

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

August 17, 1998

Mr. Isri Persaud Town'n Country Cleaners 6470 Raleigh Street Orlando, Florida 33009

Re: Facility No.: 0951192

Dear Mr. Persaud:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 3, 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"

	U70	1142 B	EST AVAILABLE COPY	
ρ14 (c)	Should be	marked.	OCT 29 1998	D PECEIVE
Facility 4	Existing la	rge ared.	Bureau of Air Monitorin & Mobile Bources Source D	AUG SISSES OF Air MONEY Soliton Money A Sources oring
Site N Hazar F (F)	initial. Required. S.		whed	
Facil Stree Lop	Choose or			- 835
Facil	Responsible changes.	Official see	gn and date for	92
6. Nan			ON BIS	
7. Res Org Stri Cit		ORANGE COUN-	PY ENVIRONMENT N DEPARTMENT	c: 2 f 3 1
9. Name and Title	of Facility Contact (ru	n example, plant		
10. Facility Contact	Address:	22	2	
Street Address: City:	sand it	County:	Zip Cod	le: .
11. Facility Contac	t Telephone Number:		Fax: ()	

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location Facility Owner/Company Name (Name of corporation, agency, or individual owner): MBNI INC. dBA TOWN'N COUNTRY. Site Name (For example plant name or number) 3. Hazardous Waste Generator Identification Number: FLD 884232116 4. Facility Location: 6470 RA/eigh STREET Street Address: City: County: OR AN do OR AN GE Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: 7. Responsible Official Mailing Address: Organization/Firm: 6470 RA/eigh STREET Street Address: City: ORLANDO 8. Responsible Official Telephone Number: Telephone: Telephone: (1402) Telephone: (42)) 578 - 5282 Facility Contact (If different from Responsible Official) Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:

DEP Form No. 62-213.900(2)

Telephone: (

11. Facility Contact Telephone Number:

Effective: 6-25-96

Fax: (

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.

	<u> </u>	Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-1201-93	#2	08-DEC-91		#3	02-NIAR-92	02-MAR-9.
Dry-to-Dry Unit	11/	morals	7						
(1) w/ ref. condenser	.,,	3.177.52.0	<u> </u>	T		1			l
(2) w/ carbon adsorber		1		†					
(3) w/ no controls		 		1					
Washer Unit				1	·	·			
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		,	,		·	· 	·		
(7) w/ ref. condenser			1					T	
(8) w/ carbon adsorber			1	1					
(9) w/ no controls		 				-			1
Reclaimer Unit	 				.1				
(10) w/ ref. condenser				T	T				T
(11) w/carbon adsorber		1		†	1				
(12) w/ no controls				†	 	†			†
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small an	Selec rea so	et one classif	ication only. N) ew si	nall area sou	rce [3) of	Part 11?	
Existing large ar	Ca 50	u.ce []	14	C 14 19	rge area sou	L	j		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machi (Indicate with an "X".)	nes pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser 2/3/5 F
New small area source Refrigerated condensor []	<i>y</i> -/- ·
New large area source Refrigerated condenser []	
	ons units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following site:
	(1) have a total heat input of 10 million BTU/hr or less (298 by natural gas except for periods of natural gas curtailment more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitori	ng 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 monitor	ing (4)
(d) Carbon adsorber exhaust perc concentration	monitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	V31/20

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 notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in sation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE INST	PECTION CH	ECKLIST	8 6	E M
TYPE OF INSPECTION:	ANNUAL		COMPLAINT	DISCOVERY	126
7 7 7 0 7 11 10 20 7 10 11 1	RE-INSPECTION		COM EMINAL	NOCOVI. BILLY	ا بي الله
	KE-MSI ECHON	ш		Son	Month of the second
AIRS ID#: 0951102	DATE: 9/4/67	TIME IN	. 1115	TIME OUT	% O. I
I				TIME OUT.	<u> </u>
FACILITY NAME: Tou	ou'n County	1 Clean	ers		
FACILITY LOCATION:	470 Ratery	h st	· <u></u>		
	Ovlando F	1 328	35		
RESPONSIBLE OFFICIAL :	ISM Pers	4ud	рноне: <u>Ч</u> о-	1 578 - 5	28Z_
CONTACT NAME:&	me as about		PHONE:	••	
					·
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup)			
2. Facility failed to notify DAR	M to use general permit	t			T
					jì
PART II: CLASSIFICATION	V				
Facility indicated on notificati			No notificati		
Facility indicated on notificati (check appropriate box)			☑ No notificati ☐ Drop storc/o		octroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour	on form that it is:	New small a	□ Drop store/o		octroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	on form that it is: -ce	y-to-dry only,	□ Drop store/o rea source x < 140 gal/yr	ut of business/p	octroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr	rce 💆 2. fyr dr	ry-to-dry only, ansfer only, x	□ Drop store/o rea source x < 140 gal/yr < 200 gal/yr	ut of business/p	octroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/	rce 2. fyr dr	y-to-dry only, ansfer only, $x \cdot y$	□ Drop store/o rea source x < 140 gal/yr < 200 gal/yr	ut of business/p	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce 2. fyr dr bo	y-to-dry only, ansfer only, $x < 0$ oth types, $x < 1$ constructed on	Drop store/orea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	ut of business/p	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ree 2. Yyr dr tra bc (c) ree 1 4. 100 gal/yr dr	ry-to-dry only, ansfer only, x only, x only, x only, x < 1 constructed on a New large arry-to-dry only,	Drop store/orea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100	ut of busincss/p	octroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80	ce 2. (c) (c) (c) (c) (c) (c) (c) (c	ry-to-dry only, ansfer only, x only, x only, x only, x on the tructed on which was a ry-to-dry only, ansfer only, 20	Drop store/orea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after 12/9/91) rea source $= 140 \le x \le 2,100$ $= 0 \le x \le 1,800 \text{ gal/yr}$	ut of busincss/r	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, $x < 140$ gal/y transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$	fon form that it is: The Section 1 of the section	y-to-dry only, ansfer only, x only, x only, x only, x on the types, x < 1 constructed on one with the types are to-dry only, ansfer only, 20 oth types, 140 only,	Drop storc/o rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100$ $0 \le x \le 1,800 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/y}$	ut of busincss/r	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, $x < 140$ gal/transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	con form that it is: ce	ry-to-dry only, ansfer only, x on the types, x < 1 constructed on the New large arry-to-dry only, ansfer only, 20 oth types, 140 constructed on	Drop store/of tea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100$ $0 \le x \le 1,800 \text{ gal/your after } 12/9/91$) or after $12/9/91$)	ut of business/p	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, $x < 140$ gal/y transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$	con form that it is: ce	y-to-dry only, ansfer only, x only, x only, x only, x on the types, x < 1 constructed on one with the types are to-dry only, ansfer only, 20 oth types, 140 only,	Drop storc/o rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source $140 \le x \le 2,100$ $0 \le x \le 1,800 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/y}$	ut of business/p	octroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the sour dry-to-dry only and the sour dry-to-dry only.	fon form that it is: The Second Control of	ry-to-dry only, ansfer only, x only, ansfer only, x on the types, x < 1 constructed on which was large at ry-to-dry only, ansfer only, 20 oth types, 140 constructed on the types of types on the types on the types of types of types on the types of types of types on the types of type	Drop storc/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \square Can not determine \square	ut of business/g	octroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, $x < 140$ gal/transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility curve of the facility of the same approximately only and the same area of the same	ce 2. for dr free 4. for dr free 4. for dr free 4. for dr for	ry-to-dry only, ansfer only, x on the types, x < 1 constructed on which was large at ry-to-dry only, ansfer only, 20 th types, 140 constructed on all y \bigcup N	The propostore of the propost	ut of business/g	petroleum
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, $x < 140$ gal/transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$) 5. This is a correct facility curve of the facility of the same approximately only and the same area of the same approximately only and the same area of the same approximately only and the same area of the same area	for form that it is: The Second of the seco	ry-to-dry only, ansfer only, x on the types, x < 1 constructed on a New large arry-to-dry only, ansfer only, 20 constructed on a DY	Drop store/of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source $140 \le x \le 2,100$ $0 \le x \le 1,800 \text{ gal/y}$ or after $12/9/91$) \square Can not determber	ut of business/p	

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?	OY ON ON/A				
2. Examining the containers for leakage?	OY, ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	GY □N				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY DN DN/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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 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 refri (complete A and B below).	igerated 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?	\Box Y \Box N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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?	ОУ ОМ				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	□Y □N □N/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

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?	ΠY	ŪΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПИ	בוא/א
	Is the temperature differential equal to or greater than 20° F?	. 🗆 Ү	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?	ΠY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠИ	□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?	Πλ	ПN	□N/V
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	υγ	ПN	
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/V

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/
1. Maintained receipts for perc purchased?	מאי באם
2. Maintained rolling monthly averages of perc consumption?	טא פא
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואים אם עם
5. Maintained exhaust duct monitoring data on perc concentrations?	אואס אם צם
6. Maintained startup/shutdown/malfunction plan?	אם אַם
7. Maintained deviation reports?	DY DN DN/A
Problem corrected?	DY DN DNIA
8. Maintained compliance plan, if applicable?	DY DN MIA

PA	ART VI: LEAK DETECTION AND R	EPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	DY DN					
2.	Has the facility maintained a leak log?		אם אס				
3.	Does the responsible official check the f						
	Hose connections, fittings, couplings, and valves	מ/אם אם אם	Muck cookers	OY ON ON/A			
	Door gaskets and seating	מארם אם אם	Stills	DY ON ON/A			
	Filter gaskets and seating	מאס מסלק	Exhaust dampers	DY ON ON/A			
	Pumps	ZY ON ON/A	Diverter valves	DY DN DN/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	A/N ON ON/A			
	Water separators	. DY DN DN/A		·			
4.	Which method of detection is used by the	ne responsible official?		/			
	Visual examination (condensed so	olvent on exterior surfaces)				
	Physical detection (airflow felt thr						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta						
	Halogen leak detector		•				
	If using direct-reading instr	umentation, is the equip	ment:	□N/A			
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a s	tandard gas prior to and a	fter each use				
	(PID/FID only)?	4.1. (
		d obvious signs of wear o	-				
	-	ecure area when not in use					
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON			
		U.D. Decree (MADING CANACATANA MANAGA					
	•		,				
_	Tow Fletcher 9/4/97						
	Inspector's Name (Please Prin	nt)	Date of Inspe	ection			
	Add Fletch		9/4/9	*			

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

and the companies the contraction of the contractio

TYPE OF INSPECTION: ANNUAL O	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:15 TIME OUT: 1	145 AIRS ID#: 09511037
TYPE OF FACILITY: Dry Cleaner	
	leaners DATE: 9/4/97
FACILITY LOCATION: 6470 Raleigh	st
Ovlendo FI	
RESPONSIBLE OFFICIAL: ISVI PRUSQUE	PHONE NUMBER: 407 578- 5287
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis	
Based on the results of the compliance requirements eval discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No Polling Parc consumption Log	
	Bureau of CE /
	TEO TE Sources
COMMENTS:	
The Annual Compliance Certification form has been properly cert	
DATE OF NEXT INSPECTION:	Approximate)
INSPECTION CONDUCTED BY: Topo	
INSPECTOR'S SIGNATURE:	Chaphone number: 836-9524

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS RECEIVED

Co	OMPLIANCE IN	NSPECTIO	N CIII	ECKLIST		'
	ANNUAL RE-INSPECTION	ام ا		COMPLAINT/DISC	Bureau	I 2 0 1998 f Air Monitoring bile Sources
AIRS ID#: <u>0951192</u> DA					ME OUT:	
FACILITY NAME: TOWA	IN CO	UNTR	<u>y c</u>	CLEANER	ls_	
FACILITY LOCATION: 64						<u> </u>
DA	IANDO,	Fla	RI_	DA 330	209	
RESPONSIBLE OFFICIAL :	•					
CONTACT NAME:						l l
PART I: NOTIFICATION						
(check appropriate box)						
1. New facility notified DARM 30	days prior to star	tup				ם
2. Facility failed to notify DARM	to use general per	mit				
PART II: CLASSIFICATION						
Facility indicated on notification (check appropriate box)	form that it is:		· · · · · · · · · · · · · · · · · · ·	☐ No notification to ☐ Drop store/out o		petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		transfer of both types	only, $x \le 1$, $x \le 1$	x < 140 gal/yr < 200 gal/yr	۵	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$)	00 gal/yr gal/yr	dry-to-dry transfer o both types	only, nly, 20 s, 140 <u>s</u>	Tea source $140 \le x \le 2,100$ gal $0 \le x \le 1,800$ gal/yr $0 \le x \le 1,800$ gal/yr or after $12/9/91$)		
5. This is a correct facility clas	sification	Y U	אב	□Can not determi	ine	
	qualified for a ge	neral permi		mber abo	ove ermit	

B. The total quantity of perchloroethylene (pere) purchased within the preceding 12 months by this dry cleaning facility was 130 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?	עואס אם אם אם					
2. Examining the containers for leakage?	מאוש אם אם					
3. Closing and securing machine doors except during loading/unloading?	MY ON					
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	מואס אם צם					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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 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 refri (complete A and B below).	gerated 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?	טא טא					
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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?	טי טי טי					
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?	חט 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?	ΩY	ΩИ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	CΙΥ	ON ON/A
1	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	ON ON/A
	Is the perc concentration equal to or less than 100 ppm?		□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	ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	אומם אם

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: CIN CIN/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 ZY 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 PAN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY DN ØN/A 7. Maintained deviation reports? חלש מם עם 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?			ØY ON			
2. Has the facility maintained a leak log	7		,ØY ON			
3. Does the responsible official check the	e following areas for leaks	· ·				
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	אואם אם אוא			
Door gaskets and scating	MY ON ON/A	Stills	אואם אם צום			
Filter gaskets and scating	אואם אם אם	Exhaust dampers	MY ON ON/A			
Pumps	איאם אם צע	Diverter valves	איאם אם יאס			
Solvent tanks and containers	AVO NO YE	Cartridge filter housing	gs ZY ON ON/A			
Water separators	מא מא מאין					
4. Which method of detection is used by	•					
Visual examination (condensed	,es					
Physical detection (airflow felt						
Odor (noticeable perc odor)						
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
Halogen leak detector						
If using direct-reading in	□N/A					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
b. Calibrated against (PID/FID only)?	a standard gas prior to an	d after each use	OY ON			
c. Inspected for leaks	and obvious signs of wear	r on a weekly basis?	מם עם			
d. Kept in a clean an	DY DN					
e. Verified for accura	ncy by use of duplicate san	ples (calorimetric only)?				
ASSETA HAILEMALIAM 8/30/88 Inspector's Name (Please Print) Date of Inspection						

ASSEFA HAILEMALIAM
Inspector's Name (Please Print)

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
	·
•	
·	
•	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1100 TIME OUT: 113	3D AIRS ID#: 0951192
TYPE OF FACILITY: DRY CLEANE	ER,
FACILITY NAME: TOWN'N COUN	ITRY CLEANERS DATE: 8/31/98
FACILITY LOCATION: 6470 RALETO	GH STREET
ORLANDO FLORID	00 33009
RESPONSIBLE OFFICIAL: ISRI PE	BSAUD PHONE NUMBER: 407-8578-52
	s evaluated during this inspection, the facility is found to be in ministrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	s evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	FOLLOW-UP ACTION REQUIRED
	·
COMMENTS: FACTIFLY IN C	DIDER
The Annual Compliance Certification form has been properly	· /
DATE OF NEXT INSPECTION: 8/30	0/99
155951	(Approximate) HAILE MARIMW
	(Please Print)
INSPECTOR'S SIGNATURE: _onde Lleile	Magaus PHONE NUMBER: 407 - 836 - 932
	Page / of / Revised 10/96
	CAVE # 111 ' NEVINEO 10/90

Perchloroethylene Dry Cleaning Facility Notification Facility Name and Location 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
Facility Name and Location Surgery					
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): والمراح المراح ا					
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): MBMI INCOMPANION 2. Site Name (For example, plant name or number):					
2. Site Name (For example, plant name or number):					
3. Hazardous Waste Generator Identification Number:					
FLD 984232116					
FLD 984232116 4. Facility Location: 6470 Raleigh St Street Address:					
City: County: Zip Code: 32835					
City: County: Zip Code: 32835 (5): Facility Identification Number (DEP Use): County: 2 County: 32835					
Responsible Official					
6. Name and Title of Responsible Official:					
Isni Persaud President)					
TSn/ Persand Pretaint 7. Responsible Official Mailing Address: Organization/Firm: 6470 N4/eigh st Street Address: City: On Canroll Orange Zip Code: 32837 8. Responsible Official Telephone Number:					
City: Or Carrello County: Zip Code:					
8. Responsible Official Telephone Number: Telephone: (43)) 578 - 5282 Fax: () -					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
10. Facility Contact Address:					
Street Address: City: County: Zip Code:					
11. Facility Contact Telephone Number: Telephone: () - Fax: () -					

DEP Form No. 62-213.900(2) Effective: 6-25-96 0951192

İ	
ρ14	
(c)	Should be marked.
015	
4	Existing large ared source R.C.
	Existing large ared source R.C. should not be murhed. Markoutard
f (E)	Required. Should be marked
PIL	
top	Choose one.
,	
	Responsible Official sign and date for changes.
	changes.
,	
	:
	<u></u>

.

Facility Information

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

		Date	Date		Date	Date		Date	Date
	[Machine	Control		Machine	Control		Machine	Control
		lnitially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	11/	mords	7			1111			
(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				Ī					
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed []									
2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [130] gallons									
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's source classification based on the definitions found in section (3) of Part II? (Indicate with an "X". Select one classification only.)									
Existing small a	rea so	ource (X	N	ew sr	nall area sou	rce []		
Existing large ar	ea so	urce []	N	ew la	rge area sour	rce [J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machine (Indicate with an "X".)	s pursuant to section (5) of Part II of this notification form?				
Existing large area source Carbon adsorber []	Refrigerated condenser [2]				
New small area source Refrigerated condenser []					
New large area source Refrigerated condenser []					
	s units shall not be eligible to use the general permit pursuan nd hot water generating units on-site meet the following e:				
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	e 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	ي کو				
(d) Carbon adsorber exhaust perc concentration me	onitoring				
(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 indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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	omptly notify the Department of any changes to the information contained in this notification.

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

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	DN D
AIRS ID#: 0951192 DATE: 7-26 FACILITY NAME: TOWN N' COU FACILITY LOCATION: 6470 Ra Orlando, RESPONSIBLE OFFICIAL: ISri T CONTACT NAME:	ntry Cleaners leigh Street FL 33009 Persaud PHONE: 407-578-5282
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	·
2. Facility failed to notify DARM to use general po	ermit
	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ 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 transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
If no, please check the appropriate classiful facility qualified for a general facility exceeds above leading to the facility exceeds above leading facilit	ication: general permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 100 gallons.	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)					
1. Storing perchloroethylene in tightly scaled and impervious containers?					
2. Examining the containers for leakage?	WY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	OY ON				
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	DY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON EN/A				
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)					
1. Equipped all machines with the appropriate vent controls?	©YY □N				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ON ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	. 104. ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F7	MY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	UY 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?	r N	ΟN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ÜΥ	DИ	ŒN/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	©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?	DY	Ωи	OM/A
	Is the pere concentration equal to or less than 100 ppin?	\Box Y	ПΝ	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?	ΟY	ПИ	DHV/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	©N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	DN/A
-				

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)	/		
1. Maintained receipts for perc purchased?	QA ON		
2. Maintained rolling monthly total of perc consumption?	ON ON		
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?	OY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON BYNA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DN/A		
6. Maintained startup/shutdown/malfunction plan?			
7. Maintained deviation reports?	OY ON DIN/A		
Problem corrected?	OY ON QNIA		
8. Maintained compliance plan, if applicable?	אואים אם צם		

PART VI: LEAD	K DETECTION AND RI	EPAIRS		
1. Does the respo	nsible official conduct a w	eckly (for small sou	rces, bi-weekly) leak detection an	d repair
inspection?				ON ON
2. Has the facility	maintained a leak log?			ON ON
3. Does the respo	nsible official check the fo	ollowing areas for le	aks?	
	nections, fittings, gs, and valves	DY ON ON/A	Muck cookers	DY ON ON/A
Door gas	kets and scating	MY ON ON/A	Stills	DY ON ON/A
Filter gas	skets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
Pumps		DY DN DN/A	Diverter valves	MY ON ON/A
Solvent t	anks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A
Water se	parators	DY ON ON/A		
4. Which method	of detection is used by th	c responsible officia	17	
Visual co	camination (condensed so	lvent on exterior sur	faces)	0/
Physical	Physical detection (airflow felt through gaskets)			
Odor (noticeable perc odor)			0	
Use of di	rect-reading instrumentat	ion (F1D/P1D/calori	metric tubes)	a
Halogen	leak detector			
If us	ing direct-reading instra	mentation, is the e	quipment:	en/A
	a. Capable of detecting p	erc vapor concentra	tions in a range of 0-500 ppm?	DY DN
	b. Calibrated against a st (PID/FID only)?	andard gas prior to	and after each use	- ОУ ОИ
	c. Inspected for leaks and	l obvious signs of w	ear on a weekly basis?	DY DN
,	d. Kept in a clean and so	cure area when not	in use?	OY ON
	c. Verified for accuracy	by use of duplicate s	amples (calorimetric only)?	OY ON
	Ilka Bundy		7-26 -	99
	occtor's Name (Please Prin	nt)	Date of Insp	
	Ma Bund		7-26-2	200)

DDITIONAL SITE	INFORMATION:	
	·	
	·	
•		
	•	
	•	
	•	
•		
		•
		•
•		
•		
•		

Orange County Environmental Protection Department

8-13-99 M

AIRS ID#: 0951192

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Town n' Country	Cleaners	DATE	:7/26/39
FACILITY LOCATION: 6470 Raleigh	Street		
Orlando, FL	33009		
Urlando, IL	7,00		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period: Aug. 31	19 <u>98</u> то	July 26	19_9
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the		Annual Control	EP Rule NO
If NO, complete the following:	·	·	•
#1. Term or condition of the general permit that has not bee	en in continuous complianc	e during the reporting per	od stated above:
Exact period of non-compliance: from	t	0	
Action(s) taken to achieve compliance:			
Troubiles and to add to comprise.			
Method used to demonstrate compliance:			
-			
#2. Term or condition of the general permit that has not bee	en in continuous complianc	e during the reporting peri	od stated above:
			<u>:</u>
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 inform			
made in this notification are true, accurate and complete. I			
upon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities.	1 2,100 gailons per year jor	ary-10 ary jacinites or 1,0	soo ganons per
	6		/
RESPONSIBLE OFFICIAL: ISri Persa	us 188	en	7/26/95
Name (Please Print)	Signature	/ Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹	COMPL	AINT/DISCOVERY	RE-INSPECTION [
TIME IN: 0940	TIME OUT:	1000	AIRS ID#	0951192	
TYPE OF FACILITY: Dry	Cleaner				
FACILITY NAME: Town n	1, Country (leane	<u>rs</u>	DATE: 7/26/99	7
FACILITY LOCATION: 647	O Raleigh	Stree	<u> </u>	·	
	,	9005			
RESPONSIBLE OFFICIAL:	sri Persauc	<u> </u>	PHONE NUN	IBER: 407-578-528	2_
Based on the results of the compliance with DEP Rule	,			he facility is found to be in	
Based on the results of the discrepancies were noted:	•	nts evaluated	during this inspection, t	he following compliance	
COMPLIANCE REQUI	REMENT/PROBL	EM	FOLLOW-UP	ACTION REQUIRED	
		~			
·					
COMMENTS:		,			
Facility	in comp	lian	ce ,		
The Annual Compliance Certificat	ion form has been prope	erly certified	and submitted to the ins	pector. YES NO	
DATE OF NEXT INSPECTION	:7,	126/	2000		
	T)	V. Appr	oximate)		
INSPECTION CONDUCTED B		IKa Bi	se Print)		
INSPECTOR'S SIGNATURE:_	Ilka B	undy	PHONE NUM	1BER: 836-9524	
		\mathcal{O}_{L}	SF . 1	Revised	10/06

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

	^ ~	TATOMETICALICAN
TYPE	OF:	INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

10/2/98 U

RE-INSPECTION

AIRS ID#: 0951192 DATE: 8/31/98 TIME IN://OU TIME OUT: 1/30 FACILITY NAME: TOWN'N COUNTRY CLEANERS FACILITY LOCATION: 6470 RALEIGH STREET OLIANDO, FLORIDA 33009 RESPONSIBLE OFFICIAL: ISRI PERSAUD PHONE: 407-578-5282

PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to startup	. •	۵
2. Facility failed to notify DARM to use general permit		. 🔾

CONTACT NAME: _____ PHONE: ____

PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
Λ.	•
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, $x \le 200$ 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 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 transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	MY ON OCan not determine 1
If no, please check the appropriate classific	cation: neral permit as number aboves
facility qualified for a ge	neral permit as number above = = = =
acility exceeds above lin	netation: neral permit as number above to nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 130 gallons.	urchased 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)	
1. Storing perchloroethylene in tightly scaled and impervious containers?	DY DN ANA
2. Examining the containers for leakage?	מאמש, אם אם
3. Closing and securing machine doors except during loading/unloading?	MY ON
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	אואס אם אם
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAVA
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 refu (complete A below).	igerated 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 muinstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refi (complete A and 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?	DY DN
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY 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?	חם אם
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

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?	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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: UN UN/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 ON ON/A and parts installed w/in 5 days of receipt? DY DN DINA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DYNA 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DY DN. ZNA 7. Maintained deviation reports? DY DN ZM/A Problem corrected? DY DN PANA 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND	REPAIRS				
1.	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			, ZOY ON		
3.	Does the responsible official check the	following areas for leak	s?			
	Hose connections, fittings, couplings, and valves	אום אם אם	Muck cookers	MY ON ON/A		
	Door gaskets and scating	MY ON ON/A	Stills	N/A N DN/A		
	Filter gaskets and scating	אואם אם צוש	Exhaust dampers	MY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	DAY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surfa-	ccs)	Z ·		
	Physical detection (airflow felt t	hrough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	tation (FID/PID/calorime	etric tubes)	ū		
	Halogen leak detector					
	If using direct-reading ins	trumentation, is the equ	ipment:	□N/A		
Ì	a: Capable of detecting	g pere vapor concentration	ons in a range of 0-500 ppm?	DY DN		
	b. Calibrated against a (PID/FID only)?	standard gas prior to an	d after each use	ОУ ОИ		
	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	UY ON		
	d. Kept in a clean and	secure area when not in	use?	OY ON		
	e. Verified for accurac	y by use of duplicate san	aples (calorimetric only)?	OY ON		
				Augustus 187, and a state of the Property of t		
	ASSEFA HAILEM Inspector's Name (Please P		8 30 9 Date of Insp	Ah. 8/30/88		
	condo Heilene Inspector's Signature	flory	8/30/99 Approximate Date o			

ADDITIONAL SITE INFORMATION:		
		l
•		1
	*	
	-	
·		
·		

BEST AVAILABLE COPY

ITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [COMPLAIN POISCOVERY RE-INSPECTION
TIME IN: 1/00 TIME OUT: 1/30) AIRS ID#: 095/192
TYPE OF FACILITY: DRY CLEANE	R
FACILITY NAME: TOWN'N COUN	TRY CLEANERS DATE: 3/3/198
	H STREET
ORIMANO FLORIDA	
	25 A U D PHONE NUMBER: 407-8578-528.
	
Based on the results of the compliance requirements ex compliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
•	valuated during this inspection, the following compliance
discrepancies were noted:	J , , J , , , , , , , , , , , , , , , ,
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
··	
COMMENTS:	
Incstity in Co	
TROSPITY IN CO	
,	
The Annual Compliance Certification form has been properly of	certified and submitted to the inspector. YES NO
11 /mil	,
DATE OF NEXT INSPECTION:	(Approximate)
INSPECTION CONDUCTED BY: ASST CA H	
	(Please Print)
INSPECTOR'S SIGNATURE:	100 PHONE NUMBER: 467 - 826 - 9223
Pas	ge / of $\frac{1}{2}$. Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST			ARMS 7-17-00 B J	
TYPE OF INSPECTION: ANNUAL RE-INSPEC	TION	b	COMPLAINT/DISCOVE	obii ~
FACILITY LOCATION: 6470 Ra	eigh	Stre	et	Monitoring Tr: //2@
Orlando, responsible official: Isri Pe contact name:	rsauc	<u>k</u>		-5282
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				
PART II: CLASSIFICATION		•		
Facility indicated on notification form that it is (check appropriate box) A.	s:		☐ No notification form ☐ Drop store/out of busine	ess/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	dry-to transf both t	o-dry only er only, x ypes, x <	area source y, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	
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 $12/9/91$)	dry-to transf both t	o-dry only er only, 2 ypes, 140	rea source $x, 140 \le x \le 2,100 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ $x \le x \le 1,800 \text{ gal/yr}$ $x \le x \le 1,800 \text{ gal/yr}$ $x \le x \le 1,800 \text{ gal/yr}$	
5. This is a correct facility classification	ØΥ	ΠN	□Can not determine	
If no, please check the appropriate class facility qualified for a facility exceeds above B. The total quantity of perchloroethylene (perc)	general pe limits and	is not eli	gible for a general permit	is dry cleaning
facility was gallons.				_

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? CY ON ON/A 2. Examining the containers for leakage? EY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON ON/A 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) EY ON 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 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 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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	MY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	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 TON/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON DINA
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?	DY ON EN/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? 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 MY 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 DN 6. Maintained startup/shutdown/malfunction plan? DY DN DN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY ON WN/A 8. Maintained compliance plan, if applicable?

P	ART VI: LEAK DETECTION AND R	EPAIRS			
1.	Does the responsible official conduct a v	veekly (for small sources,	bi-weekly) leak detection ar	nd repair	
	inspection?			eay □n	
2.	Has the facility maintained a leak log?			ØY □N	
3.	Does the responsible official check the fe	ollowing areas for leaks?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers .	DY ON ON/A	
	Pumps	Y ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A	
	Water separators	MY ON ON/A			
4.	Which method of detection is used by the	e responsible official?			
	Visual examination (condensed so	vent on exterior surfaces)	র্ঘ	
	Physical detection (airflow felt thro	ough gaskets)			
	Odor (noticeable perc odor)			1	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector				
	If using direct-reading instrumentation, is the equipment:			MN/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 (PfD/FID only)?				
	(PID/FID only)?			DY DN	
c. Inspected for leaks and obvious signs of wear on a weekly basis?				אם עם	
d. Kept in a clean and secure area when not in use?e. Verified for accuracy by use of duplicate samples (calorimetric only)?			חם מו		
	c. Vermed for accuracy by use of duplicate samples (catorimetric omy):				
Ilka Bundy 7-17-00					
	Inspector's Name (Please Print) Date of Inspection				
	Alka Bunda 7-17-01				
	Inspector's Signature Approximate Date of Next Inspection				

ADDITIONAL SITE INFORMATION:

IRS ID#: 0951192

BEST AVAILABLE COPY

Revised 01/18/00

ARMS 7-17-00

Had

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					
ACILITY NAME: Town n' Coun-	try C	leaner.	S	DATE: <u>7</u> /	16/00
ACILITY LOCATION: 6470 Ralei	ah St	reet			
Orlando, FL	3300	9	-		
		1			
nnual Reporting Period: July 26, 190	19 2	odk TO	July 17		20 00
ased on each term or condition of the Title V general a	air permit, my f	facility has rema	ined in compl <i>i</i> anc	e with DEP Rule	
2-213.300, Florida Administrative Code (F.A.C.), duri					0
NO, complete the following:	•				
1. Term or condition of the general permit that has not	t been in contir	nuous compliand	ce during the repor	ting period stated	above:
	 	·····			•
xact period of non-compliance: from			to		·
ction(s) taken to achieve compliance:					
lethod used to demonstrate compliance:	·.		 	· 	
					• _
2. Term or condition of the general permit that has not	t been in contin	uous compliand	ce during the repor	ting period stated	above:
		<u> </u>			·
xact period of non-compliance: from		t	0		
ction(s) taken to achieve compliance:					
ethod used to demonstrate compliance:			,	<u> </u>	
s the responsible official, I hereby certify, based on inf this notification are true, accurate and complete. Fur urchase receipts, does not exceed 2,100 gallons per year ombination facilities. ESPONSIBLE OFFICIAL: Name (Please I	rther, my annud ar for dry-to di) 1594	al consumption	of perchloroethyle ,800 gallons per y	ene solvent, basea	upon
Name (Please I	zimi)		Signature	V Date /	,

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [4] COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1055 TIME OUT: 1/20	AIRS ID#: 0951192
TYPE OF FACILITY: Dry Cleaner	
	ners
FACILITY LOCATION: 6470 Raleigh Stree- Orlando FL 33009	<u> </u>
	PHONE NUMBER: 407- 578-5282
RESPONSIBLE OFFICIAL: Isri Persaud	
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	- •
Based on the results of the compliance requirements evaluate	
discrepancies were noted:	d
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	÷
	/ .
	in parties .
A Company of the Comp	
	A DO NOT THE REAL PROPERTY OF THE PARTY OF T
COMMENTS	
COMMENTS:	:
Facility in compliance	<i>,</i>
The Annual Compliance Certification form has been properly certifie	ed and submitted to the inspector. YES NO
DATE OF REAL MIST BETTOM.	1-01
TII.	oroximate)
INSPECTION CONDUCTED BY: (Ple	ase Print)
INSPECTOR'S SIGNATURE: Juna Bund	PHONE NUMBER: 407-836 7 400
Page	of Revised 10/96

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







- ☐ Insufficient Address
- ☐ No Such Number
- ☐ Unclaimed ☒ Refused ☐ Attempted Not Known
- ☐ No Such Street
- □ Vacant
- ☐ No Receptacle
- ☐ Not Deliverable As Addressed - Unable

To Forward

Route # 33 Date

10 AIRS ID # 0951192001AG ISRI PERSALD TOWN N' COUNTRY CLEANERS 6470 RALEIGH STREET ORLANDO FL 32835

REF

■ Complete items 1, 2, and 3. Also complete	A. Signature	_
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X	☐ Agent ☐ Addresse
 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. 	B. Received by (Printed Name)	C. Date of Deliver
Article Addressed to:	D. Is delivery address different from i	
10 AIRS ID # 0951192001AG ISRI PERSALD TOWN N' COUNTRY CLEANERS 6470 RALEIGH STREET ORLANDO FL 32835	3. Service Type Certified Mail	Mail eceipt for Merchandis
7099 3400 0000 1453 335		☐ Yes
Article Number (Transfer from service label)		
PS Form 3811, August 2001 Domestic F	Return Receipt	102595-02-M-15

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0354612

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

RECEIVED MAIL ROOM DEC 17 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0951192 TOWN N'COUNTRY CLEANERS ISRI PERSALD 6470 RALEIGH STREET ORLANDO FL 32835 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389428

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

MAIL ROOP

Do NOT Remove Label

AIRS ID # 0951192 TOWN N'COUNTRY CLEANERS

ISRI PERSALD 6470 RALEIGH STREET ORLANDO FL 32835 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Obj.: 002273

400072

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

TOTAL AMOUNT DUE: \$59.00

m 12-16-00Pd

Do NOT Remove Label

AIRS ID # 0951192

TOWN N'COUNTRY CLEANERS ISRI PERSALD 6470 RALEIGH STREET ORLANDO FL 32835

FOR GOVERNMENT USE ONLY Org.: 37550101000 EQEA1 -

Fund: 20-2-035001

Obj.: 002273

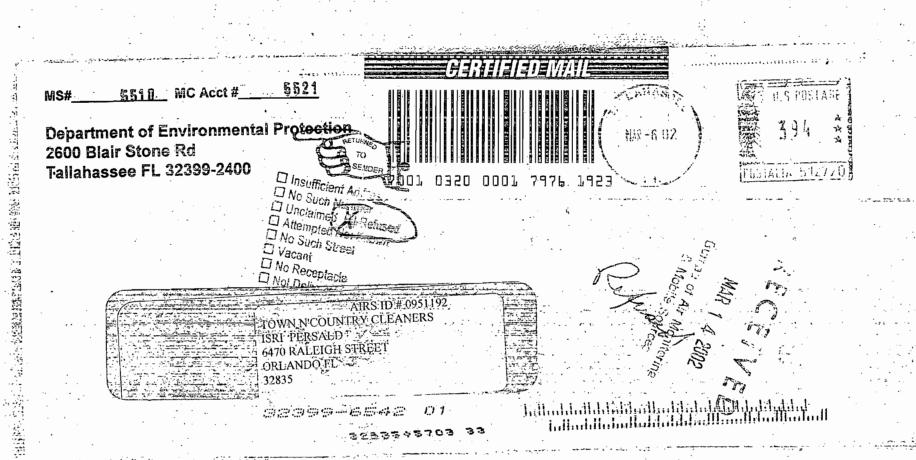
Town'n Country Cleaners 6470 Raleigh St. Orlando, FL 32835

General Permits Section III Bureau of Air Moritoring & Mobile Sources, MS 5510 Department & ENVIRONMENTAR PROTECTION 2600 Blair STORE ROAD TAllahassee R. 32399-2400

OCAS\EEESSE

Tollogida Hilalanda anhida Mhadhaila

U.S. Postal Service CERTIFIED MA (Domestic Mail O		
1,302		
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here	
TOWN N'COUN ISRI PERSALD Str. 6470 RALEIGH ORLANDO FL Cit. 32835 PS Form \$800, Februar	STREET	
DFVCE ZLICKER VI 106 OF EN NOITOS SIHT STANDO: RADINS	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also completem 4 if Restricted Delivery is desired. Print your name and address on the revisor that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. 	piece, C. Signettue Agent Agent Addressee	
1. Article Addressed to: AIRS ID # 0951192 TOWN N'COUNTRY CLEANERS ISRI PERSALD	D: Is delivery address different from item 1?	
6470 RALEIGH STREET ORLANDO FL 32835	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		



THE CHARLES AND THE PROPERTY OF THE PROPERTY O	S-EV-ID
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to: AIRS ID # 0951192 TOWN N'COUNTRY CLEANERS ISRI PERSALD 6470 RALEIGH STREET ORLANDO FL	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type
32835	Certified Mail
7001 0320 0001 7976 1923	4. Restricted Delivery? (Extra Fee) ☐ Yes
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

Postage \$
Certified Fee Postmark Here
(Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Sent To ISRI PERSALD
6470 RALEIGH STREET

Street, Apt. No.: ORLANDO FL
or PO Box No.
32835

City, State, ZIP+4

Special 2306 January 2001