

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

September 26, 1996

Mr. Mahendra L. Solay President BVL Dry Cleaners 5428 Bay Lagoon Cr. Orlando, Florida 32819

Dear Mr. Solay:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 1996.

Please note that in November 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,

Wolly Gets

Dotty Diltz, Chief Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	UNISON INC.
2.	Site Name (For example, plant name or number): BVL DRYCLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 982081358
4.	Facility Location: 2523, BOGGY CREEK ROAD Street Address:
	City: KISSIMMEE County: OSCEOLA Zip Code: 34744
5.	Facility Identification Number (DEP Use):
	0940047
	Responsible Official
6.	Name and Title of Responsible Official:
	MAHENDRA L. SOLAY , PRESIDENT
7.	Responsible Official Mailing Address: UNISON INC. Organization/Firm: Street Address: 5428 BAY LAGOON CR.
	City: ORLANDO County: ORANGE Zip Code: 32819
8.	Responsible Official Telephone Number: Telephone: (407) 348-7888 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: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIVE
	AUG 2 1 1996
	MOG Z I

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91			02-MAR-92	02-MAR-
Dry-to-Dry Unit			· · · · · · · · · · · · · · · · · · ·		and the second				en la companya di sa
(1) w/ ref. condenser	#1	11-AUG-88	11-AUG-88						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit			er etter system		<u> </u>		- 14		1.0
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1 1.1 1.1 1 1.1 1.1			100	1 - 1 - 1	t the light of	**:		- 741
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls					_				
Reclaimer Unit	- :							e fra trujih	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are ro	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	X perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea so	t one classifi	cation only.)	ew sn	nall area sour	ce [3) of	Part II?	
Existing large are	ea sor	urce	Nε	ew lai	ge area sour	ce	l		

DEP Form No. 62-213.900(2)

(Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site * I USE PROPANE	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[<u>X</u>]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

DEP Form No. 62-213.900(2)

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[<u>X</u>]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prod	mptly notify the Department of any changes to the information contained in this notification. 8 18 9 6 Date

DEP Form No. 62-213.900(2)

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date:

15-Oct-1998 04:16pm

From:

Saadia Qureshi ORL

10111.

QURESHI_S@A1@ORL1 Central District Office

Dept:

Tel No: 407/894-7555

To:

Sandy Bowman TAL

(BOWMAN S@A1@DER)

Subject: BVL Cleaners - Osceola County

Hey Sandy,

How are you doing? Hope all is well. I recently went to inspect drycleaners in Osceola County. I found out that one of the cleaners (BVL Cleaners - AID #0970047) does not exist anymore. A couple of months ago, that area was hit badly by a tornado and the facility was demolished (the whole shopping center is gone). One of the nearby cleaners said that they think the old owners are building another one elsewhere, but as for this one.... it is permanently gone. Can you inactivate this facility in ARMs?

Thanks..

-saadia

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

NOT TO
uses
~ 2,849 gal/yr.
,

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): — Under	er
	UNISON INC. limi	ts
2.	Site Name (For example, plant name or number): BVL DRYCLEANERS	0
3.		Tr
4.	Facility Location: 2523, BOGGY CREEK ROAD Street Address: City: KISSIMMEE County: OSCEOLA Zip Code: 34744	
5.	Facility Identification Number (DEP Use): 0970047	

Responsible Official

6.	Name and Title of Responsible Office MAHENDRA L.	cial: SOLAY	,	PRESI	DENT
7.	Responsible Official Mailing Addressing Organization/Firm: Street Address: 5428 City: ORLANDO	BAY LAG		INC. CR. NGE	Zip Code: 32819
8.	Responsible Official Telephone Nur Telephone: (407) 348-79		· Fax:	()	-

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility C	ontact (For example, plar	nt manager):			
10. Facility Contact Address:					
Street Address:					
City:	County:		ā	Zip Code:	
11. Facility Contact Telephone	Number:			· · · · · ·	
Telephone: ()	-	Fax: ()	-	
	· ·			RFCE	IVE

AUG 2 1 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Page 13 of 16

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	UNISON INC.
2.	Site Name (For example, plant name or number):
	BVL DRYCLEANERS
3.	Hazardous Waste Generator Identification Number:
	FLD 982081358
4.	Facility Location: 2523, BOGGY CREEK ROAD Street Address:
	City: KISSIMMEE County: OSCEOLA Zip Code: 34744
5.	Facility Identification Number (DEP Use):
	DONOCILA
	0940047
	Responsible Official
6.	Name and Title of Responsible Official:
0.	MAHENDRA L. SOLAY , PRESIDENT
	MAHENDRA L. SOLAT , TRESTORIA
7.	Responsible Official Mailing Address: UNISON INC.
	Organization/Firm: Street Address: 5428 BAY LAGOON CR.
	City: ORLANDO County: ORANGE Zip Code: 32819
	ORCANDO
8.	Responsible Official Telephone Number: Telephone: (407) 348-7888 Fax: ()
	Telephone. (401) 546- 7886 Tax. ()
L	
	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: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

RECEIVED

AUG 2 1 1996

Bureau of Air Monitoring DEP Form No. 62-213.900(2) Page 13 of 16 & Mobile Sources

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.

	•,		Machine	Control		Machine	Control		Machine	Control
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 0 Dry-to-Dry Unit (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
(1) w/ref. condenser		#1		12-NOV-93	#2			#3	02-MAR-92	
(2) w/ carbon adsorber (3) w/ no controls (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (13) w/ ref. condenser (13) w/ ref. condenser (14) w/ ref. condenser (15)	Dry-to-Dry Unit							_		
Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ ref. condenser (12) w/ no controls (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (14) w/ carbon adsorber (12) w/ no controls (15) w/ carbon adsorber (16) w/ ref. condenser (17) w/ ref. condenser (18) w/ ref. condenser (19) w/ ref. condenser (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ arbon adsorber (12) w/ no controls (10) w/ arbon adsorber (12) w/ no controls (10) w/ arbon adsorber (10) w/ a	(1) w/ ref. condenser	#1	11-AUG-88	11-AUG-88	ł					
Washer Unit (4) w/ref. condenser (5) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ref. condenser (8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	1, ,									
(4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls (7) w ref. condenser (8) w/ carbon adsorber (9) w/ no controls (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (14) w/carbon adsorber (15) w/carbon adsorber (16) w/carbon adsorber (17) w/carbon adsorber (18) w/carbon adsorber (19) w/carbon adsorber (19) w/carbon adsorber (19) w/carbon adsorber (10) w/carbon adsorber (1	(3) w/ no controls									
S) w/ carbon adsorber (6) w/ no controls Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	Washer Unit					•				
Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? Co Check why it is less than 12 months. New owner: New store: Did not keep records:	(4) w/ ref. condenser									
Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (15) w/ no controls (16) w/ ref. condenser (17) w/ carbon adsorber (18) w/ no controls (19) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (13) w/ carbon	(5) w/ carbon adsorber									
(7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls (10) w/ ref. condenser (11) w/ carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ no controls (14) w/ carbon adsorber (15) w/ no control devices are required, but not yet installed X (15) w/ no control devices are required to be installed X (15) w/ no control devices are required to be installed X (15) w/ no control devices are required to be installed X (15) w/ no control devices are required to be installed X (16) w/ no control devices are required to be installed X (16) w/ no control devices are required to be installed X (16) w/ no control devices are required to be installed X (16) w/ no control devices are required to be installed X (16) w/ no control devices are required to be installed X (16) w/ no control devices are required to be installed X (16) w/ no controls (16) w/ no controls (17) w/ no controls (18) w/ no controls	(6) w/ no controls									
(8) w/ carbon adsorber (9) w/ no controls Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/ carbon adsorber (12) w/ no controls (15) w/ carbon adsorber (16) w/ carbon adsorber (17) w/ carbon adsorber (18) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (19) w/ carbon adsorber (10) w/ carbon adsorber (11) w/ carbon adsorber (12) w/ carbon adsorber (12) w/ carbon adsorber (13) w/ carb	Dryer Unit		•		•			-		
(9) w/ no controls	(7) w/ ref. condenser									
Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (b) Control devices are required, but not yet installed	(8) w/ carbon adsorber									
(10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls (12) w/ no controls (12) w/ no controls (12) w/ no controls (13) w/carbon adsorber (14) w/carbon adsorber (15) w/ no control devices are required, but not yet installed	(9) w/ no controls									
(b) Control devices are required, but not yet installed	Reclaimer Unit		:		1			•		
(b) Control devices are required, but not yet installed	(10) w/ ref. condenser									
(b) Control devices are required, but not yet installed	(11) w/carbon adsorber				_					
(c) No control devices are required to be installed X 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [106] 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 area source [] New small area source []	(12) w/ no controls									
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 area source New small area source]	(c) No control devices 2.(a) What was the total of [106]	are ro	equired to be ity of perchlo	installed [_	X perc)		the latest 12	2 moi	nths?	
	Check why it is less 3. What is the facility's so (Indicate with an "X".	than urce	12 months: classification t one classifi	New owner: based on the cation only.)	e defi	nitions found	l in section (
	_]		

DEP Form No. 62-213.900(2)

 What control technology is required on machines p (Indicate with an "X".) 	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	nave a total heat input of 10 million BTU/hr or less (298 ntural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site * I USE PROPANE	[_X_]
E auinas and Manidauina a	nd December on the Information
	nd Recordkeeping Information
	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring []
(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 indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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	mptly notify the Department of any changes to the information contained in this notification



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	OVERY 🗆
AIRS ID#: <u>0978047</u> DA FACILITY NAME: <u>BVL</u> FACILITY LOCATION: <u>2-57</u>				E OUT: 1105
PART I: NOTIFICATION				
(check appropriate box) 1. Existing facility notified DARM 2. New facility notified DARM 30 3. Facility failed to notify DARM	days prior to startup			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	form that it is:			
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)	dry tra bo	nsfer only, xoth types, x<14	x<140 gal/yr <200 gal/yr	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr dr /yr tra bo</td><td>insfer only, 20 th types, 140</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td></x<2,>	gal/yr dr /yr tra bo	insfer only, 20 th types, 140	rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	
This is a correct facility classifica	tion 🕱	Y DN		
If no, please check the appropriate	e classification:	•		
☐ facility exceeds a	for a general permit above limits and is no	t eligible for a	-	
B. The total quantity of perchloro facility was 105 gallons.	ethylene (perc) purch	ased within th	ne preceding 12 month	s 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 sealed and impervious containers? DY DN 2. Examining the containers for leakage? \Box Y \Box N 3. Closing and securing machine doors except during loading/unloading? DY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN 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 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? $\Box Y \Box N$ 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

Measured and recorded the exhaust temperature on the outlet side of the condenser loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	eated OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□У □И
Is the temperature differential equal to or greater than 20° F?	OY ON
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
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?	ОУ ОИ
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)	
Has the responsible official:	À(Y □N
Has the responsible official: (check appropriate boxes)	NO AX
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	NO AN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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	/ (
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt?	AY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only)	AY ON AN/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	AY ON OY ON AN/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	AY ON OY ON AN/A OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	AY ON OY ON AY ON AY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	AY ON OY ON AY ON AY ON AY ON

2.	Which method of detection is used by t	he respon	nsible officia	al?			
	Visual examination (condensed s	olvent or	n exterior su	rfaces)	X		
	Physical detection (airflow felt th	rough ga	askets)		X		
	Odor (noticeable perc odor)				XX		
	Use of direct-reading instruments	ation (FII	D/PID/calori	imetric tubes)			
	If using direct-reading instrum	entation	, is the equi	pment:			
	a. Capable of detecting	perc vap	or concentra	tions in a range of 0-500 ppm?	ΠY	□N	
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	ПY	□N	
	c. Inspected for leaks ar	ıd obviou	ıs signs of w	ear on a weekly basis?	□Y	□и	
	d. Kept in a clean and s	ecure are	ea when not	in use?	ПY	□и	
	e. Verified for accuracy	by use o	f duplicate s	amples (calorimetric only)?	\Box Y	□N	
3.	Has the facility maintained a leak log?				YY	□N	
4.	Does the responsible official check the	followin	g areas for le	eaks?	/ `		
	Hose connections, fittings, couplings, and valves	ÆΥ	□N	Muck cookers	Y	□N	
	Door gaskets and seating	Y	□N	Stills	×Υ	□и	
	Filter gaskets and seating	X Y X Y	□N	Exhaust dampers	ΠY	□и	
	Pumps	YY	□N	Diverter valves	\Box Y	ПN	
	Solvent tanks and containers	X	□N	Cartridge filter housing POWDERED 7	s Þ Ý	□N	
	Water separators	XY	□N	POWDERED F	=/LTE	٦	
	NAHENDAA L. SOL. Name of Responsible Offici	44 al		12/12/4	%		

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

娱

(407) 348-7888 SOLAY



2523 Boggy Creek Rd. Kissimmee, FL 34744

Complete Dry Cleaning and Laundry Service

- Shirts Alterations
- Draperies
- Wedding Gowns
- ** Valet Service Available **

ADDITIONAL SITE INFORMATION:

- · POWDERED FILTER DISC ONCE/WX POWDER TO STRE
- · FLUOMATIC 35 LB MACAURE
- · CONTAINMENT PAN INSTALLED 3 MOS AGO STAINLESS
- · EVAPORATOR FOR SEPARATOR WATER
- · MCF PICKS UP WASTE
- · KNOWLESLABLE ABOUT EQUIPMENT WESPING UP WITH RECORDS

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

all	سا
-----	----

FACILITY NAME: BYLL CLEAN RDS	S/UNISON INC DATE: 12/2/99
FACILITY LOCATION: 2523 Boggy	Crk. Rd.
KISSIMMET, FC 3474	-Y
Annual Reporting Period:	19 <u>9</u> 5 TO Dec 1997
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	in continuous compliance 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	RECEIVED
Action(s) taken to achieve compliance:	JAN 6 1908
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Saurces
made in this notification are true, accurate and complete. Fu	tion and belief formed after reasonable inquiry, that the statements arther, my annual consumption of perchloroethylene solvent, based ar for dry-to dry facilities or 1,800 gallons per year for transfer or MAHENDRA Solary 12/2/97 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.

302125

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

,	ANNUAL C	COMPLIAN	CE CER	TIFICAT	ION FORM			70
	5428 BA	N INC NDRA L SOLAY AY LAGOON CR NDO FL 32819		ID#0970047		Bureau of Air Monitoring & Mobile Sources	FEB 1 1 1998	ECEIV
		Do <u>NO</u>	T Remove L	abel				<u>П</u>
Annual Reporting Period:	JAN	1 ST	19 9	то	DEC	3/ 22	<u> </u>	19 <u>97</u>
Based on each term or condition of 62-213.300, Florida Administrative If NO, complete the following: #1. Term or condition of the general states and the states are condition of the general states and the states are condition of the general states.	ve Code (F.A.C.), d	during the perio	od covered l	by this state	ment. XYE.	s 🗆] NO	oove:
Exact period of non-compliance:	from			to		ㅋ [집	The second	
Action(s) taken to achieve complia	ance:					-9	. RO	1
Method used to demonstrate comp	liance:					SS .		э́
#2. Term or condition of the gene	ral permit that has	not been in co	ontinuous co	ompliance di	uring the report	ing period st	tated ab	ove:
Exact period of non-compliance:	from			to		_		
Action(s) taken to achieve complia	ince:		•					
Method used to demonstrate comp	liance:							
As the responsible official, I hereby on notification are true, accurate and co does not exceed 2,100 gallons per yea	omplete. Further, m	ny annual consu	imption of p	erchloroethyl	lene solvent, bas	ed upon purc		
RESPONSIBLE OFFICIAL:	Name (Pleas	se Print)	MAH	CENDRA Si	SoLAY		-\3 \	98
	/ / ` ·	// ·		•	_			

^{*}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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION		COMPLAINT/DISCOVER	y 🗅
AIRS 10#: 0970047 DAT	E: 12/2/9	7 TIME I	n: <u>12', 25</u> time ou	r: 120
FACILITY NAME:BV	L Clea	iners		
FACILITY LOCATION:2	523	Boggn	Creek Rd.	
l	135mee	:, F(.	34744	
RESPONSIBLE OFFICIAL : M	AHENDRA	SOLAY	PHONE: 407 348	3-7888
CONTACT NAME: SAM			PHONE: SAMO	
PART I: NOTIFICATION	-			
(check appropriate box)				
1. New facility notified DARM 30 da	ays prior to startu	p		۵
2. Facility failed to notify DARM to	use general permi	it		
	•			
				· ·
PART II: CLASSIFICATION				
Facility indicated on notification fo	rm that it is:		☐ No notification form ☐ Drop store/out of busines	ss/petroleum
Facility indicated on notification fo (check appropriate box) A.		Now small a	☐ Drop store/out of busines	ss/petroleum
Facility indicated on notification fo (check appropriate box)	∑ ⊠ 2.	. New small a	☐ Drop store/out of busines rea source x < 140 gal/yr	ss/petroleum
Facility indicated on notification fo (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr)Z(2. d tr	ry-to-dry only, ransfer only, x	☐ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notification fo (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	Z 2. d tr b	ry-to-dry only, ransfer only, x oth types, $x < 1$	☐ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notification fo (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	d dr b (c	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	☐ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	ss/petroleum
Facility indicated on notification fo (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. dd tr b. (c) (c) 4. gal/yr dd /yr tr b. (c)	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ (40 gal/yr) or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $(50 \le x \le 1,800 \text{ gal/yr})$ $(50 \le x \le 1,800 \text{ gal/yr})$ $(50 \le x \le 1,800 \text{ gal/yr})$	ss/petroleum
Facility indicated on notification for (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classifing the properties of the same of facility questions.	d d tr b (c)	ry-to-dry only, ransfer only, x oth types, x < 1 constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on YY	□ Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	ss/petroleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON DYNA 1. Storing perchloroethylene in tightly sealed and impervious containers? A/AKO NO YO 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD AD 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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) XV DN 1. Equipped all machines with the appropriate vent controls? XY 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 XY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NIA- before 1991 condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN (J)A

وأريانها

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 XY ON ON/A and parts installed w/in 5 days of receipt? DY DN DKIA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? ,¤Y □N QY ON ON/A 7. Maintained deviation reports? DY DN DYNA Problem corrected? XY ON ON/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			MY □N	
2. Has the facility maintained a leak log?			N□ YE	
3. Does the responsible official check the	following areas for leaks?	·		
Hose connections, fittings, couplings, and valves	ФУ ОИ ОМ/А	Muck cookers	dy on on/a	
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	DY DN DN/A	Exhaust dampers	HY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	ΦY □N □N/A			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed s	solvent on exterior surfaces)	1	4	
Physical detection (airflow felt the	rough gaskets)		Ø	
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
Halogen leak detector		•		
If using direct-reading inst	rumentation, is the equipm	nent:	₽Ń/A	
a. Capable of detecting	perc vapor concentrations i	in a range of 0-500 ppm?	□Y □N	
b. Calibrated against a (PID/FID only)?	standard gas prior to and at	fter each use	□Y □N	
c. Inspected for leaks a	nd 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 sample	s (calorimetric only)?	□Y □N	
SAADIA QUEESHI 12/97				
Inspector's Name (Please Pri	int)	Date of Inspe	ection	
		12/98		
Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:

fluoromatic (1988) MCF teles Day, waste.

LM COMPLIANCE.



(407) 348-7888 SOLAY

BVL CLEANERS

2523 Boggy Creek Rd. Kissimmee, FL 34744

Complete Dry Cleaning and Laundry Service

- Shirts
- Draperies
- Alterations
- Wedding Gowns
- ** Valet Service Available **

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL 🔀 COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:25 TIME OUT: 1:00	AIRS ID#: 0970047
TYPE OF FACILITY: Dry, Cleaning	
FACILITY NAME: BUL Cleaners.	DATE: 12/2/97
FACILITY LOCATION: 2523 POMM CFEE	ek Rd.
KISSIME FL. 3	4744
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	<i>,</i> .
•	
COMMENTS: Cjood Record Keepsing	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12/98	· · · · · · · · · · · · · · · · · · ·
(Ap	proximate)
INSPECTION CONDUCTED BY: AAD)A	QUEESW1
\times	ease Print) PHONE NUMBER: 407 893-333
INSPECTOR'S SIGNATURE:	PHONE NUMBER: <u>407-863-333</u>
Page	of Revised 10/96

MS# 55 10 MC Acct # 55 3 1

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



7003 0500 0004 0144 6002

REFUSED

5428

RTS

Buss

SOUD

1ST NOTICE 3-18
-- 2ND NOTICE 3-18
-- RETURNED 13-23

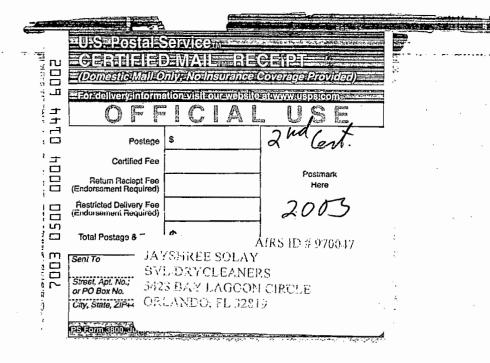
JAMSÉRBE SOLAY BYLERYCLEANERS 5423 DAYJACOON CIRCLE ORJANDO, EL 32819

AFTS 10 # 970047

MAR 2 9 2004

Ireau of Art Mondorie Ge Mobile Selects A SOLD

BEST AVAILABLE COPY



BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY.
== Complete items:1-2, and 3. Also complete	A Signature □ Agent
Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse	¥ □ Addressee
so that we can return the card to you.	B. Received by (Printed Name)
or on the front if space permits.	
In Article Addressed to the second se	D. Is delivery address different from item 1? ☐ Yes ☐ No ☐ N
AIRS 10 # 970047	
JAYSFIREE SOLAY	
BVL DRYCLEANERS	
5428 BAY LAGOON CIRCUE CREANDO, FL 32819	3. Service Type
Fig. 19 Commission (Charles Commission Commi	☐ Registered ☐ Express Mail ☐ Registered ☐ Receipt for Merchandise
	☐ Insured Mail ☐ G:O:D;
	'41- Restricted Delivery' (Extra Fee) =
2: Article Number 7003	0500 0004 0144 6002
PS Form 3811, August 2001 Domestic Reti	urn Receipt 102595-02-M-1540

#0970047

BVL Dry Cleaners
-3poke with Mahendra Solay-9/11/96
p.15 Propane - \$80/2 w/s. @ .70-75/gal. = 2,849 gal./yr.
=2,849 gal./yr.
PM=1.14/b/yr
N0x = 39.89 lb/yr C0 = 5.41 lb/yr
ToC=1.421b./yr.
·

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	MPLETE 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: 10 AIRS ID # 0970047001AG MAHENDRA L SOLAY BVL DRYCLEANERS 5428 BAY LAGOON CR ORLANDO FL 32819	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES enter delivery address by to the property of t
	☐ Registered More Herceipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	6 7000 0600 0021 282 711
PS Form 3811, July 1999 Domestic Reti	

Z 210 %63 ~024

PS Form **3800**, April 1995

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

10 AIRS ID # 0970047001AG MAHENDRA L SOLAY BVL DRYCLEANERS 5428 BAY LAGOON CR ORLANDO FL 32819

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	
	1

	v and Professional Section	editator - 7:						
ا∖∕ك	over top of e	əuili	Fold a					
63	SENDER:		and the state of t			l alaa wiah ta sa-	atora Alexa	
Ü	 ■Complete items ■Complete items 		r 2 for additional services.			I also wish to rece		
9			ria 40. dress on the reverse of this fo	orm so that we	can return this	following services (for an extra fee):		
J.S	card to you.					_ ′		ρį
ĕ	Attach this form permit.	to the fr	ont of the mailpiece, or on th	e back if spac	e does not	Addressee's Address		ž
6	■ Write "Return Receipt Requested" on the mailpiece below the article number.			2. Restricted Delivery		Se		
£	■The Return Red delivered.	ceipt will	show to whom the article wa	s delivered an	d the date	Consult postmast	ter for fee	Ħ
5			40.		la Antina N	<u> </u>		. <u>e</u>
E E	3. Article Addr	esseu	10:		4a. Article N	umber // 0		æ
} <u>ē</u>			AIRS ID 09700		4550	-6115-606		Ε
∤ ፎ	UNISON'INC	3	711KB 1D 0970K	, ,	4b. Service	Туре		쿭
₹ 8	MAHENDRA		AY		☐ Registere	ed	Certified	æ
ပ္က	5428 BAYL				☐ Express Mail ☐ Insured .			g
\ W	ORLANDO I				☐ Express Mail ☐ Insured .			ī
8	· ·					ceipt for Merchandise	☐ COD	
					7. Date of De	elivery		ξ
) ≥						2^14 -	5 X	Thank you for using Return Receipt Service
3	5. Received B	v: (Prir	nt Name)		8. Addresse	e's Address (Only i	f requested '	چ
	277100077002	y , (, ,,,	,,		and fee is			Jan
一面	0 0 mg h mm	/ A -/ -/		-		•		F
your	6. Signature: (Adares	ssee or Agent)					
	/X / 1/4	ishri	1) Solar					
20	PS Form 381	1. Dec	ember 1994 /			Domestic Retu	ırn Receipt	
_								
		1						
		1	7 777			:		
			Z 333	P F F	66			
			US Postal Service					
		1	Receipt for Cer	tified M	ail			
			No Insurance Coverage		un	1		
			Do not use for Internatio		e reverse)			
	•		Sent to	na man joe	0 1000130)			
					ı			
				AIRS ID	0970047			
		U	NISON INC					
		M	AHENDRA L SOLAY					
		54	28 BAY LAGOON CR					
		0	RLANDO FL 32819		;			
		l						
•								
			Special Delivery Fee					
			Posterior Delivery Co.					
		ພ	Restricted Delivery Fee					
		1995	Return Receipt Showing to					
		=	Whom & Date Delivered					
		ڄ	Return Receipt Showing to Whom,					
			Date, & Addressee's Address					

PS Form **3800**, April 1

TOTAL Postage & Fees

Postmark or Date

\$



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302125

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

UNISON INC MAHENDRA L SOLAY 5428 BAY LAGOON CR ORLANDO FL 32819 AIRS ID#0970047

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259866

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

FEB -5 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0970047

UNISON INC MAHENDRA L SOLAY 5428 BAY LAGOON CR ORLANDO FL 32819 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

	U.S. Postal S CERTIFIED (Domestic Mail O			
197	Article Sent To:	10° ' '		
r~	22106	63024	(OLD)	
7	Postage	\$		
28	Certified Fee			
r-7	Return Receipt Fee		Postmark Here	
([]	(Endorsement Required)		Tield	
00	Restricted Delivery Fee (Endorsement Required)			
0090	Total Postage & Fees	\$		
=		y) (to be completed by mai		
2	Street, Apt, No.; or PO Bo		~	
7000	City, State, ZIP+4	100TPOC	3	
1	PS Form 3800, July 1999		See Reverse for Instructions	