

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 15, 1996

Mr. Jagdeep Nanpatee Town N' Country Cleaners 2905 Roxbury Court Kissimmee, Florida 34743

Re: Facility I.D. No. 0970049

Dear Mr. Nanpatee:

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

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

,		# 0970049 BEST AVAILABL	Y900 2.
		9-30 Spoke to Town n'	
		Country Cleaners -	
		Jagdeep Nanpattee is	
1.	Facility Own	the treasurer.	
2.	RAJ Site Name (F	P. 13 6. add fitle-treasurer	
3.	Jou Hazardous V	7. add org/firm name	<u>RS.</u>
4.	Facility Loca Street Addre City:	corrections made 35	3+· 34741
5.	Facility Iden		9
6.	Name and T		
7.	Responsible of Organization/Street Address		
	City:	Kissimmee County: Beeola Zip C	Code: 311747
8.	Responsible C Telephone:	Official Telephone Number:  ( ) - Fax: ( ) - 407/8-70 - 8747	547.65
	6	Facility Contact (If different from Responsible Official)	
9.	Name and Titl	le of Facility Contact (For example, plant manager):	-1
10.	Facility Conta	act Address:	
	Street Address City:	s: Zip Code:	
11.	Facility Conta Telephone:	act Telephone Number:  ( ) - Fax: ( ) -	

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SEP 3 1996

### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	
2. Site Name (For example, plant name or number):	
JOWN N' COUNTRY CEANCRS.  3. Hazardous Waste Generator Identification Number:	
3. Hazardous Waste Generator Identification Number:	
F/D 982114969	
F/D 982 114969  4. Facility Location: Street Address: 3147 West Vine St.	
City: KISSIMMEE County: Florida Zip Code: 3474	/
5. Facility Identification Number (DEP Use):	
0970049	
Responsible Official	
6. Name and Title of Responsible Official:	
•	
Jagdelp Nanpatel Treasur	لم
7. Responsible Official Mailing Address: Home. Hold. P 11-27-96  Organization/Firm: 2905 Roxbury C+ 11-27-96  Street Address:	
K135/MM20 Beeola 34743	?
8. Responsible Official Telephone Number:	
Telephone: $(40.7)$ & $70 - 8.747$ Fax: $()$ -	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	$\neg$
10. Facility Contact Address:	$\dashv$
Street Address:	
City: Zip Code:	
11. Facility Contact Telephone Number:	_
Telephone: ( ) - Fax: ( ) -	

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SEP 3 1996

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Bureau of Air Monitoring & 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.

	,	Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control		
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed		
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-		
Dry-to-Dry Unit											
(1) w/ ref. condenser	/	10 Sept.84	+ losept	24							
(2) w/ carbon adsorber		, , , , ,	7.	,							
(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						•		4.4			
(10) w/ ref. condenser											
(11) w/carbon adsorber											
(12) w/ no controls											
<ul> <li>(c) No control devices at 2.(a) What was the total q</li> <li>(b) If less than 12 month</li> </ul>	· ·										
3. What is the facility's sou (Indicate with an "X". S  Existing small are Existing large are	Selec	t one classifi	cation only.)	1	nitions found		3) of	Part II?			

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(Indicate with an "X".)	pursuant to section (3) 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  []	
5. A facility which contains non-exempt emissions	units shall not be eligible to use the general permit pursuant
	d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	•
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	لــــــــــــــــــــــــــــــــــــــ
(b) Leak detection inspection and repair	لگا
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring [X]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	<u></u>

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### Surrender of Existing Air Permit(s)

	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 notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and is the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	omptly notify the Department of any changes to the information contained in this notification.					
Par	adaph Nambattee 626-96					

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	RAJDAI WANPATEE Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Jour N' Country C/EANERS.  Hazardous Waste Generator Identification Number:
3.	
	F/D 982114969
4.	Street Address: 3/4/ West VINE ST.
	City: KISSIMMEE County: Florida Zip Code: 34741
5.	Facility Identification Number (DEP Use):
	0940049
	Responsible Official
	Acsponsible Official
	Name and Title of Responsible Official:
	Responsible Official Mailing Address: Organization/Firm: 2905 Roxbury Ct Street Address: City: Kisimmee County: Preed a 34743  Responsible Official Telephone Number:
7.	Responsible Official Mailing Address:
	Street Address: 2905 ROX BUYY
	City: Zip Code:
	K135/11/11/12 Blee010 34743
8.	
	Telephone: $(1407)$ & 70 - 8747
	Facility Contact (If different from Responsible Official)
	racinty Contact (if unferent 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: ( ) -

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Bureau of Air Monitoring & Mobile Sources

# 0970049

9-30 Spoke to Town n' Country Cleaners -Jagdeep Nanpattee is the treasurer.

P. 13

6. add fitte-treasurer

7. add org/firm name

### **Facility Information**

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control	
		Initially	Device		Initially	Device		Initially	Device	
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed	
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9	
Dry-to-Dry Unit				1:	- <del></del>		-	1	:	
(1) w/ ref. condenser	/	10 Sept.81	+ losept	24						
(2) w/ carbon adsorber			7	-						
(3) w/ no controls										
Washer Unit									**	
(4) w/ ref. condenser										
(5) w/ carbon adsorber										
(6) w/ no controls										
Dryer Unit				1,0		. :		ing a major participant	1.30	
(7) w/ ref. condenser										
(8) w/ carbon adsorber										
(9) w/ no controls										
Reclaimer Unit		· ·			- 1214 A					
(10) w/ ref. condenser			ľ					<u> </u>		
(11) w/carbon adsorber					_					
(12) w/ no controls										
(c) No control devices  2.(a) What was the total q  [ 75 ]  (b) If less than 12 month	(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [] 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 son (Indicate with an "X". S Existing small are	Selec	t one classifi	cation only.)	١	nitions found	·	3) of	Part II?		

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)								
Existing large area source  Carbon adsorber  []  Refrigerated condenser  []								
New small area source Refrigerated condenser []								
New large area source Refrigerated condenser []								
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:								
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.								
All steam and hot water generating units exempt No such units on-site								
Equipment Monitoring and Recordkeeping Information								
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:								
(a) Purchase receipts and solvent purchases								
(a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair								
(c) Refrigerated condenser temperature monitoring								
(d) Carbon adsorber exhaust perc concentration monitoring								
(e) Instrument calibration  (f) Start-up, shutdown, malfunction plan								
(f) Start-up, shutdown, malfunction plan								

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#### Surrender of Existing Air Permit(s)

	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						
	Responsible Official Certification					
	Responsible Official Certification					
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in it is included in the second part of the facility addressed in it is 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.					

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### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY  RE-INSPECTION
AIRS ID#: 6970049 DATE: 11/27/96 TIME IN: 11:00 TIME OUT: 12:00  FACILITY NAME: Town N Country Cleaners  FACILITY LOCATION: 3147 W. Vive St.  Kissimmee
PART I: NOTIFICATION
(check appropriate box)  1. Existing facility notified DARM by 9/1/96  2. New facility notified DARM 30 days prior to startup  3. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is:  (check appropriate box)
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 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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 140<x<2,="" 200<x<1,800="" 4.="" 9="" 91)="" 91)<="" after="" area="" before="" both="" dry-to-dry="" gal="" large="" new="" on="" only,="" or="" source="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification
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 25 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? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD YM 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Dary □N 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WN/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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY 'DN DN/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 condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box$ Y $\Box$ N



# Town 'n Country CLEANERS (SAME DAY SERVICES AVAILABLE) SHOE REPAIRS & ALTERATIONS

3147 W. VINE ST. KISSIMMEE, FL 34741 (407) 870-8747 HOURS: 7 AM- 7 PM M-F 10 AM - 4 PM SAT

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser lo on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated UY UN
<ol><li>Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?</li></ol>	□Y □N
Is the temperature differential equal to or greater than 20° F?	□Y □N
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?	OY ON
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
Has the responsible official: (check appropriate boxes)	AV ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	MY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	MA 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:	<b>⊠</b> Y □N
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;	. 6
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:	<b>⊠</b> Y □N
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	Ду Ои
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?	MO AO
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)	Y ON OY ON OY ON OY ON OY ON 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?	MY ON  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?	MY ON  OY ON  OY ON  OY ON  OY ON  OY ON  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 deviation reports?	Y ON 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?  Problem corrected?  8. Maintained compliance plan, if applicable?	MY ON  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?  Problem corrected?	MY ON  OY ON

2.	Which method of detection is used b	y the respon	nsible offi	cial?						
	Visual examination (condense	X								
	Physical detection (airflow felt	প্র								
	Odor (noticeable perc odor)	)Z								
	Use of direct-reading instrume	ntation (FII	D/PID/cal	orimetric tubes)						
	If using direct-reading instru	uipment:								
	a. Capable of detection	$\Box$ Y	□И							
	<ul><li>b. Calibrated against (PID/FID only)?</li></ul>	ΠY	□N							
	c. Inspected for leaks	and obviou	s signs of	wear on a weekly basis?	$\Box Y$	□N				
	d. Kept in a clean an	d secure are	a when n	ot in use?	$\Box Y$	□N				
	e. Verified for accura	cy by use of	duplicate	e samples (calorimetric only)?	ΠY	□N				
3.	Has the facility maintained a leak lo	g?			$\Box Y$	□N				
4.	Does the responsible official check t	he following	g areas fo	r leaks? Wes						
	Hose connections, fittings,			0,						
	couplings, and valves	ΩY	ПN	Muck cookers	ΠY	□N				
	Door gaskets and seating	$\Box$ Y	ΠN	Stills	ΠY	□N				
	Filter gaskets and seating	υY	□N	Exhaust dampers	ΩY	□N				
	Pumps	ΠY	□N	Diverter valves	ΠY	ПN				
	Solvent tanks and containers	ΠY	□N	Cartridge filter housings	ΠY	□N				
	Water separators	ΩY	ПN							
	Jagden Nangatton Name of Responsible Official									
	Stella Schoel	der		11/27/96						
	Inspector's Name (Please I	Print)		Date of Inspection						
	Shila Schnerd	عـ		11/97		·				
	Inspector's Signature	_		Approximate Date of 1	Next I	nspection				

ADDITIONAL SITE I	NFORMATION:			
			•	
				•
		•		
		•	•	
		<b>V</b>		
			•	



## PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT

TYPE OF INSPECTION:	COMPLIANCE IN  ANNUAL  RE-INSPECTION	COMPLAINTIDISC  HAD BEEN IN	
AIRS ID#: <u>0970049</u>	s . / /	7 TIME IN: 10:30 TIM	
FACILITY NAME: 704		RY CLZANERS	
facility location: <u>3</u>	147 W. VINE	<i>S7.</i>	
	USSIMMEE, F	Z 34741	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DA	ARM by 9/1/96		<b>A</b>
2. New facility notified DARM	1 30 days prior to starti	ир	/ <b>à</b>
3. Facility failed to notify DAI	RM to use general pern	nit	
PART II: CLASSIFICATIO	N		
Facility indicated on notificate (check appropriate box)	tion form that it is:		
A.  1. Existing small area sou dry-to-dry only, x<140 gal/y transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr /\ .	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)	<b></b>
3. Existing large area sou dry-to-dry only, 140 <x<2, (constructed="" 1="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91<="" before="" both="" gz="" only,="" td="" transfer="" types,=""><td>l00 gal/yr gal/yr al/yr</td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	l00 gal/yr gal/yr al/yr	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classi.	fication	YY DN	
If no, please check the approp	riate classification:	•	
II	fied for a general permeds above limits and is	it as number above not eligible for a general permit	
B. The total quantity of perchifacility was 60 gallon.		chased within the preceding 12 month  A1 Homb	s by this dry cleaning

Revised 10/28/96

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

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing lar	ge or new large area source also:	
Measured and recorded the exhaust temperature on dry-to-dry, reclaimer, and dryer machines or		OY ON
2. Measured and recorded the washer exhaust tem inlet and outlet weekly?	perature at the condenser	OY ON
Is the temperature differential equal to or	greater than 20° F?	OY ON
3. Measured and recorded the perc concentration i at the end of the final drying cycle while the ma if machines are equipped with a carbon adsorbe	achine is venting to the adsorber,	□Y □N □N/A
Is the perc concentration equal to or less t	han 100 ppm?	□Y □N
4. Assured that the sampling port on the carbon ac perc concentrations is at least 8 duct diameters or expansion; is at least 2 duct diameters upstre	downstream of any bend, contraction,	
or expansion; and downstream from no other in		□Y □N
5. Equipped transfer machines (dryers, reclaimers condenser coils?	, and washers) with individual	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used)	at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMEN	NTS	
PART V: RECORDKEEPING REQUIREMEN  Has the responsible official: (check appropriate boxes)	NTS	
Has the responsible official:		AY ON
Has the responsible official: (check appropriate boxes)	ILE IS AT HOME	YY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	Onsumption?	NO AN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co	onsumption?  Treports for the following:	AY ON AY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co  3. Maintained leak detection inspection and repair	onsumption?  Treports for the following:  24 hrs? or;  air leak and leak repaired w/in 2 days	DY DN  DY DN  DY DN  DY DN
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2 b. documentation of parts ordered to repa	onsumption?  r reports for the following:  24 hrs? or;  air leak and leak repaired w/in 2 days  5pt?	. 1
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2 b. documentation of parts ordered to repa and parts installed w/in 5 days of recei	onsumption?  r reports for the following:  24 hrs? or;  rir leak and leak repaired w/in 2 days  pt?  truments only)	DY M
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2 b. documentation of parts ordered to repa and parts installed w/in 5 days of recei  4. Maintained calibration data? for direct reading inst	onsumption? r reports for the following: 24 hrs? or; air leak and leak repaired w/in 2 days (pt?  truments only) erc concentrations? ?	OY ON JANA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2 b. documentation of parts ordered to repa and parts installed w/in 5 days of recei 4. Maintained calibration data? for direct reading inst 5. Maintained exhaust duct monitoring data on pe	onsumption? r reports for the following: 24 hrs? or; air leak and leak repaired w/in 2 days (pt?  truments only) erc concentrations? ?	OY ON ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2 b. documentation of parts ordered to repa and parts installed w/in 5 days of recei 4. Maintained calibration data? for direct reading inst 5. Maintained exhaust duct monitoring data on pe 6. Maintained startup/shutdown/malfunction plant	onsumption? r reports for the following: 24 hrs? or; hir leak and leak repaired w/in 2 days (pt?  truments only) erc concentrations?	OY ON ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2 b. documentation of parts ordered to repa and parts installed w/in 5 days of recei 4. Maintained calibration data? for direct reading inst 5. Maintained exhaust duct monitoring data on pe 6. Maintained startup/shutdown/malfunction plant 7. Maintained deviation reports?	onsumption? r reports for the following: 24 hrs? or; air leak and leak repaired w/in 2 days (pt?  truments only) erc concentrations? ?	OY ON ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc co 3. Maintained leak detection inspection and repair a. documentation of leaks repaired w/in 2 b. documentation of parts ordered to repa and parts installed w/in 5 days of recei 4. Maintained calibration data? for direct reading inst 5. Maintained exhaust duct monitoring data on pe 6. Maintained startup/shutdown/malfunction plan 7. Maintained deviation reports?  Problem corrected?	onsumption? r reports for the following: 24 hrs? or; air leak and leak repaired w/in 2 days (pt?  truments only) erc concentrations? ?	OY ON ON/A OY ON OY ON

1. Does the responsible official conduct a weekly leak detection and repair inspection?

MY ON

2.	2. Which method of detection is used by the responsible off	īcial?
	Visual examination (condensed solvent on exterior	surfaces)
	Physical detection (airflow felt through gaskets)	×
	Odor (noticeable perc odor)	<b>☆</b>
	Use of direct-reading instrumentation (FID/PID/ca	lorimetric tubes)
	If using direct-reading instrumentation, is the ea	quipment:
	a. Capable of detecting perc vapor concer	ntrations in a range of 0-500 ppm? □Y □N
	b. Calibrated against a standard gas prior (PID/FID only)?	to and after each use
	c. Inspected for leaks and obvious signs of	f wear on a weekly basis? □Y □N
	d. Kept in a clean and secure area when i	not in use?
	e. Verified for accuracy by use of duplica	te samples (calorimetric only)?
3.	3. Has the facility maintained a leak log?	□y <b>j</b> ¢ń
4.	4. Does the responsible official check the following areas for	or leaks?
	Hose connections, fittings, couplings, and valves □N	Muck cookers AY □N
	Door gaskets and seating Y □N	Stills
	Filter gaskets and seating	Exhaust dampers □Y □N
	Pumps	Diverter valves ДY □N
	Solvent tanks and containers	Cartridge filter housings ✓Y □N
	Water separators ⊅Y □N	

VAC-DEEP WANDATES

Name of Responsible Official

Louis A. Nicyols
Inspector's Name (Please Print)

our Whichols

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Town 'n Country CLEANERS (SAME DAY SERVICES AVAILABLE) SHOE REPAIRS & ALTERATIONS

3147 W. VINE ST. KISSIMMEE, FL 34741 (407) 870-8747

HOURS: 7 AM- 7 PM M-F 10 AM - 4 PM SAT

#### ADDITIONAL SITE INFORMATION:

- O LETTER FROM DILTZ WAS SENT TO 11/15/96 HOME ABBRESS OF JAGSEEP NANDATER 2905 ROYBURY COURT KISSIMMER FE. 34743
- · MCF PICKS UP WASTE BROPS OFF EMPTY DRUMS AS NEEDED.
- & MIRACLEAN DUAL SYSTEM 35
- · WASTERATER 1 GAL WOWO WRS
- · CONTAINMENT DAN EXTENDS 2 FT BEYOND EQUAP FOR SECONDARY STORAGE,
- · EPOXY ON FLOOR MACH & SPOTTING BOARD
- · CLRAN WELL MAINTAINED SHOP, BUT NOT KREPING-RECORDS - HAD BREN INSPECTED 11/27/96 (NOTED AFTER TODAY'S INSPECTION COMPLETED).

ace!

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bureau of Air Monitoring AIRS ID#0970049 RAJDAI NANPATEE & Mobile Sources JAGDEEP NANPATEE 3147 W VINE STREET KISSIMMEE FL 34741 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule ЫNO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. 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 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 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.

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:00 TIME OUT: 3:45	AIRS ID#: 09 70049
TYPE OF FACILITY: Dry cleaning	<u> </u>
FACILITY NAME: TOWN N' COUNTY (	Caners DATE: 1/22/98
FACILITY LOCATION: 3147. W. VINE ST	eet-
Kissunne, Fl	
RESPONSIBLE OFFICIAL: Joly Nanpatee	PHONE NUMBER: 870-8747
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	:
	1
	DECELVES
	KECEIVED
	FEB a 1998
COMMENTS: 1984 Machine, OK Record Keep Closed Loop, epory 7 y Par	Bureau of Air Monitoring & Mobile Sources
closed loop, epoxy - 7 y Par	174
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1190	7
(A <sub>I</sub>	oproximate)
INSPECTION CONDUCTED BY:	QURESHI
(P)	leave Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 193-3333
Page	of Revised 10/9

### RECEIVED

### PERCHLOROETHYLENE DRY CLEANERS

FEB 4 1998

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

AN LIBERTO

Bureny of Air Monitoring Bureny of INSPECTION:

ANNUAL	
RE-INSPECTION	

RE-INSPECTIC	N	_		
FACILITY NAME: Town 1 Countries of the second of the secon				
<u> </u>	mee IC.			
RESPONSIBLE OFFICIAL: 10Eg 1	inpater PHONE: 870-8747			
	PHONE:			
PART I: NOTIFICATION		]		
(check appropriate box)		Ì		
New facility notified DARM 30 days prior to star	rtup			
2. Facility failed to notify DARM to use general pe	rmit 🗆			
		<b></b> 1		
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)	nc -		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )			
5. This is a correct facility classification	□Y □N □Can not determine			
If no, please check the appropriate 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) per facility was gallons.	urchased within the preceding 12 months by this dry cleaning			

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) Z DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22,1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? □Y □N □N/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ПY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ΠN	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	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?	ПY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	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?	□Y	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ΠN	□N/A
_				

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) XY □N 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? Explained 3. Maintained leak detection inspection and repair reports for the following: □N □N/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 Y ON ON/A and parts installed w/in 5 days of receipt? □Y □N □X7A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? XY ON ON/A 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND	KEPAIKS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				<b>S</b> IY	□N
2.	Has the facility maintained a leak log?	?		,	<b>A</b> Y	□N
3.	Does the responsible official check the	following a	areas for leal	ks?		
	Hose connections, fittings, couplings, and valves	ADY ON	I □N/A	Muck cookers	фY	□N □N/A
	Door gaskets and seating		I □N/A	Stills .	ПY	□N □N/A
	Filter gaskets and seating	dy on	I □N/A	Exhaust dampers	фY	□N □N/A
	Pumps		I □N/A	Diverter valves	ф	□N □N/A
	Solvent tanks and containers		I □N/A	Cartridge filter housings	фу	□N □N/A
	Water separators	dy on	I □N/A			
4.	Which method of detection is used by	the responsi	ible official?	1	_	7
	Visual examination (condensed	solvent on e	xterior surfa	aces)		,
	Physical detection (airflow felt t	hrough gask	ets)			-
	Odor (noticeable perc odor)				<b>_B</b> _	_
	Use of direct-reading instrument	tation (FID/I	PID/calorim	etric tubes)		
	Halogen leak detector					
	If using direct-reading inst	rumentatio	n, is the equ	uipment:		'A
	a. Capable of detecting	perc vapor	concentration	ons in a range of 0-500 ppm?	ПY	□N
	b. Calibrated against a (PID/FID only)?	standard ga	s prior to ar	nd after each use	ПY	□N
	c. Inspected for leaks a	nd obvious	signs of wea	r on a weekly basis?	ПY	□N
	d. Kept in a clean and	secure area	when not in	use?	ПY	□N
	e. Verified for accurac	y by use of d	luplicate san	nples (calorimetric only)?	ПY	□N
-						
		•		1/00/0	0	
_	Inspector's Name (Please Pr			$\frac{1/22/9}{\text{Wate of Insp}}$	<u>C</u> ection	
		-7		_ a.v 0.1 mp		
	•			1199		
_	Inspector's Signature			Approximate Date of	Nevt 1	Inspection

### ADDITIONAL SITE INFORMATION:

Miradean

Dud system

Cpoxy? YES

pan? YES.

MCF > hazardorus waste

# PERCHLOROETHYLENE DRY CLEANERS ECEIVED

COMPLIANCE INSPECTION CHECKLIST

	TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCO	FEB 1 1 1999  DVERY G  BUREAU OF  AIR REGULATION
	AIRS ID#: <u>0970050</u> DATE: 15/9		: оит: <u><b>2</b>:15</u>
	FACILITY NAME: TOWN N'C	ountry cleaners	
	FACILITY LOCATION: 3141.W	Vane St.	
	_ Rissimer	, たし. /yon	
Bureau of Waste	FACILITY LOCATION: 3147. W  RESPONSIBLE OFFICIAL: Jagdee Cleanup	P Nanpade PHONE: 870	- 8747
	CONTACT NAME:		
	<u>ag</u>		
Hazardous W	HART I: NOTIFICATION		
Giomina,	(check appropriate box)		
	1. New facility notified DARM 30 days prior to star	tup	
	2. Facility failed to notify DARM to use general per	mit	
<u> </u>			
	PART II: CLASSIFICATION		
	Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification for ☐ Drop store/out of b	
	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, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91)	laps.
	3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2$ , $1800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )	EIVED 3 1 2 1999
	5. This is a correct facility classification	Bureau o	f Air .
		ation: & Molecular Among above the sand is not eligible for a general perm	e Gources
	B. The total quantity of perchloroethylene (perc) pu facility was gallons.	rchased within the preceding 12 months	by this dry cleaning

.7

### 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? no stored 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? NO YO

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?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	⊓א	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПИ	□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?	$\Box$ Y	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm2	ΩY	□и	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ИП	□N/A

### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: I. Maintained receipts for perc purchased? (has some last purchase) 2. Maintained rolling monthly total of perc control. DY DN 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; QY QN QN/A a. documentation of leaks repaired w/in 24 nrs? 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? QY QN QN/A OY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? И□ УХС 6. Maintained startup/shutdown/malfunction plan? DY DN MN/A 7. Maintained deviation reports? Problem corrected? DY DN SKN/A □Y □N XN/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 $\square N$ inspection? ΠN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, QY ON ON/A Muck cookers □N □N/A couplings, and valves DY DN DN/A Stills DY DN DN/A Door gaskets and seating DY DN DN/A Filter gaskets and seating Exhaust dampers DY DN DN/A ФY ON ON/A Diverter valves Pumps DY DN DN/A Solvent tanks and containers DA DN DN/Y Cartridge filter housings DIY ON ON/A DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) 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? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ND YD 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? ND YDe. Verified for accuracy by use of duplicate samples (calorimetric only)? NO YO

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

has pan+epony for machin

has pan for haz. waste met pakes away waste

IN Compliènce

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPLAINT	T/DISCOVERY	RE-INSPECTION
TIME IN: / 20	TIME OUT: <b>2</b>	15	AIRS ID#:	970050 0970049
TYPE OF FACILITY:	Drydeanin	<u> </u>		
FACILITY NAME:	TOWN NI COM	ntryd.		DATE: 1/5/99
FACILITY LOCATION:	3147 W.V	me St	<del>_</del>	
	Rissime	eff.		
RESPONSIBLE OFFICIAL:	agdeep Nanpa	idee)	PHONE NUMBER:_	(407)870- 8747
<del>k f</del> 1	the compliance requiremen Rule 62-213.300, Florida Ac		-	ity is found to be in
Based on the results of discrepancies were not	the compliance requiremened:	ts evaluated durin	ng this inspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROBL	EM F	OLLOW-UP ACTION	ON REQUIRED
			•	
		`	:	
			REC	CEIVED
			rt8 Bureau	1 2 1999
			— Wobi	Air Monitoring le Sources
COMMENTS: USING Calen	dar, IN C	implan	á	
The Annual Compliance Certific	cation form has been proper	ly certified and st	ubmitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	on: 1/	00		· 
INSPECTION CONDUCTED	BY: Saad	(Approxima La (Please Prin	reshi	
INSPECTOR'S SIGNATURE	: Hom		PHONE NUMBER:_	2/07-593-333
l		Pageof		Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS UPDATED

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

DATE 1)-14-09

TYPE OF INSPECTION:

facility was 50 gallons.

ANNUAL

X

COMPLAINT/DISCOVER

COVERY PU

RE-INSPECTION

AIRS ID#:
FACILITY LOCATION: 3147 W. Vine St.  **TISSIMMEE FL 34747 **  RESPONSIBLE OFFICIAL: Jay Meep Name tre PHONE 407-870-8747  CONTACT NAME: PHONE: PHONE: 60.  [Check appropriate box]  1. New facility notified DARM 30 days prior to startup  2. Facility failed to notify DARM to use general permit   PART II: CLASSIFICATION  Facility indicated on notification form that it is:     No notification form
RESPONSIBLE OFFICIAL: Jay deep Name to PHONE: W7-870-8747  CONTACT NAME: PHONE:
RESPONSIBLE OFFICIAL:  Jay Meep Name tee PHONE: PHO
RESPONSIBLE OFFICIAL:  Jay Meep Name tee PHONE: PHO
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)  C No notification form (check appropriate box)
(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)  Drop store/out of business/petroleum
(check appropriate box)         1. New facility notified DARM 30 days prior to startup         2. Facility failed to notify DARM to use general permit         □         PART II: CLASSIFICATION         Facility indicated on notification form that it is:       □ No notification form (check appropriate box)
1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit  □  PART II: CLASSIFICATION  Facility indicated on notification form that it is: □ No notification form □ Drop store/out of business/petroleum
2. Facility failed to notify DARM to use general permit  PART II: CLASSIFICATION  Facility indicated on notification form that it is:  (check appropriate box)  Drop store/out of business/petroleum
PART II: CLASSIFICATION  Facility indicated on notification form that it is:  (check appropriate box)  Drop store/out of business/petroleum
Facility indicated on notification form that it is:  (check appropriate box)  □ No notification form □ Drop store/out of business/petroleum
Facility indicated on notification form that it is:  (check appropriate box)  □ No notification form □ Drop store/out of business/petroleum
(check appropriate box)
(check appropriate box)
<b>X</b>
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 140 gal/yr transfer only, x < 140 gal/yr both types, x < 140 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 $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  4. New large area source $\Box$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification
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

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ZONA			
2. Examining the containers for leakage?	AVA <b>X</b> NO YO			
3. Closing and securing machine doors except during loading/unloading?	YOU Y			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON PANA			
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)				
Equipped all machines with the appropriate vent controls?	OY ON			
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 condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after	אם אם י			

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)	·		
1. Maintained receipts for perc purchased?	MY DN		
2. Maintained rolling monthly averages of perc consumption?	AY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON <b>≱A</b> N/A		
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	□Y □N - <b>5</b> \$\/A		
4. Maintained calibration data? (for applicable direct reading instruments)	ой ой 🕉 ч		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XXI/A		
6. Maintained startup/shutdown/malfunction plan?	øy on		
7. Maintained deviation reports?	OY ON 🞾 N/A		
Problem corrected?	AND YOU YO		
8. Maintained compliance plan, if applicable?	DY DN ZN/A		

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			MO Y	
2.	Has the facility maintained a leak log?			MY DN	
3.	Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	ANO NO YA	Muck cookers	אוחם חם צא	
	Door gaskets and seating	DAY ON ON/A	Stills	AND ND AX	
	Filter gaskets and seating	A/NO NO Y	Exhaust dampers	ANO NO YE	
	Pumps	RY ON ON/A	Diverter valves	AND ND YE	
	Solvent tanks and containers	אומם מם אל	Cartridge filter housings	AY ON ON/A	
	Water separators	AVO NO Y	·		
4.	Which method of detection is used by t	he responsible official?	•		
Visual examination (condensed solvent on exterior surfaces)				×	
	Physical detection (airflow felt th	rough gaskets)		٦	
	Odor (noticeable perc odor)			×	
	Use of direct-reading instrumenta	ation (FID/PID/calorimetric	tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equipm	ent:	□N/A	
	a. Capable of detecting	perc vapor concentrations in	n a range of 0-500 ppm?	DY DN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?				
	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

Randall (caningham Inspector's Name (Please Print)	12-14-99
Inspector's Name (Please Print)	Date of Inspection
Adall Col	12-2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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			[

AIRS ID#:

discretion of the responsible official to use this form.

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Actor

ACILITY NAME: FOWN 'N COUNTRY	DATE: 12-14-99
ACILITY LOCATION: 3147 W. Vine Street	
Vissimmee, FL 34741	<del></del>
unual Reporting Period: December 1994 TO	Pecember 1999
ased on each term or condition of the Title V general air permit, my facility has re 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by thi NO, complete the following:	<u> </u>
Term or condition of the general permit that has not been in continuous compli	ance during the reporting period stated above:
eact period of non-compliance: from	to
ction(s) taken to achieve compliance:	
lethod used to demonstrate compliance:	
2. Term or condition of the general permit that has not been in continuous compli	ance during the reporting period stated above:
tact period of non-computance. Irom	
ction(s) taken to achieve compliance:	
Method used to demonstrate compliance:	

Page \_\_\_\_\_ of \_\_\_\_.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢 COI	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 101/5	TIME OUT: 10:4	S AIRS ID#: C	1970049
TYPE OF FACILITY: $p_{iy}$	leaning		<u>'</u>
FACILITY NAME: Town 'A	1 Lountry		DATE: 12-14-99
FACILITY LOCATION: 3147	W. Vine St.		. <b>!</b>
Hiss	samee, FL 34741	<b>(</b> 	
RESPONSIBLE OFFICIAL: Jay			ir: 407870-6747
<del></del>	compliance requirements evalu 62-213.300, Florida Administ	uated during this inspection, the factive Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted:	compliance requirements evalu	uated during this inspection, the f	following compliance
COMPLIANCE REQUIF	REMENT/PROBLEM	FOLLOW-UP AC	TION REQUIRED
·			
:			
		3	
COMMENTS:  In Compl	Tance		
The Annual Compliance Certification	on form has been properly certi 12–2000	ified and submitted to the inspec	tor. YES NO
INSPECTION CONDUCTED BY: Randall Conningham			
INSPECTOR'S SIGNATURE:	Polled C	Please Print) PHONE NUMBE	CR: 1407) 893-3333
	Page_	<u></u>	Revised 10/96

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE	1PLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Deliver  C. Signature  X
10 AIRS 1D # 0970049001AG JAGDEEP NANPATEE TOWN N' COUNTRY CLEANERS 3147 W VINE STREET KISSIMMEE FL 34741	3. Service Type  Certified Mail Registered Insured Mail C.O.D.
2210662920	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0021 652	7 0116
	eturn Receipt 102595-99-M-1788
, z 510	66₹ 990
US Postal Service Receipt for C	Certified Mail
10 AI	RS ID # 0970049001AG

10 AIRS ID # 0970049001AC JAGDEEP NANPATEE TOWN N' COUNTRY CLEANERS 3147 W VINE STREET KISSIMMEE FL 34741

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

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spac permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered an delivered.	e does not e number.	I also wish to recifollowing services extra fee):  1.	s (for an ee's Address d Delivery	eceipt Service.
s your RETURN ADDRESS completed o	AIRS ID#: 0970049 RAJDAI NANPATEE JAGDE P. NANPATEE 2905 ROXBURY COURT KISSIMMEE FL 34743  5. Received By: (Print Name) 6 Signature: (Rodressee or Agent)	4b. Service Registere Express Return Ret	Type ed Mail ceipt for Merchandise ellivery S's Address (Only in paid)	Certified Insured COD	Thank you for using Return Rec
) <del>=</del>	PS Form <b>3811</b> , December 1994		Domestic Retu	urn Receipt	- {

. Р 262 302 516

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID#: 0970049

RAJDAI NANPATEE
JAGDEEP NANPATEE
2905 ROXBURY COURT KISSI

IN	MEE FL 34743	
1	Certified Fee	
İ	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
3800,	TOTAL Postage & Fees	\$
ä	Postmark or Date	
PS Form		
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ă	<u> </u>	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
4	Article Sent To:		
0116	Z210662990 (OUD)		
27	Postage	\$	
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L U	Return Receipt Fee (Endorsement Required)		Here
0.0	Restricted Delivery Fee (Endorsement Required)		
0090	Total Postage & Fees	\$	·
昌	Name (Please Print Clearly) (to be completed by mailer)		
2000	Street, Apt. No.; or PO Box No. O97064900L AG City, State, 2774		
	PS Form 3800, July 1999 See Reverse for Instructions		

•

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

2607

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

RECEIVED MAIL ROOM

NAIL ROOM

FEB 18 FEB 18 TOTAL AMOUNT DUE: \$50.00 18 97

Do NOT Remove Label

AIRS ID# 0970049

TOWN N' COUNTRY CLEANERS

JAGDEEP NANPATES

KISSIMMEE EL 34749

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

... PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#0970049

RAJDAI NANPATEE JAGDEEP NANPATEE 3147 W VINE STREET KISSIMMEE FL 34741

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

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

0390569

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RECEIVED
TOTAL AMOUNT DUE: \$50.00

DEC 1 0 2000

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AIRS ID # 0970049

TOWN N' COUNTRY CLEANERS JAGDEEP NANPATEE 3147 W VINE STREET KISSIMMEE FL 34741 Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358002

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0970049

TOWN N' COUNTRY CLEANERS
JAGDEEP NANPATEE
3147 W VINE STREET
KISSIMMEE FL 34741

MAIL ROOP

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 ...

Fund: 20-2-035001 Obi.: 002273



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

403363

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0970049

TOWN N' COUNTRY CLEANERS JAGDEEP NANPATEE 3147 W VINE STREET KISSIMMEE FL 34741

FOR GOVERNMENT USE ON Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273