



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

October 17, 2000

Mr. Robert A. McAfee
A.S.A.P. Cleaners
8513 Forest City Road
Orlando, Florida 32810

Re: Facility No.: 0951215-002

Dear Mr. McAfee:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 12, 2000.

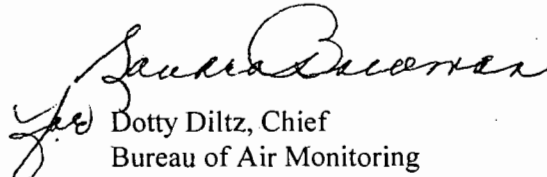
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"More Protection, Less Process"

Sandy:

Regarding your list of facilities that have not paid their Title V general permit 2002 annual operations fees. The following facilities in Orange County are no longer in operation:

0950303 Airport Cleaners is inactive / drop store.

0951178 Penthouse Cleaners is inactive / drop store.

0951215 ASAP Cleaners is inactive / drop store.

1. Rainbow Cleaners (0950363) has not received an invoice for their annual operations fee. The mailing address listed on the Pay - 02NoPay.xls is incorrect. The correct address is: **672 Goldenrod Rd. Orlando, Fl. 32807**. This was updated in ARMS and ASGP last year. The owner (Arnaldo Reyes) did not receive his annual operations fee last year either, because his mailing address was incorrect. Please update your records. The owner said he would pay the annual operations fee if you re-send it to the above-mentioned address.

2. Southside \$1.50 Cleaners (0951256) has a new owner. The new owner is **Millie Cruz**. I have provided her with an application, which she will submit, ASAP.

3. Marbella One Hour Cleaners (0951208) will send in the fee ASAP. Apparently he forgot.

Bowman, Sandy

From: Parker, John [John.Parker@ocfl.net]
Sent: Tuesday, February 18, 2003 8:47 AM
To: Bowman, Sandy
Cc: Butler, Rick
Subject: ASAP Cleaners, airs 0951215

Sandy:

During an inspection of ASAP cleaners, 0951215, I was informed by the facility representative that the dry cleaning machine has been permanently inactivated. The store has been used as a drop store for over a year. The Responsible Official will send a letter to FDEP to surrender his permit. This facility needs to be inactivated in ARMS.

Thanks,

John X Parker
Environmental Specialist
Phone: 407-836-1445
Fax: 407-836-1498

Bowman, Sandy

From: Parker, John [John.Parker@ocfl.net]
Sent: Wednesday, July 03, 2002 9:48 AM
To: Bowman, Sandy
Cc: Butler, Rick
Subject: ASAP Cleaners

Sandy:

In regards to ASAP cleaners airs#: 0951215 The responsible official Robert Mcafee reports that he is currently a drop store, and is sending his laundry to another facility. He says he may begin operating again soon, and wants to keep his permit active. He says he will send in payment for the permit this week. He has a new contact number: 407-461-9435 in case you need to contact him further. Let me know if you need any further assistance with this matter. I will contact the Responsible Official for airs: 0950363 (Rainbow Cleaners) after July 5th (currently away on vacation), and get with Mr Herrerra of Regal Cleaners airs 0951155 regarding payment for Title V GP. I'll keep you updated.

John X Parker
Environmental Specialist
Phone: 407-836-1445
Fax: 407-836-1498

0951215-002

10/5/00

Contacted Orange County inspector to verify Robert A. McAffee as the Responsible official. The inspector verified Mr. McAffee as the owner/manager of the facility.

Site Cleanup

RECEIVED
NOV 2000
Bureau of Air Monitoring & Mobile Sources

Prior to filling completed form

Facility Name and I

1. Facility Owner/C
A.S.A.P

2. Site Name (For
A.S.A.P

3. Hazardous Was

4. Facility Locatio
Street Address:
City: **ORIF**

5. Facility Identifi

P14

P15

P17

6. Add owner/manager as title.

1(a) Add date control device installed. If same as purchase date, add "Same"

Responsible Official sign and date for changes made.

Responsible Offici

6. Name and Titl
Name: **Robert**

7. Responsible O
Organization/
Street Address
City: **ORIF**

8. Responsible Official Telephone Number.
Telephone: **(407) 299-9021** Fax: ()

RECEIVED
OCT 19 2000
ORANGE COUNTY ENVIRONMENTAL PROTECTION DIVISION

Facility Contact (If different from Responsible Official)

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

10. Facility Contact Address:
Street Address: **SAME**
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: **(407) 299-9021** Fax: ()

Bureau of Air Monitoring & Mobile Sources

RECEIVED
SEP 12 2000

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Waste Cleanup

SEP 12 2009

Waste Management
Cleanup Section

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	A.S.A.P. Cleaners		
2. Site Name (For example, plant name or number):	A.S.A.P. Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	8513 Forest City		
Street Address:	City: ORLANDO County: ORANGE Zip Code: 32810		
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951215-002		

Responsible Official

6. Name and Title of Responsible Official:	Name: Robert A. McAfee Title: Owner MANAGER		
7. Responsible Official Mailing Address:	Organization/Firm: Street Address: 8513 Forest City Rd City: ORLANDO County: ORANGE Zip Code: 32810		
8. Responsible Official Telephone Number:	Telephone: (407) 299-9021 Fax: () -		

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TONYA KRUSE		
10. Facility Contact Address:	Street Address: SAME City: County: Zip Code:		
11. Facility Contact Telephone Number:	Telephone: (407) 299-9021 Fax: () -		

Bureau of Air Monitoring
& Mobile Sources

SEP 12 2009
RECEIVED

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

March

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
7-1987 AM	<u>Existing</u> /New	<u>RC</u> /CA/None required	<u>SAME</u>
2-6-00	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____
_____	Existing/ <u>New</u>	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

25 gallons (You must fill this in)

(b) If less than 12 months, how many? 6 months

Check why it is less than 12 months: New owner: Did not keep records:
 New store: New machine
 Unopened store (date of expected opening _____)

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.)

Small Area Source

- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)
- Transfer only on-site (used less than 200 gallons of perc per year)
- Both machine types on-site (used less than 140 gallons of perc per year)

Large Area Source

- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)
- Transfer only on-site (used 200 - 1,800 gallons of perc per year)
- Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing machines at small area source
(NONE REQUIRED)

New machines at small area source
Refrigerated condenser

Existing machines at large area source
Carbon adsorber
Refrigerated condenser

New machines at large area source
Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt OR
No such units on-site

How many boilers do you have on-site?

For each boiler, indicate its horsepower (HP) rating: 15

What type of fuel do you use? propane natural gas
 No. 2 fuel oil No. 4 fuel oil
 No. 6 fuel oil Other (please list) _____

6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are _____
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Robert A. McAfee

Print name of responsible official

Robert McAfee
Signature

08-17-00
Date
10-26-00

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Waste Cleanup

SEP 13 2000

Hazardous Waste
Cleanup Section

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	A.S.A.P. Cleaners		
2. Site Name (For example, plant name or number):	A.S.A.P. Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City:	8513 Forest City ORLANDO	County: ORANGE	Zip Code: 32810
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951215-002		

Responsible Official

6. Name and Title of Responsible Official: Name:	Robert A. McAfee	Title:	MANAGER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	8513 Forest City Rd ORLANDO	County:	ORANGE Zip Code: 32810
8. Responsible Official Telephone Number: Telephone:	(407) 299-9021	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	TONYA KRUSE		
10. Facility Contact Address: Street Address: City:	SAME	County:	Zip Code:
11. Facility Contact Telephone Number: Telephone:	(407) 299-9021	Fax:	() -

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
SEP 12 2000

0951215-002

10/5/00

Contacted Orange County
inspector to verify Robert A.
McAfee as the Responsible
official. The inspector verified
Mr. McAfee as the owner/mon.
of the facility.

P14

6. Add owner/manager as title.

P15

1(a) Add date control device installed.
If same as purchase date, add "Same"

P17

Responsible Official sign and date
for changes made.

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

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Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
<u>1-6-00</u>	<u>Existing</u> /New	<u>RC</u> /CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

1.(b) TRANSFER MACHINES ONLY

How many washers do you have on-site?

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If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____

*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

25 gallons (You must fill this in)

(b) If less than 12 months, how many? 6 months

Check why it is less than 12 months: New owner: Did not keep records:

New store: New machine

Unopened store (date of expected opening _____)

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

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I will promptly notify the Department of any changes to the information contained in this notification.

Robert A. McAfee

Print name of responsible official

Robert McAfee

Signature

08-17-00

Date

ASBP ✓

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AKMS
1-26-01

RECEIVED
FEB 22 2001

Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0951215-002 DATE: 1-26-01 TIME IN: 1400 TIME OUT: 1420

FACILITY NAME: A.S.A.P. Cleaners

FACILITY LOCATION: 8513 Forest City Road
Orlando, FL 32810

RESPONSIBLE OFFICIAL: Robert A. McAfee PHONE: 407-299-9021

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:
(check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

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, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:

(check appropriate boxes)

- | | |
|--|--|
| 1. Equipped all machines with the appropriate vent controls? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
Is the temperature differential equal to or greater than 20° F? Y N N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:** N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Ilka Bundy
Inspector's Name (Please Print)

1-26-01
Date of Inspection

Ilka Bundy
Inspector's Signature

1-26-02
Approximate Date of Next Inspection

BEST AVAILABLE COPY

ADDITIONAL SITE INFORMATION:

11-27-99 Last time bought perc.
Used 3-4 mos.
Not currently using machine.

IRS ID#: 0951215-002

BEST AVAILABLE COPY

Revised 01/18/00

ASAP

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AKMS 1-26-01

FACILITY NAME: A.S.A.P. Cleaners DATE: 1-26-01 FACILITY LOCATION: 8513 Forest City Road Orlando, FL 32810

Annual Reporting Period: October 2000 TO October 2001

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. [X] YES [] NO

If NO, complete the following:

1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Robert A. McAffee Name (Please Print) Robert McAffee Signature 1-26-01 Date

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

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1400 TIME OUT: 1420 AIRS ID#: 0951215-002
 TYPE OF FACILITY: Dry Cleaner
 FACILITY NAME: A.S.A.P. Cleaners DATE: 1-26-01
 FACILITY LOCATION: 8513 Forest City Road
Orlando FL 32810
 RESPONSIBLE OFFICIAL: Robert A. McAfee PHONE NUMBER: 407-299-9021

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:
Facility in compliance.

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

DATE OF NEXT INSPECTION: 1-26-02
(Approximate)

INSPECTION CONDUCTED BY: Tika Bundy
(Please Print)

INSPECTOR'S SIGNATURE: Tika Bundy PHONE NUMBER: 407-836-1408

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 4627

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postman Here


AIRS ID#0951215

1
 Se ASAP CLEANERS
 St ROBERT A MCAFEE
 or 8513 FOREST CITY
 Ci ORLANDO FL
 32810

PS Form 3800, January 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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#0951215

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL
 32810

2. Article Number
 (Transfer from service label)

7001 0320 0001 7976 4627

COMPLETE THIS SECTION ON DELIVERY

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

Tonya Kruse 2/7/03

C. Signature

x TONYA KRUSE

Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery Yes

Z 210 661 221

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

AIRS ID # 0951215

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL 32810

PS Form 3800, April 1995

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

SENDER: COMPLETE THIS SECTION

- 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 # 0951215

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL 32810

COMPLETE THIS SECTION ON DELIVERY

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

Tonya Kruse 4/4/01

C. Signature

x Tonya Kruse Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

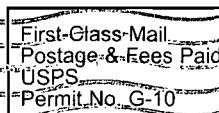
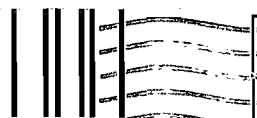
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 210 661 221

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

APR - 6 2001

RECEIVED



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4126 1096

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
AIRS ID # 0951215		
Recip	ASAP CLEANERS	
Street	ROBERT A MCAFEE	
	8513 FOREST CITY	
City	ORLANDO FL 32810	
PS Form	Instructions	

SENDER: COMPLETE THIS SECTION

- 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 # 0951215

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL 32810

COMPLETE THIS SECTION ON DELIVERY

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

ROBERT MCAFEE 3/5/01

C. Signature

X *Robert McAfee* Agent Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

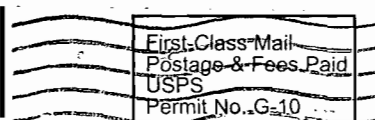
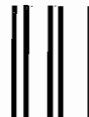
Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4126 1096 | | | | | | | | | | | | | | | | | |

UNITED STATES POSTAL SERVICE



• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4127 3945

[Redacted area]

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Total Post:

AIRS ID # 0951215

Recipient's ASAP CLEANERS
 ROBERT A MCAFEE
 Street, Apt. # 8513 FOREST CITY
 City, State, Z ORLANDO FL 32810

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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 # 0951215

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL 32810

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Tonya Kruse* B. Date of Delivery *2/7/07*

C. Signature *Tonya Kruse* Agent Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

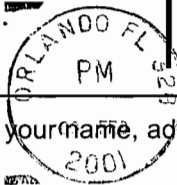
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7000 0600 0026 4127 3945

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 8282

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

AIRS ID # 0951215

Total P: ASAP CLEANERS
 Sent To ROBERT A MCAFEE
 8513 FOREST CITY
 Street, Av ORLANDO FL
 or PO Bc 32810
 City, Stat

PS Form 3800, January 2001

See Reverse for Instructions

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

SENDER: COMPLETE THIS SECTION

- 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 # 0951215
 ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL 32810

2. Article Number (Copy from service label)

7001 0320 0001 7975 8282

PS Form 3817, July 1999

COMPLETE THIS SECTION ON DELIVERY

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

Tonya Kruse 4/14/02

C. Signature

x Tonya Kruse Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

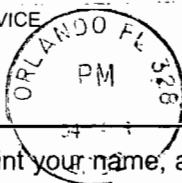
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class-Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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

2399+2400



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 0049

Postage \$
 Certified Fee
 Return Receipt Fee
 (Endorsement Required)
 Restricted Delivery Fee
 (Endorsement Required)

Postmark
 Here

AIRS ID # 0951215

Total Postage ASAP CLEANERS
 ROBERT A MCAFEE
 Sent To 8513 FOREST CITY
 ORLANDO FL
 Street, Apt. No. or PO Box No. 32810
 City, State, ZIP+

PS Form 3800, January 2001

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 # 0951215
 ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL
 32810

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

DOROTHY MCAFEE 3/9/02

C. Signature

Dorothy McAfee

Agent
 Addressee

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

Yes
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

Article Number (Copy from service label)

7001 0320 0001 7976 0049

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

7000 0520 0020 9373 1210

[Redacted area]

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To	AIRS ID # 0951215	
Re: ASAP CLEANERS	[Redacted area]	
8513 FOREST CITY		
ORLANDO FL		
32810		

PS Form 3800, February 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF MAILPIECE
 SENDER: COMPLETE THIS SECTION

- 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 # 0951215

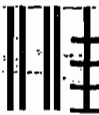
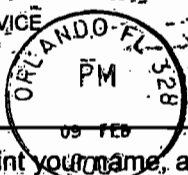
ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL
 32810

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) <i>Robert A. McAfee</i>	B. Date of Delivery <i>2/9/02</i>
C. Signature <i>Robert A. McAfee</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)
 7000 0520 0020 9373 1210

UNITED STATES POSTAL SERVICE



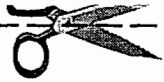
First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources
RECEIVED
FEB 11 2002

32399+2400 A POSTNET barcode consisting of a series of vertical bars of two different heights.



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407620 APR 10 2001

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

ASAP CLEANERS ROBERT A MCAFEE 8513 FOREST CITY ORLANDO FL 32810	AIRS ID # 0951215
--	-------------------

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

Bureau of Air Monitoring
& Mobile Sources

APR 16 2001

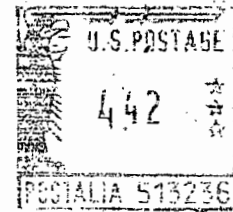
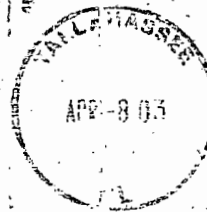
RECEIVED *rsd*

5510

5521

CERTIFIED MAIL

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

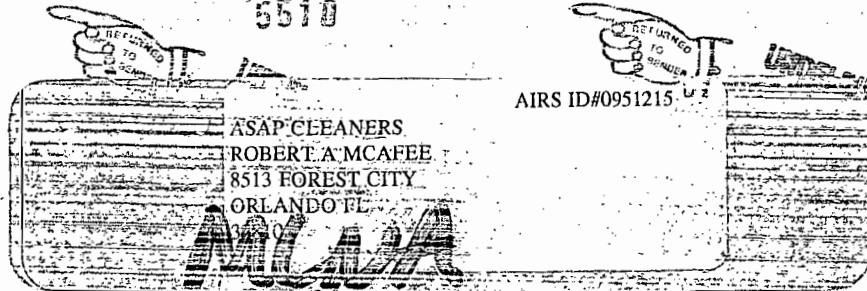


AC5521

7000 0520 0020 9372 7251

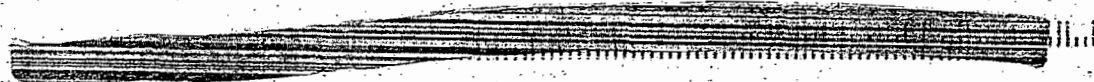
BAMMS/BCB
JOEY ROBERTS
5510

MLWA



UNDELIVERABLE AS
POSTED
FORWARD

APR 15 2005
AIR MAIL
& Mobile Sources
Monitoring



POSTAGE WILL BE PAID BY ADDRESSEE

SENDER: COMPLETE THIS SECTION

- 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#0951215

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL
 32810

2. Article Number
 (Transfer from service label)

7000 0520 0020 9372 7251

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0020 9372 7251

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

0220
3/20/01
 Postmark Here

AIRS ID#0951215

F
 S
 C
 P

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL
 32810

(by mailer)

Instructions

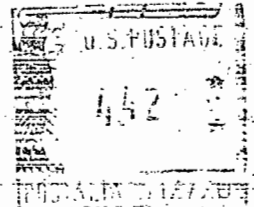
CONFIDENTIAL

MS# 6616 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7976 2715



**UNDELIVERABLE
ADDRESS
UNABLE TO FORWARD**

ASAP CLEANERS
ROBERT A MCAFEE
FOREST CITY
ORLANDO FL
32810

AIRS ID#0951215

Handwritten: 1/20/03

Bureau of Air Monitoring
& Mobile Sources

MAR 20 2003

RECEIVED

SENDER: COMPLETE THIS SECTION

- 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#0951215

ASAP CLEANERS
 ROBERT A MCAFEE
 8513 FOREST CITY
 ORLANDO FL
 32810

2. Article Number

(Transfer from service label)

7001 0320 0001 7976 2715

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

- Agent
- Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

~~1/18/2003~~
 0951215-002
 J. McFee
 2/18/2003

7001 0320 0001 7976 2715

U.S. Postal Service
GENERAL MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

POSTAGE & FEES PAID

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

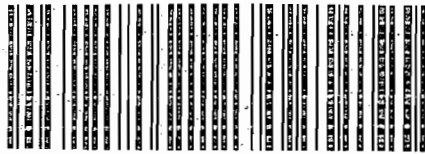
Postmark Here

Sent To: ASAP CLEANERS
 Street, Apt. No. or PO Box No.: ROBERT A MCAFEE
 City, State, ZIP+4: ORLANDO FL 32810

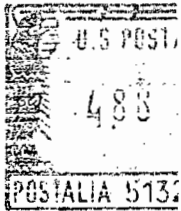
AIRS ID#0951215

PS Form 3800

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



7001 1140 0001 7556 3654



RECEIVED

JUN 16 2006

Bureau of Air Monitoring
& Mobile Sources



UNDELIVERABLE AS
ADDRESSED
UNABLE TO FORWARD

Handwritten signature



AIR ID # 095121561AG 10
ASAP CLEANERS
8513 Forest City Rd
ORLANDO 32810

SENDER: COMPLETE THIS SECTION

- 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.

Article Addressed to:

AIRS ID # 0951215001AG 10
 ASAP CLEANERS
 8513 Forest City Rd
 ORLANDO, 32810

Article Number

(Transfer from service label)

7001 1140 0001 7556 3654

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only) No Insurance Coverage Provided

OFFICIAL USE

Postage	\$	
Certified Fee	\$	
Return Receipt Fee (Endorsement Required)	\$	
Restricted Delivery Fee (Endorsement Required)	\$	
Total Postage & Fees	\$	

Recent
 Postmark
 Date
 Jul - Sep 04

7001 1140 0001 7556 3654

AIRS ID # 0951215001AG 10
 ASAP CLEANERS
 8513 Forest City Rd
 ORLANDO, 32810

Instructions