acting
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·					
•					
					1
		•			
	•				

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
TIME IN: 1:00 TIME OUT: 1:45	AIRS ID#: 095/190
TYPE OF FACILITY: Dry Cleaner	Eron C
FACILITY NAME: Spotless Cleans,	DATE: 6 18 98
FACILITY LOCATION: 37 East Cypre:	
Winter Garden	FL 34787
RESPONSIBLE OFFICIAL: Michael Wartield	PHONE NUMBER: 407 - 654 - 7334
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	- · · · · ·
Based on the results of the compliance requirements evaluated discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	ø 🕜
	100 PS - 1
	29 HAR Normers
	rces 0
	₩
	·
COMMENTS:	
Facility in	Compliando
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	118 199
	pproximate)
INSPECTION CONDUCTED BY: (PI	Hetchel
INSPECTOR'S SIGNATURE: THE TURE	PHONE NUMBER: 836 - 9524

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Revised 10/96

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Locatio

	raemty	Name a	and Location	_	7 10
Ι.	Facility Owner/Company Name (Name of c	orporati	on, agency, or individ	lual owner):	
	Sootless Cleaned	2	Ire	& No. of	200
2.	Site Name (For example, plant name or num	ber):		Die A	16 X
	Spotless Clenner	RS		Source	E C
3.	Facility Owner/Company Name (Name of control of the Control of the Name (For example, plant name or num for the Solids Cleared Hazardous Waste Generator Identification N	umber:		6	aring
4.	Facility Location: 32 E Cypius Street Address:				
	City: Winter Janden Cou	nty:	ORANGE	Zip Code: 318	3 %
5.	Facility Identification Number (DEP Use):				
				095/1	90
	Res	ponsibl	e Official		
6.	Name and Title of Responsible Official:				
	Responsible Official Mailing Address:	3	Pres.		
7.	Organization/Firm: 31 E Cyp	Russ	J-j-		
	City: Winter garden	County:	Orange	Zip Code: 3	2836
8.	Responsible Official Telephone Number: Telephone: (407) 654 - 7334		Fax: (407)	654-7334	!
	Facility Contact (If d	ifferent	from Responsible O	official)	
9.	Name and Title of Facility Contact (For example)	nple, pla	ant manager):		
10.	Facility Contact Address:				
	Street Address:			T: 0 1	
	City: Co	ounty:		Zip Code:	
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.

i		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	lnstalled
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	ť	July 6 97	July 6 87						
(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				<u> </u>					
(9) w/ no controls									
Reclaimer Unit			<u> </u>		•				_
(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	quant gallo		oroethylene (perc)) purchased i	n the latest 12	2 moi	nths?	
(b) If less than 12 mont Check why it is less	hs, h s thar	ow many? [_ 1 12 months:] months New owner:		_] New store	:: [] Did	not l	keep records:	
3. What is the facility's so (Indicate with an "X".					īnitions foun	d in section (3) of	Part II?	
Existing small as	ea so	ource []	N	ew sr	nall area sou	rce 🔽	ĺ		
Existing large ar	ea so	urce []	N	ew la	rge area sou	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Par (Indicate with an "X".)	et II of this notification form?
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 uto Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 boiler HP or less), and (2) are fired exclusively by natural gas except for periods during which propane or fuel oil containing no more than one percent sulfur is fit	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	10 h
Equipment Monitoring and Recordkeeping Information	ation
Check all logs which are required to be kept on-site in accordance with the required	rements 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)

Please indicate with an "X" the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pro	mptly notify the Department of any changes to the information contained in this notification.							
Signature	$\frac{6/18/88}{Date}$							

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

BEST AVAILABLE COPY PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST TYPE OF INSPECTION: ANNUAL RE-INSPECTION AIRS ID# 1951190 DATE: 6/18/98 TIME IN: 1:00 TIME OUT: FACILITY NAME: Spotless (FACILITY LOCATION: way field RESPONSIBLE OFFICIAL: Michael PHONE: CONTACT NAME: PHONE: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Wo notification forms Facility indicated on notification form that it is: ☐ Drop store/out of business/petroleum (check appropriate box) A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, 200 < x < 1,800 gal/yrboth types, 140 < x < 1,800 gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification:

facility qualified for a general permit as number ____

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

facility exceeds above limits and is not eligible for a general permit

facility was [00] gallons.

BEST AVAILABLE COPY TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT COMPLAINT/DISCOVERY TYPE OF INSPECTION: 1:00 AIRS ID#: TIME IN: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: 34787 PHONE NUMBER: 407 - 654 - 7334 RESPONSIBLE OFFICIAL: VM 1 Chi me Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: Facility in Compliance

The Annual Compliance Certification form has been properly certified a	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	18/99
(Appro	ximate)
INSPECTION CONDUCTED BY:	-letchel
(Please	Print)
INSPECTOR'S SIGNATURE: COLLA VILLE L	PHONE NUMBER: 836 - 9524

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Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE INSPECTION CHECKLIST							
	w •••		/	A)			
:	ANNUAL	•	\mathbf{v}	COMPLAINT/DISCOVERY			

	ANNUAL	☑ COMPL	AINT/DISCOVERY □
	RE-INSPECTION		,C
			S Y K
ars id#: <u>0951190</u>			The The Time of 10 36
FACILITY NAME: Sp			
FACILITY LOCATION:	32 East Cyp.	ress St.	Tog to Align
	Winter Garde	n FL 3	4 18 /
RESPONSIBLE OFFICIAL	: Michael War	field phone	407 - 654 - 7334
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
New facility notified DARN	A 30 days prior to startup		
2. Facility failed to notify DAI	•		
	0		
PART II: CLASSIFICATIO	N		
Facility indicated on notificate (check appropriate box)	tion form that it is:	☐ No no	tification form
((on ook appropriate toy)	• • •	☐ Drop :	store/out of business/petroleum
A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Rebuilt motors both	New small area source to-dry only, $x < 140$ gasfer only, $x < 200$ gal/y types, $x < 140$ gal/yr structed on or after 12.	. Ш І/уг т
A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Rebuilt moture both (con ree 4. N dry-100 gal/yr trans	New small area source to-dry only, $x < 140$ ga sfer only, $x < 200$ gal/y types, $x < 140$ gal/yr	1/yr r (9/91) 2,100 gal/yr 300 gal/yr 0 gal/yr
 A. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 	both (con rce	New small area source to-dry only, $x < 140$ gas sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12. New large area source to-dry only, $140 \le x \le$ sfer only, $200 \le x \le 1$, a types, $140 \le x \le 1,800$ structed on or after 12.	1/yr r (9/91) 2,100 gal/yr 300 gal/yr 0 gal/yr
 A. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) This is a correct facility of facil 	both (con rce	New small area source to-dry only, $x < 140$ gas sfer only, $x < 200$ gal/y types, $x < 140$ gal/yr structed on or after 12. New large area source to-dry only, $140 \le x \le$ sfer only, $200 \le x \le 1$, a types, $140 \le x \le 1,800$ structed on or after 12.	tz/ 1/yr r 29/91) 2,100 gal/yr 300 gal/yr 9/91) t determine above

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? MY ON ON/A 2. Examining the containers for leakage? DY 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 OY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/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?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of arrexisting 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?	ΟY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	U Y	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□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?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□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?	ΟY	□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□N	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS	
1. Does the responsible official conduct a	weekly (for small sources, bi-weekly) leak	detection and repair
inspection?		⊠y, □n
2. Has the facility maintained a leak log?		⊠Y □N
3. Does the responsible official check the	following areas for leaks?	
Hose connections, fittings, couplings, and valves	✓Y □N □N/A Muck cookers	MY ON ON/A
Door gaskets and seating	☐Y ☐N ☐N/A Stills	My on on/a
Filter gaskets and seating	☐Y ☐N ☐N/A Exhaust damp	pers DY ON ON/A
Pumps	☐Y ☐N ☐N/A Diverter valve	s OY ON ON/A
Solvent tanks and containers	☐Y ☐N ☐N/A Cartridge filte	r housings TY ON ON/A
Water separators	DY ON ON/A	
4. Which method of detection is used by t	he responsible official?	
Visual examination (condensed so	olvent on exterior surfaces)	Ø
Physical detection (airflow felt th	rough gaskets)	. •
Odor (noticeable perc odor)	۵	
Use of direct-reading instrumenta		
Halogen leak detector		
If using direct-reading instr	umentation, is the equipment:	ON/A
a. Capable of detecting p	perc vapor concentrations in a range of 0-5	00 ppm? □Y □N
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and after each use	□Y □N
c. Inspected for leaks an	d obvious signs of wear on a weekly basis?	OY ON
d. Kept in a clean and so	ecure area when not in use?	□Y □N
e. Verified for accuracy	by use of duplicate samples (calorimetric o	nly)?
		
·		
Ilka Bundy		3-99
Inspector's Name (Please Prin	nt) Da	ate of Inspection
Alka Bund	(_e -	-3-2000
Inspector's Signature	Approxima	ate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1998 Perc Receipts 7-10-98 19.5 9-9-98 19.5 9-28-98 19.5 12-30-98 19.5

Machine bought from Marriot 3 yes ago.

The machine was 12 yrs old when Mr. Warfield bought it. The machine is approx. 15 yrs old. Rebuilt motors - chiller - refrigerator condenser was already on machine when bought from Marriot.

Orange County Environmental Protection Department

AIRS ID#: 0951190

Revised 10/10/90

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Spotless FACILITY LOCATION: 32 Eq Winter				
Winter	Garden, F	L 32		
Annual Reporting Period:	Irre	_19 <u></u> 9Р то	JUNE	19 🔗
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F			/	
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in co	ontinuous compliar	nce during the rep	orting 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	ace during the rep	orting period stated above:
Exact period of non-compliance: from			0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, does not exceed 2,100	my annual consum	nption of perchlo	roethylene solvent, based

^{*}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: ANNUA	L 🗹 COM	1PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0930 TII	ME OUT:	AIRS ID#:	0951190
TYPE OF FACILITY: Dry Cleane	٥٢	amengka yan ayayan hayendangan i reniyende ne de keler e kan ayang ayan ya an ayang da de de de de de de de de	
FACILITY NAME: Soutless	leaners		DATE:6-3-99
FACILITY LOCATION: 32 Eas	t Cypress S	<u>†. </u>	
Winter (Sarden FL	34	
RESPONSIBLE OFFICIAL: Michael	1 Warfield	PHONE NUMBER	1: 407-654-7334
Based on the results of the compliance with DEP Rule 62-213	•		cility is found to be in
Based on the results of the complia 'discrepancies were noted:	nce requirements evalua	ated during this inspection, the fo	llowing compliance
COMPLIANCE REQUIREME	NT/PROBLEM	FOLLOW-UP ACT	TON REQUIRED
		,	
·			
	· · · · · · · · · · · · · · · · · · ·		
			·
COMMENTO			
Needs to change	je permit co	indition for date	machine
initially purchas	sed 4 send in	nto. to Tallahass	ee.
initially purchase Classified as exi	sting small a	ea source.	
The Annual Compliance Certification form			
DATE OF NEXT INSPECTION:	6/3/20	DDPOximate)	
	/ (A _I	oproximate)	
INSPECTION CONDUCTED BY:	Ika Bun	\	
INSPECTOR'S SIGNATURE:		PHONE NUMBER	R: 836-9524
	Page	$\frac{O}{Of}$.	Revised 10/96

	COMPLIANCE II	SPECTION C		V	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCO	OVERY	<u>u</u>
	Ah g/13/98				
AIRS 1D#: <u>095//90</u>	DATE: 6/18/	98 time ii	N: 1:00 TIM	e out: _l	45
FACILITY NAME:	Spotless (Raners			
FACILITY LOCATION:	32 East	Cypnes	s st		· ·
	Winter (varden	F1 347	28	
RESPONSIBLE OFFICIAL	: Michael W	xiv field	PHONE: (407)	<u> 54-73</u>	34
CONTACT NAME:			PHONE:	·	
PART I: NOTIFICATION		· 			
(check appropriate box)	· · · · · · · · · · · · · · · · · · ·				
1. New facility notified DARN	A 30 days prior to star	tup			a
2. Facility failed to notify DA	RM to use general per				ם
PART II: CLASSIFICATIO)N				
Facility indicated on notifica			No notification for	rm	
(check appropriate box)			☐ Drop storc/out of l		rolcum
A. 1. Existing small area so	ırce 🗓	2. New small a	rea source	9	
dry-to-dry only, $x < 140$ ga	*	dry-to-dry only,	x < 140 gal/yr		
transfer only, $x < 200$ gal/y	r/r	transfer only, x			
both types, x < 140 gal/yr (constructed before 12/9/9)	a	both types, x < (constructed on	or after 12/9/91)		
		·			70
3. Existing large area so dry-to-dry only, $140 \le x \le$		4. New large a	irea source , 140 ≤ x ≤ 2,100 gal/yi	л <u>В</u>	
transfer only, $200 \le x \le 1$,			$00 \le x \le 1,800 \text{ gal/yr}$	80 60	_ m
both types, $140 \le x \le 1,80$			$\leq x \leq 1,800 \text{ gal/yr}$	MO NA	
(constructed before 12/9/9	1)	(constructed on	or after 12/9/91)	oile	· m
5. This is a correct facility	classification	EN ON	□Can not determine	JAN 7 4 2000 Bureau of Air Monitoring Bureau of Air Monitoring	
If no, please check the	ne appropriate classific	cation:		tori	
☐ fac	ility qualified for a ge	neral permit as n			
☐ fac	ility exceeds above lin	nits and is not eli	gible for a general peri	nit	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 100 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? UN UN/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? ע/אם אם 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? CIY LIN LINI PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the TAY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ПN 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?	ŒÝ	ÜИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CΙΥ	ПN	ΩN/Λ
	Is the temperature differential equal to or greater than 20° F?	ΟY	DИ	□N/A
3.	Measured and recorded the pere concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ĽΙΥ	ПN	DN/A
	Is the perc concentration equal to or less than 100 ppm?	ÜΫ́	ПN	DN/V
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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	ПN	□n/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ÚΙΥ	ПN	ÖN/Λ

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	OTÝ ON			
2. Maintained rolling monthly total of perc consumption?	DY ON			
3. Maintained leak detection inspection and repair reports for the following:	<i>/</i> .			
a. documentation of leaks repaired w/in 24 hrs? or;	אוום אם אם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	רוא בוא האעיע			
5. Maintained exhaust duct monitoring data on perc concentrations?	איאפו אם אם			
6. Maintained startup/shutdown/malfunction plan?	ON ON			
7. Maintained deviation reports?	DA DU DANV			
Problem corrected?	חלאם אם גם			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

PART V	PART VI: LEAK DETECTION AND REPAIRS					
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspc	ection?			ON ON		
2. Has t	he 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	OY ON ONA	Muck cookers	CH ON ON/A		
	Door gaskets and scating	DY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and scating	CY ON ONA	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ONA	Diverter valves	CAÁ CIN CIN/V		
	Solvent tanks and containers	DY ON ONV	Cartridge filter housings	DY ON ON/A		
	Water separators	DY ON ON/A				
4. Whic	th method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	olvent on exterior surface	es)	Image: Control of the		
	GN/A					
	DY UN					
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	OY ON		
ļ	 c. Inspected for leaks an 	d obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and se	ecure area when not in u	se?	DY DN		
1	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	DY ON		
		•				
Florial 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Inspector's Name (Please Pri	nt)	Date of Insp	cction		
	John Tulch					
	Inspector's Signature		Approximate Date of	Next Inspection		

DITIONAL SITE INFORMATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAI	NT/DISCOVERY	RE-INSPECTION	NO I
TIME IN:	TIME OUT:	1145	AIRS ID#:_€	95/190	Deij
TYPE OF FACILITY:	Tivy Clean				
FACILITY NAME:	welless I'l	* W York of C		DATE: 6 16	Fr.
FACILITY LOCATION:	32 East 6	· yy felin ha	54.		V,A*
	white by	11 1	1 34787		-
RESPONSIBLE OFFICIAL:	Min home block	ere II	PHONE NUMBER	1: 407 - 654 - T	1334
	of the compliance requireme P Rule 62-213.300, Florida A			cility is found to be in	
Based on the results of discrepancies were no	of the compliance requiremented:	nts evaluated di	uring this inspection, the fo	llowing compliance	,
COMPLIANCE REC	QUIREMENT/PROBI	LEM	FOLLOW-UP ACT	TION REQUIRED	
	No. of the last of				
				The state of the s	 -
* ,					
				•	
		1			
COMMENTS:		· · · · · · · · · · · · · · · · · · ·			
	Famility	in C	ompliand		
The Annual Compliance Cert	ification form has been prop	erly certified ar	nd submitted to the inspect	or. YES N	10[]
DATE OF NEXT INSPECT	ION:		3/99		
INSPECTION CONDUCTE	ED BY:		La fr Line		
INSPECTOR'S SIGNATUR	E DIN Seil	(Please	Print) PHONE NUMBE	r: 820-392	14

Page of .

Revised 10/96

Tlhora 5, dop 6-4-00 18

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS 6-9-00 HD MNC

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 095 1190 DATE: 6-9-00 TIME IN: 0925 TI	ме оит: <u>1005</u>
FACILITY NAME: Spotless Cleaners	
FACILITY LOCATION: 32 East Cypress St.	P
Winter Garden, FL 3478	7 8 0
RESPONSIBLE OFFICIAL: Michael Warfield PHONE: 407	-654-7334
CONTACT NAME:PHONE:	He SOI
	ces con
PART 1: NOTIFICATION	<u> </u>
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	۵
2. Facility failed to notify DARM to use general permit	u .
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	form
	of business/petroleum
A. 1. Existing small area source 2. New small area source	
dry-to-dry only, $x < 140$ gal/yr dry-to-dry only, $x < 140$ gal/yr	J
transfer only, $x \le 200$ gal/yr transfer only, $x \le 200$ gal/yr	
both types, $x < 140 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	
(constructed before 12/9/91) (constructed on or after 12/9/91)	
3. Existing large area source 4. New large area source	□ //vr
	 //yr
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	 //yr
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr d. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	 //yr
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	Vyr
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)	Vyr
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) 5. This is a correct facility classification	l/yr

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? MY 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 CIY CIN CHY/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? CIY ON DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/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 DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY ON 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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	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?	ПY	ŪИ	□N/A
	Is the pere concentration equal to or less than 100 ppm?	₋ QY	Ωи	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duet diameters downstream of any bend, contraction, or expansion; is at least 2 duet diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ŪΝ	□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?	ΩY	ÜИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	,			
1. Maintained receipts for perc purchased?	DAY CIN			
2. Maintained rolling monthly total of perc consumption?	ON CIN			
3. Maintained leak detection inspection and repair reports for the following:	/			
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	חצו אם צם אין אום			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON UN/A			
6. Maintained startup/shutdown/malfunction plan?	eay on			
7. Maintained deviation reports?	OY ON UNA			
Problem corrected?	DY ON MINJA			
8. Maintained compliance plan, if applicable?	DY ON PIN/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?					ďΥ	□N
2. Has the facility maintained a leak log?					ŪΥ	tan l
3. Does the respor	nsible official check the fo	ollowing ar	eas for leaks?	·	,	
	nections, fittings,					701 (701/4
coupling	gs, and valves	ØY □N	UN/A	Muck cookers	MY (DN □N/A
Door gasl	cets and seating	QY ON	□N/A	Stills	QA I	A/ND NC
Filter gasl	kets and seating	MY ON	□N/A	Exhaust dampers	UY (⊃N □N/A
Pumps		MY ON	□N/A	Diverter valves	ØY (□n □n/a
Solvent ta	nks and containers	MY ON	□N/A	Cartridge filter housings	r Y	□N □N/A
Water sep	parators	MIN CIN	□N/A			
4. Which method	of detection is used by the	e responsib	le official?			,
Visual exa	amination (condensed sol	vent on ext	terior surfaces)		দ্র	
Physical o	letection (airflow felt thro	ough gaske	ts)			
Odor (not	iceable perc odor)					
Use of dir	ect-reading instrumentati	on (FID/PI	D/calorimetric t	ubes)		
Halogen leak detector						/
lf usir	ng direct-reading instru	mentation,	, is the equipme	ent:	EN/A	١
а	. Capable of detecting po	erc vapor c	oncentrations in	a range of 0-500 ppm?	ΩY	וע⊡
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					ΠY	עוַ⊡
c. Inspected for leaks and obvious signs of wear on a weekly basis?					ΠY	ПИ
d. Kept in a clean and secure area when not in use?					ΩY	uПи
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					ШΥ	□N
	·					
						. •
	Ilka Bundy			6-01-00		
Inspector's Name (Please Print) Date of Inspection						
Mka Bund					•	
Inspector's Signature Approximate Date of				Next In	spection	

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ADDITIONAL SITE INFORMATION:

Machine broke down first of the year.

Just had machine fixed 6/6/00. (ontracted out work for dry cleaning work.

Perc Receipts 1-24-00 19.5 Drums

8-9-99 39.5 8-2-99 39.0 2-22-99 39.0 12-7-99 19.5

> 19.5 19.5 39.0 19.5 77.5

19.5 39.0 48.5

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

. . 70

TYPE OF INSPECTION: ANNUAL []	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 0925 TIME OUT: 10	005 AIRS ID#: 095/190
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Spotless Cleaners	DATE: 6-9-00
\ —	+,
Winter Garden Fi	(S. art)
RESPONSIBLE OFFICIAL: Michael Warfield	- / - / 1
Based on the results of the compliance requirements e	evaluated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Adm	inistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
No leak detection log.	Re-inspection in 1 month
,	
-	
	,
COMMENTS:	
COMMENTS.	
•	1
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 7	-9-00
	(Approximate)
INSPECTION CONDUCTED BY:	ka Bundy
INSPECTOR'S SIGNATURE:	(Please Print) PHONE NUMBER: 407 - 836 - 1400
• • • • • • • • • • • • • • • • • • • •	

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

/	COMPLIANCE I	GENERAL PEI NSPECTION (CHECKLIST	μkm	Full_	
TYPE OF INSPECTION:	ANNUAL	•	COMPLAINT/I	DISCOVERY		
	RE-INSPECTIO	и д				
· · · · · · · · · · · · · · · · · · ·					<u> </u>	<u></u>
TYPE OF INSPECTION: AIRS ID#: 095 1190 FACILITY NAME:S FACILITY LOCATION:	DATE: 7-13-(O TIME I	N: 1430	TIME OUT: _	4952	#
FACILITY NAME:S	potless Cle	aners	_		of Air	b
FACILITY LOCATION:	32 East (- press	<u>`</u>		Mon	
	Winter Gar	den FL	34787		Monitoring Sources	
RESPONSIBLE OFFICIAL	: Michael W	ar field	PHONE: 407	- 654-73	34	
CONTACT NAME:			PHONE:			
						╝
PART I: NOTIFICATION	· ·	<u> </u>				_
(check appropriate box)						╣.
New facility notified DARM	M 30 days prior to start	מנד		•		
2. Facility failed to notify DA		·-·				1
2. I doiney failed to notify 27.	Territo ase general per					┛
PART II: CLASSIFICATIO	N					
Facility indicated on notifica	tion form that it is:		☐ No notification	on form		= j
(check appropriate box)	1		☐ Drop store/ou	it of business/pet	roleum	
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)	l/yr r	transfer only, x both types, x <	, x < 140 gal/yr < 200 gal/yr			
3. Existing large area soudry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91)	2,100 gal/yr 00 gal/yr gal/yr	transfer only, 2 both types, 140	rea source , $140 \le x \le 2,100$ g $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$)	/yr	·	

If no, please check the appropriate classification:

5. This is a correct facility classification

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

□Can not determine

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 97 gallons.

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility:				
(check appropriate boxes)	/			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ON/A			
2. Examining the containers for leakage?	MY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	MY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ØN/A			
DADE WAL DROCECC MENTE CONTEROL C				
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 refrige (complete A below).	gerated condenser			
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber must 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?	OY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	QY QN QN/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□Y □N □N/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	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?	ארם אם			

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?	ΦÝ	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	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,			E D2/4
	if machines are equipped with a carbon adsorber?	_ `		□N/A
	Is the perc concentration equal to or less than 100 ppm?	ЦY	ЦΝ	□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?	ΠY	ПΝ	□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?	ΩY	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: MY 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 DN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DWYA 7. Maintained deviation reports? DY DN ON/A Problem corrected? DY DN PN/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?			DY ON	
2. Has the facility maintained a leak log?			un din	
3. Does the responsible official check the f	following areas for leaks?		·	
Hose connections, fittings,	DY ON ON/A			
couplings, and valves	WAY LAN LAN/A.	Muck cookers	ØY ON ON/A	
Door gaskets and seating	DAY OIN OIN/A	Stills	DY ON ON/A	
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A	
Pumps	MY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A	
Water separators	DY ON ON/A		ľ	
4. Which method of detection is used by th	e responsible official?		/	
Visual examination (condensed so	lvent on exterior surfaces)		n	
Physical detection (airflow felt thr				
Odor (noticeable perc odor)				
Use of direct-reading instrumentat	O			
Halogen leak detector	a .			
If using direct-reading instru	ØN/A			
a. Capable of detecting p	OY ON			
b. Calibrated against a sta (PID/FID only)?	OY ON			
c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	OY ON	
d. Kept in a clean and see	cure area when not in use?	,	OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			אם אם	
·				
Ilka Bundy		7-13-00	<u> </u>	
Inspector's Name (Please Print	()	Date of Inspection		
Alka Bunda		6-13-01		
Inspector's Signature Approximate Date of 1			Next Inspection	

ADDITIONAL SITE INFORMATION:			
	•		
			4
	٠		
•	•	•	
			•

IRSID#: 0951190

BEST AVAILABLE COPY

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ARMS 7-13-00

ACILITY NAME: Spotless Cleaners	DATE: 7.13-60
37 Fact Charges St	• .
Winter Garden, FL 3	4787
October Caroen 12 3	1101
nnual Reporting Period: June 3, 1999 20 TO	July 13 2000
ased on each term or condition of the Title V general air permit, my facility has ren	nained in compliance with DEP Rule
2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this	statement. TYES NO
NO, complete the following:	
1. Term or condition of the general permit that has not been in continuous complia	nce during the reporting period stated above:
xact period of non-compliance: from	to
ction(s) taken to achieve compliance:	
1ethod used to demonstrate compliance:	
2. Term or condition of the general permit that has not been in continuous complia	nce during the reporting period stated above:
xact period of non-compliance: from	to
ction(s) taken to achieve compliance:	
fethod used to demonstrate compliance:	·
s the responsible official, I hereby certify, based on information and belief formed a this notification are true, accurate and complete. Further, my annual consumption furthase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or ombination facilities. ESPONSIBLE OFFICIAL: Name (Please Print)	n of perchloroethylene solvent, based upon

*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

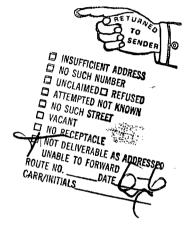
TYPE OF INSPECTION: ANNUAL	СОМІ	PLAINT/DISCOVE	RY 🗌	RE-INSPEC	CTION 🔽
TIME IN: 1430 TIME OUT	: 1455	AIR	s ID#: 0°	151190	
TYPE OF FACILITY: Dry Cleaner				gar.	
FACILITY NAME: Spotless Cleaner	S			DATE: 7-13	3-00
FACILITY LOCATION: 32 East Cypre	_				
Winter Garden		187			
RESPONSIBLE OFFICIAL: Michael W	arfield	PHONE	E NUMBER: L	107-654-	7334
Based on the results of the compliance requi compliance with DEP Rule 62-213.300, Flor	rida Administrat	ive Code (F.A.C.).		•	
Based on the results of the compliance requi discrepancies were noted:	rements evaluat	ed during this inspec	ction, the follow	ving complianc	e .
COMPLIANCE REQUIREMENT/PR	OBLEM	FOLLOW	-UP ACTIO	N REQUIR	ED
J. S.		_			
				bear of the state	
				· ·	
COMMENTS:					
Facility in complia	ince o	·			
The Annual Compliance Certification form has been DATE OF NEXT INSPECTION:	6-13	3-01	the inspector.	YES 🗹	NO[] .
INSPECTION CONDUCTED BY:	ka Bun	ase Print)			
INSPECTOR'S SIGNATURE:	a Bund	PHONE	E NUMBER:_	407-836	-1400
	Page 4	of <u>1</u> .			Revised 10/96

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









RECEIVED

JUN 1 1 2003

Bureau of Air Monitorins
& Mobile Sources

10 AIRS ID #0951190001AG MICHAEL WARFIELD SPOTLESS CLEANERS INC 32 E CYPRESS STREET WINTER GARDEN FL 32836

l	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
569	OFFICIAL HOVE			
m	OFFICIAL UNE			
75	Postage \$ Certified Fee			
7976	Certified Fee Postanark			
7	Return Receipt Fee (Endorsement Required)			
0001	Restricted Delivery Fee (Endorsement Required)			
5.0	Total Post: 10 AIRS ID # 0951190001AG			
03	Sent To MICHAEL WARFIELD			
	SPOTI ESS CLEANERS INC			
0	or PO Box N. 32 E CYPRESS STREET			
7001	City, State, Z WINTER GARDEN FL 32836			
i	PS Form 3800, Uanuary 2001 See Reverse for Instructions 2			
	OC NEW HEIL HEIL AND			

DETVOER: COMPLETE THIS SECTION SET 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. Signature X
10 AIRS ID # 0951190001AG MICHAEL WARFIELD SPOTLESS CLEANERS INC 32 E CYPRESS STREET WINTER GARDEN FL 32836	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes

7001 0320 0001 7976 3569

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

Z 333 667 004
US Postal Service

AIRS ID # 0951190

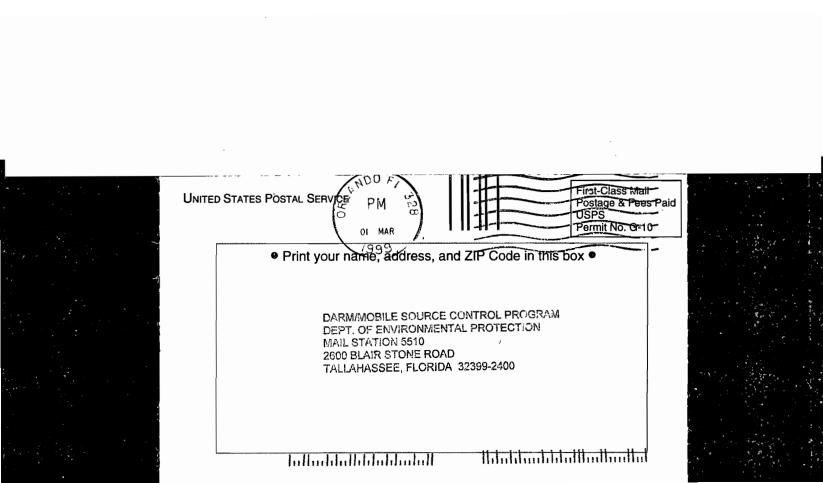
SPOTLESS CLEANERS MICHAEL WARFIELD 32 E CYPRESS STREET WINTER GARDEN FL 32836

	1 Ook Olinoo, Osako, u. z	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
٠,	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

on the reverse side?	Ot adolanue to dot tano auil te la complete items 3, 4a, and 4b. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write *Return Receipt Requested* on the mailpiece below the article. ■ The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.
A ADDRESS completed c	3. Article Addressed to: AIRS ID # 0951190 SPOTLESS CLEANERS MICHAEL WARFIELD 32 E CYPRESS STREET WINTER GARDEN FL 32836	4b. Service Registere Express	33 667 00 4 Type ed Ø Certified Mail □ Insured ceipt for Merchandise □ COD	for using Return Rec
Is your RET	5. Received By: (Print Name) ELLA HOWARD 6. Signature: (Addressee or Agent) X	8. Addlessed and fee is	e's Address (Only if requested paid)	Thank you

Domestic Return Receipt

X 600 100 PS Form **3811**, December 1994





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361110

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

FEB 2 5 1999

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

AIRS ID # 0951190

SPOTLESS CLEANERS MICHAEL WARFIELD 32 E CYPRESS STREET WINTER GARDEN FL 32836 **EEB 1**

MODA JIAM BECEINED

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

Z 333 613 498

US Postal Service Receipt for Certified Mail AIRS ID

AIRS ID # 0951183

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

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

card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. White "Return Receipt Requested" on the mailpiece below the article	e does not e number.	I also wish to rect following services extra fee): 1. Addresse 2. Restricte Consult postmast	ee's Address
AIRS ID# 0951183 ALAFAYA DRYCLEANER RAJU K PATEL 11792 E COLONIAL DRIVE ORLANDO FL 32817	Z 333 4b. Service ☐ Registere ☐ Express ☐ ☐ Return Rec	363498 Type ed Mail ceipt for Merchandise	Contified Insured COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X		paid)	.
	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b: ■ Print your name and address on the reverse of this form so that we card to you. ■ Attach this form to the front of the mailpiece, or on the back if space permit. ■ Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: ALAFAYA DRYCLEANER RAJU K PATEL 11792 E COLONIAL DRIVE ORLANDO FL 32817 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	■ Complete items 1 and/or 2 for additional services. © Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: ALAFAYA DRYCLEANER AIRS ID # 0951183 4b. Service RAJU K PATEL 11792 E COLONIAL DRIVE ORLANDO FL 32817 ARETURN Return Receipt Requested to the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 4a. Article N Z 333 4b. Service Registere Express to the print Name of the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 4b. Service Registere Figure 10 Service 11 Attach this form to the front of the mailpiece, or on the back if space does not permit.	■ Complete items 1 and/or 2 for additional services. © Complete items 3, 4a, and 4b: ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: ALAFAYA DRYCLEANER RAJU K PATEL 11792 E COLONIAL DRIVE ORLANDO FL 32817 ARECEIVED RETURN Receipt for Merchandise To Delivery 5. Received By: (Print Name) 8. Addressee's Addresse (Only is and fee is paid)

» Z 210 661 256

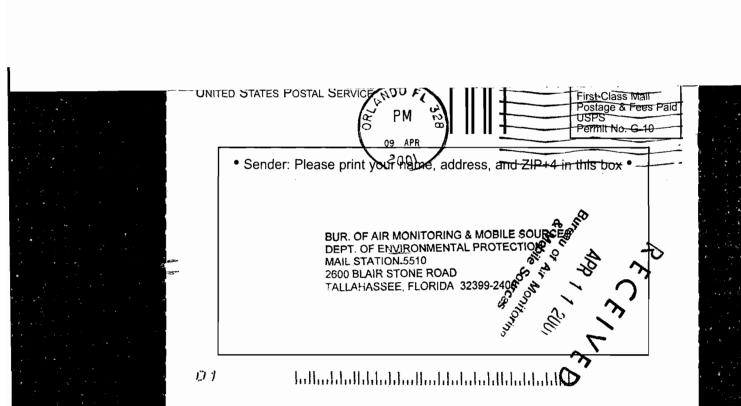
US Postal Service Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0951190

SPOTLESS CLEANERS MICHAEL WARFIELD 32 E CYPRESS STREET WINTER GARDEN FL 32836

	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
199	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	

r .	· ·
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. 	C. Signature Addressee Designature Agent Addressee Designature Yes
Article Addressed to:	JYES, enter delivery address below: No
AIRS ID # 0951190 SPOTLESS CLEANERS MICHAEL WARFIELD 32 E CYPRESS STREET	
WINTER GARDEN FL 32836	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy, from service label)	
PS Form 3811 July 1999 Domestic Bet	urn Receipt 102505 00 M 1790

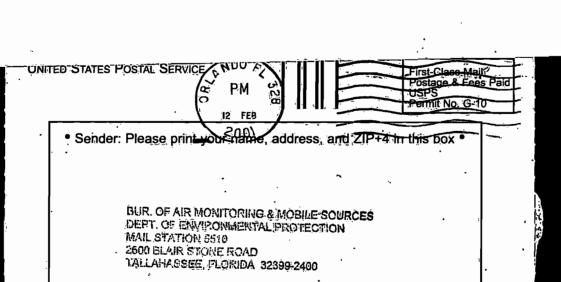


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4.1.2.b	Postage Certified Fee	\$	i	
1 4500	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
0090	Total Processing		RS ID # 0951190	
7000	Street, MICHAEL 32 E CYPRI	CLEANERS WARFIELD ESS STREET ARDEN FL 32836		
<u>.</u>	ES FOA	and the same of th	المعادة المستقد المستداد المست	structions

Est. W.	+
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 # 0951-190 SPOTLESS CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If Yes, enter delivery address below:
MICHAEL WARFIELD 32 E CYPRESS STREET WINTER GARDEN FL 32836	3. Service Type Certified Mail
2. Article Number (Copy from service label) 4/26	1089
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

377B	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL REC	EIPT Goverage (Provided)
٠.١			
4127	Postage	\$	
描	Certified Fee		Postmark
-B	Return Receipt Fee (Endorsement Required)		Here
9200	Restricted Delivery Fee (Endorsement Required)		
090	т	AIRS I	D# 0951190
90	Re SPOTLESS CL	EANERS	
-	MICHAEL WA	STREET	
7000	WINTER GAR	DEN FL 32836	
7	Cit,		
1	PS Form 3800, February	2000	See Reverse for Institutions
	TE THIS SECTION	COM	PLETE THIS SECTION ON DELIN

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 # 0951190 SPOTLESS CLEANERS MICHAEL WARFIELD 32 E CYPRESS STREET WINTER GARDEN FL 32836 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Agent Addressee D. Agent Addressee No Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Cextra Fee
2, Article Number (Copy from service label) 7000 0600 000041144	121/11341/B 11111
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789



Z 333 619 499

US Postal Service

Receipt for Certified Mail

AIRS 1D # 0951190

SPOTLESS CLEANERS MICHAEL WARFIELD 32 E CYPRESS STREET WINTER GARDEN FL 32836

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
PS Form 3800, April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	-
	TOTAL Postage & Fees	\$
E	Postmark or Date	
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CENDED.
SENDER:

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

 Attach this form to the front of the mailpiece, or on the back if space does not
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date
- delivered.

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

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

dressed to:

AIRS ID # 0951190

4b. Service Type

4a. Article Number

- ☐ Registered
- Certified Insured Express Mail
- ☐ Return Receipt for Merchandise ☐ COD
- 7. Date of Delivery

your RETURN ADDRESS completed on the reverse side? 5. Received By: (Print Name)

SPOTLESS CLEANERS

MICHAEL WARFIELD

32 E CYPRESS STREET WINTER GARDEN FL 32836

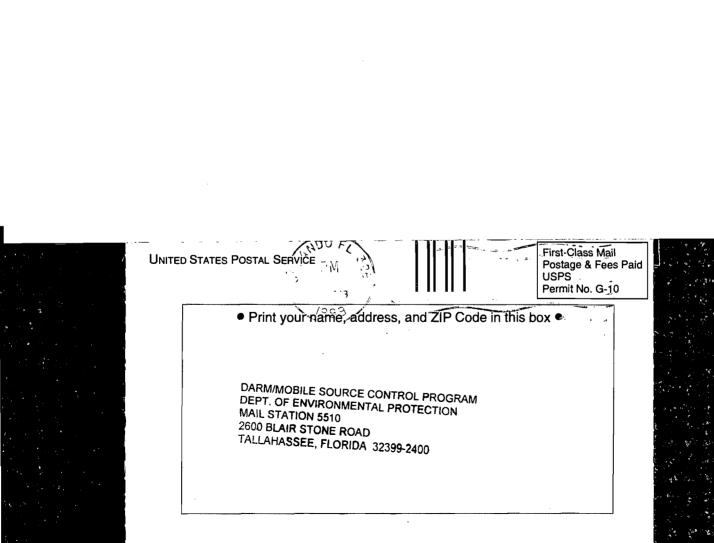
> 8. Addressee's Address (Only if requested and fee is paid

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt



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 # 0951190

SPOTLESS CLEANERS
MICHAEL WARFIELD
32 E CYPRESS STREET
WINTER GARDEN FL 32836

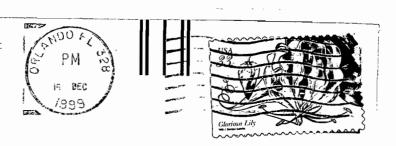
DEC 20 99

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

Spotless Cleaners 32 E. Cypress St. Winter Garden, FL 34787 (407) 654-7334



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