

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

October 14, 1997

Mr. Pau Cun Phu Formosa Garden Cleaner 7887 Sint Giles Place Orlando, Florida 32835

Re: Facility No.: 0970062

Dear Mr. Phu:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 25, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Ms. Scheila Schneider, Central District

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

0970062

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	P13	. 0			JAN	6 199R
1. Facilit	014	add Organ	nigation/Firm	1	Bureau <u>of</u> & Mob	Air Monitoring ile Sources
2. Site N	/(a)	Odd Date	Control Device &	nstalled	, 1 -	
3. Hazar	2(b)	If less the	in 12 months, c	Add#	pto	y.)
4. Facili Stree City:					W	240. Y
5. Facil		not be ma initial M should be	hall ared sour hed. Warbon we small ared marked	t and Source		, D
6. Nam	p16		Official sign for changes.	rature	_	
7. Resp Orga Stree City:	. all		•		32	835
8. Rest	Horry to	we has	101° 80.			
9. Nari	ser Jan x					
	A Committee of the Comm	SYTAC	Loc	Man	agen	
10. Facilit	y Contact Address			/		-
Street City:	Address: 783 1015511M		nson Memorial 19: Oscolla	Zip Code:	347	47
11. Facilit Telepl	y Contact Telephonone: (407)	ne Number: 397 - 1771	Fax: ()	, -	:.	

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

JAN 6 1998

	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
'	a mobile Sources
	PHU LOCK OF KISSIMMEE INC
2.	Site Name (For example, plant name or number):
	FORMOSA GARDEN CLEANER
3.	Hazardous Waste Generator Identification Number: (Just apply)
	Hazardous Waste Generator Identification Number: M. C.F. System Atlanta INC 800-8-8-3240 Facility Location: 7854 IFLO BRONSON MEMORIAL HWY Street Address:
4.	Facility Location: 7854 IFLO BRONSON MEMORIAL HWY
	Street Address: City: KISSIMMEE County: DSLEOILA Zip Code: 3 4 74 7
	ensy. P2 o vyv 2.p coto.
5.	Facility Identification Number (DEP Use):
	0940062
	Posmonsible Official
	Responsible Official
6.	Name and Title of Responsible Official:
	PAU CUN PHU Prindent
7.	
	Organization/Firm: 7887 SAINT GILES PLACE Street Address:
	City: OFIAND County: OFANGE Zip Code: 32831
8.	Responsible Official Telephone Number: Telephone: $(407) 299 - 0150$ Fax: $()$
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	SYTAL LOC Manager
10.	Facility Contact Address:
	Street Address: 7854 Inlo Browson Memorial Hwy
	City: KISSIMMEE County: OSCOOLA Zip Code: 34747
11	
11.	Facility Contact Telephone Number: Telephone: (407) 397 - 1771 Fax: () -

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Bureau of Air Monitoring & Mobile Sources

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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.

BUEWE THU Type of Machine	ŔТ	Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine	Date Control Device
Type of Machine	lD	,	Installed	ID	Purchased	Installed	aı	Initially Purchased	Installed
Type of Machine	10	1 ulchased	шзинес		1 dichased	mistance	10	1 di chascu	mistaticu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	<u> </u>	NOV OLE	12/91	0					mu
(1) w/ ref. condenser			, ,						
(2) w/ carbon adsorber				<u> </u>	<u> </u>	Ī			
(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									
Reolaimer Unit		· '	<u> </u>						
(10) w/ ref. condenser			_						
(11) w/carbon adsorber									
(12) wino controls									
(c) No control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selec rea so	ource Lassif	ication only.)	w syl	initions found hall area sour	ce X		Part II?	

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03 M13 23 3

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
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration
(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)

]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
<u></u>	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 ication. I hereby certify, based on information and belief formed after reasonable inquiry, that this 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						
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that t ts 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						
this notif statemen maintain comply w	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that 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						

DEP Form No. 62-213.900(2)

Effective: 6-25-96

AIRS_ID	OWNER	FIRST NAME	*LAST: NAME:	ADDRESS ****	CITY A COMPA	∄ZIP4⊘	Comment	
	0970062							
0970062	FORMOSA GARDEN CLEANER	PAU	PHU	7887 SAINT GILES PLACE	ORLANDO	32835	Does not exist	
1170073	RED BUG CLEANERS	JOONG	KIM	5275 RED BUG LAKE ROAD #101	WINTER SPRINGS		Spoke to owner - same RO	*** ***********************************
1170359	CARRIAGE CLEANERS	PATRICK	SEBASTIAN	967 W HWY 434	LONGWOOD	32750	Facility was sold	
1170361	PROFESSIONAL DRY CLEANING	DAVID	CHAN	700 W SR 434	LONGWOOD	32750	Drop store	***************************************
1170391	FIFTH AVENUE CLEANERS	SEAN	NICHOLS	801 W STATE ROAD 436 STE 1001	ALTAMONTE SPRINGS	32714	Facility was sold	
1270111	TOMOKA PLAZA COIN-O-MATIC	NICHOLAS	BISSELL	715 S NOVA ROAD	ORMOND BEACH	32174	Facility was sold	
1270145	MONARCH DRY CLEANERS	EDWIN	CANDELARIA	1382 HOWLAND BLVD	DELTONA	32738	Facility was sold	Inc
							AL AUGUSTA	

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· ·	#0, 2062
P13	
7	add Organization/Firm
1	Add Date Control Device Installed
2(b)	of less than 12 months, add #
	Existing small area source should not be marked Warbout and
·	initial New small area source should be marked.
ρ16	Responsible Official signature ond clate for changes.
	ond clave for changes.
· · · · · · · · · · · · · · · · · · ·	<u> </u>

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PHU LOCK OF KISSIMMEE INC.
2. Site Name (For example, plant name or number):
FORMOSA GARDEN CLEANER
3. Hazardous Waste Generator Identification Number: M. C.F. System Atlanta INC. 800-828-3240. 4. Facility Location: 7854 IRLO BRONSON MEMORIAL HWY Street Address:
4. Facility Location: 7954 IRLO BROWSON MEMORIAL HWY
Street Address: City: KISSIMMEE County: DSCEOILA Zip Code: 34747
5. Facility Identification Number (DEP Use):
0940062
Responsible Official
6. Name and Title of Responsible Official:
PAU CUN PHU President
7. Responsible Official Mailing Address: Organization/Firm: 7887 SAINT GILES PLACE Street Address: City: OKVANDO County: OPANGE Zip Code: 32831
8. Responsible Official Telephone Number: Telephone: (407) 298-0150 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
SYTAC LOC Manager
10. Facility Contact Address:
Street Address: 7854 INO Bronson Memorial HWY City: RISSIMMEE County: OSCOTIA Zip Code: 34747
11. Facility Contact Telephone Number: Telephone: (407) 397 - 1771 Fax: () -
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DEP Form No. 62-213.900(2) Effective: 6-25-96

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Bureau of Air Monitoring & Mobile Sources

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Facility Information

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

		Date	Date		Date	Date	[Date	Date
BOEWE BASS	AT	Machine	Control		Machine	Control		Machine	Control
BOEWE BASS Type of Machine		Initially	Device		Initially	Device		Initially	Device
Type of Machine	lD	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-92
,									
Dry-to-Dry Unit		NOV 96	•		•				
(1) w/ ref. condenser				Ε.		1			
(2) w/ carbon adsorber					,				ĺ
(3) w/ no controls									
Washer Unit					~				
(4) w/ ref. condenser									
(5) w/ carbon adsorber			1						
(6) w/ no controls									
Dryer Unit		•	•			''' ''		•	
(7) w/ ref. condenser		1							
(8) w/ carbon adsorber									
(9) w/ no controls		1			†				
Reolaimer Unit					<u>L</u> .	-			L
(10) w/ ref. condenser		T	I					-	
(11) w/carbon adsorber		 	 	\vdash			_	<u> </u>	
(12) w/ no controls		1	 	\vdash			- -		
(12)		<u> </u>			, AM	1			
(b) Control devices are	reni	tired but not	vet installed	r	1~ .				
(b) Connordevices are	-i cqc	incu, but not	yet mauned	<u> </u>					
(c) No control devices	are r	equired to be	installed [1	•			
(c) No control devices	are r	equired to be		-	٠ · ·				
		5		-		٠٠.		• • •	
2.(a) What was the total	, . mant	in of perchi	 oroethylene (nerc)	nurchased in	the latest 12	mor	the?	
2.(a) What was the total 1			oroemylene (pere)	purchased ii	i uic iaicst 12	. 11101	шіз:	
	- Zain	,			·				
(b) If less than 12 ment	he h	~~ ^~	1 months						
Check why it is less	s than	12 months:	New owner:		New store	: [] Did	not k	eep records:	
. .									
•									
3. What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small ar	rea so	ource	Ne	ew sn	nall area sour	rce []		
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	ce []		

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

(Indicate with an "X".)	
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant ad hot water generating units on-site meet the following::
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment te than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	•
•	
•	
Equipment Monitoring	and Recordkeeping Information
	and Recordkeeping Information in accordance with the requirements of this general permit:
	. •
Check all logs which are required to be kept on-site	. •
Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases	in accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	in accordance with the requirements of this general permit: $\begin{array}{c} & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ & & \\ & & & \\ & & \\ & & & \\$
Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring	in accordance with the requirements of this general permit:
Check all logs which are required to be kept on-site (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration mon	in accordance with the requirements of this general permit:

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

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)
Ľ	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 i cation. I hereby certify, based on information and belief formed after reasonable inquiry, that th 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.

3319	BEST AVAILABLE COPY # 0970057-oed 0970062-new	33 hols	
. 5	Formosa Garden Cleaner	72010	3113792
	P.13 9. add title	A COUNTY OF THE PARTY OF THE PA	A STA
1. Faci	P.14 1.(a) If only one machine, mark out other machine information	122 O.C. O.C.	EVED S
2. Site			MERSHIN
3. Haz	P.15 5.(d) not required, mark out "X"	RECEI	VED
4. Fac Str Cit	P.16 - Choose one	APR 1 0 Bureau of Air	
.5. Fac		& Mobile S	
	(4.00-4.30)		
6. Na	NEW OWNER (NEXT MONTH	 	,
7. Re Or	Pau William	F1.34947	
Sti —	FIRST FIRST NAME	: ~	·
8. Re	SAME SUNET-	V	·
- Sementary Light Control	MACITIVE) De	EADLINE
1,1006.	e and ditle of Facility Contact (For example, plant manager):		
Stree	ity Contact Address: t Address: 785 4 W. 192		, •
City:	ity Contact Telephone Number:	4747	
	phone: (407) 347 - /77/ Fax: () -		

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	3319 Magnire Blud STE #332 893-3333 DRI, Fr 32803 Lanichels	
	Perchloroethylene Dry Cleaning Facility Notification	3100
	Facility Name and Location	3117 33 A
	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): 2. Site Name (For example, plant name or number)	VED .
	2. Site Name (For example, plant name or number).	CIZE
	Journal Garden Cleaner 3. Hazardous Waste Generator Identification Number: RECEIV	Merse
		/ E C
	4. Facility Location: 7854 W. Irlo - Browson Huy. APR 10 19	997
	4. Facility Location: 7854 W. Irlo - Browson Hwy. APR 10 19 Street Address: City: Kissimmel County: Ocola Zip Code: 3 (Bureau Of Air Mo & Mobile Sou	onitoring urces
	5. Facility Identification Number (DEP Use): 0.9 170057	
•	, Responsible Official	
Ī	6. Name and Title of Responsible Official:	
	Kyungho 50 Mosidan	
	7. Responsible Official Mailine Address: 93/ Saledo Nr. Alfamonte 5/75 Fl. 34947 Organization/Firm: Ed Saledo Nr. Alfamonte 5/75 Fl. 34947 Street Address:	
	City: County: Zip Code:	
	8. Responsible Official Telephone Number: Telephone: (40) 238 - /22 Fax: (40) 237 - 884 6	
	70,000	

Facility Contact (If different from Responsible Official)

Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: 7854 City: Kissim me County: Deola Zip Code: 11. Facility Contact Telephone Number: Telephone: (49) 347 - /7

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APR 1 1 1997

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

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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	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	Ď	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	R	#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					(MARI	(our)		(M)	tex o
(1) w/ ref. condenser	188/	1-Ta 4-97	1-704-97		7 1000	1 Jun 4)	-	10497	- T
(2) w/ carbon adsorber	9 /	1/	//		1/	- W		//	
(3) w/ no controls		10	10			11		11	. //
Washer Unit			- //		//	,,			· / /
(4) w/ ref. condenser		11	//		//	11		15	11
(5) w/ carbon adsorber		٠.	l.r		11	Li		11	17
(6) w/ no controls		1/	11		11			//	11
Dryer Unit		12							
(7) w/ ref. condenser		1/	//		11	11		11	//
(8) w/ carbon adsorber		1/	(/		//	<i>(</i> /		11	11
(9) w/ no controls		11	//			50		11	//
Reclaimer Unit			, , , , , , , , , , , , , , , , , , ,		//	* * * * * * * * * * * * * * * * * * * *			
(10) w/ ref. condenser		11			//	11		//	//
(11) w/carbon adsorber		11	11		11	77		- //	11
(12) w/ no controls		//	11		1/	11		11	11
(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 mont Check why it is less	are ro	equired to be ity of perchlo ons ow many? [installed [oroethylene (j	perc)	purchased in	,			1
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sm	nitions found nall area sour	rce [3) of	Part II?	
5 5 un			. 10		6 Ja 30 ur	Ļ	I		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is require (Indicate with an "X".) 	red on machines	pursuant to section (5) of	Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	
New small area source Refrigerated condenser			Ģ.
New large area source Refrigerated condenser			
•			
5. A facility which contains non-ex to Rule 62-213.300, F.A.C. Verify exemption criteria or that no such un	that all steam and	d hot water generating uni	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co	exclusively by no	atural gas except for perio	ods of natural gas curtailment
All steam and hot water generating No such units on-site	units exempt		
Equipme	nt Monitoring a	nd Recordkeeping Infor	mation
Check all logs which are required to	he kent on-site i	n accordance with the red	nirements of this general permit
	-		
(a) Purchase receipts and solvent pu	rchases		
(b) Leak detection inspection and re	pair		
(c) Refrigerated condenser temperat	ure monitoring		$\stackrel{\sim}{\sim}$
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	
(e) Instrument calibration			(X)
(f) Start-up, shutdown, malfunction	plan		[X]

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

Surrender of Existing Air Permit(s)

ease muican	e with an A the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	705
M	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	Man 6 / 97 Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0970062 PHU LOCK OF KISSIMMEE INC PAU CUN PHU 7887 SAINT GILES PLACE ORLANDO FL 32835

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

•			04
Annual Reporting Period:		_19 TO	19
Based on each term or condition of the Tit	_		
62-213.300, Florida Administrative Code	(F.A.C.), during the perio	d covered by this statemen	it. UYES UNO
If NO, complete the following:			
#1. Term or condition of the general perm	ait that has not been in co	ntinuous compliance durir	ng the reporting period stated above:
			<u></u>
Exact period of non-compliance: from	· ·	to	
Action(s) taken to achieve compliance:			#
Method used to demonstrate compliance:	444 - 1		
reculou used to demonstrate compitative.			
#2. Term or condition of the general perm	nit that has not been in con	ntinuous compliance durin	ng the reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
· · · · · · · · · · · · · · · · · · ·			
Method used to demonstrate compliance:	·		
As the responsible official, I hereby certify, be notification are true, accurate and complete. does not exceed 2,100 gallons per year for dry	Further, my annual consu	mption of perchloroethylene	e solvent, based upon purchase receipts,
	gy yang ber samu dan mana mana	٠.	. —
RESPONSIBLE OFFICIAL: PA	M WN PHO (ame (Please Print)	1 Ylun	type 1/23/98
N	ame (Please Print)	Signa	ure 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIC	COMPLAINT/DISCOVERY
FACILITY NAME: FEXMOSA C	·
FACILITY LOCATION: 7854 IV	10 Bronson Hwy FL. 34747 Vatcrs. PHONE: (467)397-1771
	Vatcis. phone: (467) 397-1771 PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	•
PART II: CLASSIFICATION	
·	
Facility indicated on notification form that it is: (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)	□ No notification form □ Drop store/out of business/petroleum 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)
Facility indicated on notification form that it is: (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	☐ Drop store/out of business/petroleum 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
Facility indicated on notification form that it is: (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/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification gality qualified for a get	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) -XY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? MY ON Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON DINA 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) MY DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? XY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after MA DN verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS

Time v. mediamentical address and the second	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	Y DN
2. Maintained rolling monthly total of perc consumption? Expand	□Y ĎŲ
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVA ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON DAN/A
4. Maintained calibration data? (for applicable direct reading instruments)	A/MA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	A/אוֹאָבל, אום צים
6. Maintained startup/shutdown/malfunction plan?	д√у п∏и
7. Maintained deviation reports?	⊠Y □N □N/A
Problem corrected?	□Y □N Ø√N/A
8. Maintained compliance plan, if applicable? \u Cowp.	OY ON MINA

PART VI: LEAK DETE	CTION AND REP	AIRS					
1. Does the responsible of	ficial conduct a weel	dy (for	small sources, b	i-weekly) leak detection ar	nd rep	air	
inspection?	z:				ДA]N
2. Has the facility maintain	ined a leak log?				ďΥ	. []N
3. Does the responsible of	ficial check the follo	wing ar	eas for leaks?				
Hose connections couplings, and v		Y 🗆 N	□N/A	Muck cookers	фу	□N	□N/A
Door gaskets and	seating	Y 🗆 N	□N/A	Stills	Y	□N	□N/A
Filter gaskets and	l seating \Box	Y 🗆 N	□N/A	Exhaust dampers	фY	ΠN	□N/A
Pumps		Y 🗆 N	□N/A	Diverter valves	ΦY	□N	□N/A
Solvent tanks and	l containers	Y 🗆N	□N/A	Cartridge filter housings	фу	□N	□N/A
Water separators	q	Y 🗆N	□N/A		•	•	
4. Which method of detec	ction is used by the re	sponsit	ole official?	· .			
Visual examinati	on (condensed solver	nt on ex	terior surfaces)	,		,	
Physical detection	n (airflow felt throug	h gaske	ts)	•		_	
Odor (noticeable	perc odor)				Z		
Use of direct-read	ling instrumentation	(FID/P	ID/calorimetric	tubes)			
Halogen leak dete	ector					_	
If using dire	ct-reading instrume	ntation	, is the equipm	ent:		Ά	
a. Capa	ble of detecting perc	vapor c	oncentrations in	a range of 0-500 ppm?	ΠY	□N	
II .	orated against a stand /FID only)?	ard gas	prior to and aft	er each use	ΠY	□N	
c. Inspe	ected for leaks and ob	vious s	igns of wear on	a weekly basis?	ПY	□N	
d. Kept	in a clean and secur	e area w	when not in use?		ΠY	□N	
e. Verif	ned for accuracy by u	se of du	plicate samples	(calorimetric only)?	ΠY	□N	
Inspector	Tame (Please Print)	BH	<u></u>	$\frac{ 2/2 9\sqrt{6}}{\text{Date of Inspec}}$ $\frac{ 2/9 8}{\text{Approximate Date of }}$	ection	Inspe	ction
Mic	te Ha	te	- - -				

.

4 of 5

ADDITIONAL SITE INFORMATION:

Boewe Passat 7350

MCF Systems (Altanta Inc) - takes harardors waster

Vsing new drycleaning calendar, keeping up

w/ record keeping - explained perc rolling

total, windo. (Hasn't bought perc before Jan 1997
washini wasn't in operation

Formosa Garden Cleaner

Dry Cleaning & Wash & Fold Valet Services Available

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COM	PLAINT/DISC	OVERY	RE-INS	PECTION
TIME IN: 11.05	TIME OUT:	12'0	9.	_AIRS ID#:	097006	2
TYPE OF FACILITY: DN	deaning					
FACILITY NAME: FOY	mosa dean	ers			DATE:/	2/2/97
FACILITY LOCATION: 78	54 1110 B	rmen	they			
	senee +1.	347				70-
RESPONSIBLE OFFICIAL:	Miller War	lesis	PI	HONE NUMBI	ER: <u>407-3</u>	517-1771
Based on the results of the compliance with DEP Re					facility is found	to be in
Based on the results of the discrepancies were noted	-	ents evalua	ated during this	inspection, the	e following comp	liance
COMPLIANCE REQU	IREMENT/PROB	LEM	FOLL	OW-UP AC	TION REQU	TRED
				-		
						_
	•					
			,	1		
COMMENTS: Did using Fair record	vew D.C.	Ca	lenda	1. –		
Fair record	· Keeping					
The Annual Compliance Certific					ector. YES	МоМ
DATE OF NEXT INSPECTIO	N:	1/58				
INCRECTION CONTRACTOR	DV. SAC	ADIA	proximate)	LESH1		
INSPECTION CONDUCTED		(Pl	ease Print)	1	401) ~	
INSPECTOR'S SIGNATURE:		\sim	P1	HONE NUMB	" Inu	- 7555
(Page	of	7		Revised 10/96

No AIRS ID 128/97 55 AIRS ID UPdated 10/15/97

TITLE V GENERAL PERMIT

COMPLIA	NCE INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	
RE-INSPI	
_ ,	/21/97 TIME IN: 9:20 TIME OUT: 9:56
FACILITY NAME: FORMOSA	- GARDEN CLEANERS
FACILITY LOCATION: 7854 //	IRLO BRONSON HWY
Kissmin	EE, FL 34747
PART I: NOTIFICATION	
(check appropriate box)	STARTED UP ABOUT
1. Existing facility notified DARM by 9/1/96	3 TO 4 MUNHHS AGO
2. New facility notified DARM 30 days prior	to startup 2 Mos, AGO RECEIVED
3. Facility failed to notify DARM to use gene	eral permit PERC,
PART II: CLASSIFICATION	
Facility indicated on notification form that	it is:
(check appropriate box)	
A.	/
1. Existing small area source	2. New small area source
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr	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)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""></x<2,>
transfer only, 200 <x<1,800 gal="" td="" yr<=""><td>transfer only, 200<x<1,800 gal="" td="" yr<=""></x<1,800></td></x<1,800>	transfer only, 200 <x<1,800 gal="" td="" yr<=""></x<1,800>
both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" before="" gal="" td="" yr=""><td>both types, 140<x<1,800 gal="" yr<br="">(constructed on or after 12/9/91)</x<1,800></td></x<1,800>	both types, 140 <x<1,800 gal="" yr<br="">(constructed on or after 12/9/91)</x<1,800>
(constructed before 12/9/91)	(Constructed on or after 12/3/31)
This is a correct facility classification	NO AO
If no, please check the appropriate classifica	tion: NEW FACILITY
☐ facility qualified for a gene	
facility exceeds above limit	s and is not eligible for a general permit

WILL PROBABLY USE ABOUT 60 GAL/YEAR

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? 4. Draining cartridge filters in their housing or in sealed containers for at SPIN FILTER least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MINA 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? 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? HAS NOT RECORDED 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YM verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2. 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?	□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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□У □И
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?	□У □И
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	ł.
TAKT V. RECORDREETING RECORDING NO.	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DY Åγίς γ□
Has the responsible official: (check appropriate boxes)	DY AN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	OY DIV
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	OY DIN
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:	OY AN
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	1
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?	OY DY OY ON ON/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)	A CY CH CY CH CN/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?	OY DY OY ON ON/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?	OY ON ON/A 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 startup/shutdown/malfunction plan? 7. Maintained deviation reports?	A CAN CON CONTRACTOR OF CONTRA
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?	
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?	

2.	Which method of detection is used by the	e respon	sible official?			
	Visual examination (condensed solvent on exterior surfaces)			X		
	Physical detection (airflow felt thr	ough gas	skets)		Ŕ	
	Odor (noticeable perc odor)				单	
	Use of direct-reading instrumentat	tion (FII	PID/calorimetric	tubes)	ò	
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting p	erc vapo	r concentrations in	a a range of 0-500 ppm?	□Y (וא⊏
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				□Y (ח⊏
	c. Inspected for leaks and	d obviou	s signs of wear on	a weekly basis?	□Y (⊐N
	d. Kept in a clean and secure area when not in use?				OY ON	
	e. Verified for accuracy b	y use of	duplicate samples	(calorimetric only)?	□Y (אב
3.	Has the facility maintained a leak log?				OY,	ЖN
4.	Does the responsible official check the f	ollowing	areas for leaks?		,	1
	Hose connections, fittings, couplings, and valves	YY	□N	Muck cookers	⊈Y _Y	□и
	Door gaskets and seating	YY	□N	Stills	TY.	□и
	Filter gaskets and seating	YY	□N	Exhaust dampers	ΠY	□и
	Pumps	YY	ПП	Diverter valves	Ϋ́Y	ПN
	Solvent tanks and containers	ÄΥ	□И	Cartridge filter housings	∯Y.	□И
	Water separators	ήY	ПИ	•		
	KEVIN SO					

Name of Responsible Official

Inspector's Name (Please Print)

Inspector's Signature

1/21/97 Date of Inspection

Approximate Date of Next Inspection

MICKE WATERS - BUS MUR



Formosa Garden Cleaners

7854 W. Irlo Bronson Highway

ADDITIONAL SITE INFORMATION:

- · HAZAADOUS WASTE ENVIRONMENTAL ENTERPRISES
 OF FLORIDA?
 HOLLAND THOMSON
 407/855-0141
 314 LANDSTREET RD.
 ORLAND 32824
- BOWE PASSAT P350 HAS CONTAINMENT PAN, PLUS SECONDARY PAN RECENTLY PUT EROXY ON FLOOR -
- AT TIME OF INSPECTION LEFT CARD & PHONE NUMBER,

MAILED GENL PERMIT NOTIFICATION FORM TO KENIN SO ON 1/2/97 IN RESPONSE TO HIS CALL.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST UPDATED DATE 8-4-99 RC

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVER BY

RE-INSPECTION

AIRS ID#: 6470062 DATE: 8-4-69 TIME IN: 9:00 TIME OUT: 9:30
FACILITY NAME: FOI MOSU CLEARES
FACILITY LOCATION: 7454 IIIO Bronson Hwy
Kiss immee, FL 34747
RESPONSIBLE OFFICIAL: Micke Water PHONE: 402 397-+771
CONTACT NAME:PHONE:
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is: (check appropriate box) □ No notification form □ Drop store/out of business/petroleum
À.
1. Existing small area source 2. New small area source
dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr
both types, x < 140 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91) (constructed on or after 12/9/91)
A Nowthern one course
3. Existing large area source ☐ 4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, $200 \le x \le 1,800$ gallyr transfer only, $200 \le x \le 1,800$ gallyr
both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91) (constructed on or after 12/9/91)
5. This is a correct facility classification DY DN DCan not determine
If no, please check the appropriate classification:
If no, please check the appropriate classification: facility qualified for a general permit as number above
If no, please check the appropriate classification:
If no, please check the appropriate classification: facility qualified for a general permit as number above

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?

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?	<mark>Й</mark> Y ОИ
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צא
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	BEY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Ж У ПИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	E y on

B.	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	ПN			
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and obtlet weekly?	ΠY	□N	□N/A		
	Is the temperature differential equal to or greater than 20° F?	ΠY	□и	□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?	ΠV	□Nī	□n/a		
	Is the perc concentration equal to or less than 100 ppm?					
	is the perc concentration equal to or ress than 100 ppm?	ЦΙ	ЦN	□N/A		
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	NO	□N/A		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A		
6.	Routed airflow to the carbon adsorber (if used) at all times?	\ QY	ΠN	□N/A		

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	AY DN		
2. Maintained rolling monthly averages of perc consumption?	¥OY □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AVA ON ON/A		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אַכם אם צם		
4. Maintained calibration data? (for applicable direct reading instruments)	אאָלָ אם צם		
5. Maintained exhaust duct monitoring data on perc concentrations?	AVÆ NO YO		
6. Maintained startup/shutdown/malfunction plan?	AY ON		
7. Maintained deviation reports?	AND ND YES		
Problem corrected?	אואל אם צם		
8. Maintained compliance plan, if applicable?	A/אם אם צם		

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?	ØY □N				
2.	Has the facility maintained a leak log?	אם אַב				
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves MY ON ON/A Muck cookers	אם אם צאל	٨\٨			
	Door gaskets and seating	Δ Y \Box N \Box N	V/A			
	Filter gaskets and seating Y N N/A Exhaust dampers	XYY ON ON	I/A			
	Pumps	XY ON ON	√A			
	Solvent tanks and containers Y N N/A Cartridge filter housing	gs day on on	I/A			
	Water separators XY UN UN/A					
4.	Which method of detection is used by the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)	Ø.				
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)	X				
	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?	UA UN				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	OY ON				
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON				
	NO YO					
	DY DN					

G~ 4~99
Date of Inspection

8-2000

Approximate Date of Next Inspection

ADDITIONAL SITE I	INFORMATION:

ATRS ID#: 0970062

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: FOIMOSQ CLEGARIS	DATE: <u>8-4-99</u>
FACILITY LOCATION: 7854 IIO Branson Hwy	
Annual Reporting Period: Agust 1998 TO Agust	19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compli 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 re	eporting period stated above:
Exact period of non-compliance: fromtoto	
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 re	eporting period stated above:
Exact period of non-compliance: fromtoto	
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 made in this notification are true, accurate and complete. Further, my annual consumption of perch upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallo combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	loroethylene solvent, based

Page _____ of ____.

^{*}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 🔀 COMI	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 4:00	TIME OUT: 9 ! 30	AIRS ID#: 09	70062
TYPE OF FACILITY: Dry	Cleaners		
FACILITY NAME: Form	05a Cleane15		DATE: 8-4-99
FACILITY LOCATION: 78	154 Irlo Bronson H 156mmee, FL 34747	~ y	
RESPONSIBLE OFFICIAL:		PHONE NUMBER:_	407-397-1771
YEAR OF THE PARTY	f the compliance requirements evaluat Rule 62-213.300, Florida Administrat	-	ity is found to be in
Based on the results of discrepancies were no	f the compliance requirements evaluat ted:	ed during this inspection, the follo	wing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	ON REQUIRED
COMMENTS:	L		
In com,	pliance	<u> </u>	
	ication form has been properly certifie	ed and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION		roximate)	
INSPECTION CONDUCTED	DBY: Kandall C	vnnthyham ase Print)	
INSPECTOR'S SIGNATURE	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	PHONE NUMBER:_	407-893-3333
	Page 1	_of <u>/</u> .	Revised 10/96

Y2K Questions for Inspectors

Inspectors, during normal visits/inspections of regulated facilities, need to verify that the facility is Y2 K ready vis a vis environmental concerns. The following questions should be asked:

- 1. Are you aware of any potential Y2K problems? No to wip ment not dete based
- 2. What have you done to prepare for Y2K? N//-
- 3. Are your computer systems and equipment with embedded chips Y2K compliant?
- 4. If not, what are you plans to correct Y2K problems? W/

We need to track those facilities that will not be Y2K ready and whose lack of readiness will impact the environment. While the number of such facility is anticipated to be minimal, the name of the facility, a brief description of the potential Y2K problem and the planned corrective action is needed. Each Program should establish a "data base" for this information.

PERCHLOROETHYLENE DRY CLEANERS

	TITLE V COMPLIANCE	GENERAL I		A	RMS UPDATED
TYPE OF INSPECTION:	ANNUAL	` ×	COMPLAI	HB Interior	TE 12-30-99
	RE-INSPECTIO	NC D		BA	1
					
AIRS ID#: <u>00970062</u>			IE IN: <u>10:45</u>	TIME	OT: 11:15
FACILITY NAME: Faci	mosa Cleane	<u>(5</u>			<u>,</u> C
FACILITY LOCATION: _	7859 Irlo G	Stonson	Hvy	Sugar Ox	5/1
1	(issimmee, FL	3474	7	\$ 14 OF	Pa K
RESPONSIBLE OFFICIAL	.: Miche Wa	ter	PHONE: _	407-38	15-199/ O
					Ces Offing
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DAR	M 30 days prior to star	rtup			
2. Facility failed to notify DA	RM to use general per	rmit			
PART II: CLASSIFICATION	NC				
Facility indicated on notification (check appropriate box)	ation form that it is:			ication form	ness/petroleum
A.			— 270p 300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	iess/petroteum
1. Existing small area so			all area source	X	
dry-to-dry only, $x < 140$ gatransfer only, $x < 200$ gal/			nly, x < 1'40 gal/y /, x < 200 gal/yr	γT	•
both types, $x < 140$ gal/yr	yı.	-	4, X < 200 gallyr 6 < 140 gallyr		
(constructed before 12/9/9	1)	• •	on or after 12/9/	91)	
3. Existing large area so			ge area source	100 551/57	
dry-to-dry only, $140 \le x \le 1$, transfer only, $200 \le x \le 1$,			nly, $140 \le x \le 2$, x' , $200 \le x \le 1,800$		
both types, $140 \le x \le 1,80$			$40 \le x \le 1,800 g$		
(constructed before 12/9/9	1)	(constructed	on or after 12/9/	91)	
5. This is a correct facility	classification	74 ¥ □1	∏ □Can not o	determine	

If no, please check the appropriate classification:

facility qualified for a general permit as number _____ above

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 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? 4. Draining cartridge filters in their housing or in sealed containers for at Y ON ON/A 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? AVO NO YEX 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 ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the אוים אם אוא condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

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 on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	AVAC NO YC
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	A/NO NO YO
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?	n, ' OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6: Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	NO AN				
2. Maintained rolling monthly averages of perc consumption?	MO YA				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	AVIDE YOU YOU				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON PÁNA				
4. Maintained calibration data? (for applicable direct reading instruments)	A/N X NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X NA				
6. Maintained startup/shutdown/malfunction plan?	AY ON				
7. Maintained deviation reports?	OY ON ∰W/A				
Problem corrected?	DY DN X N/A				
8. Maintained compliance plan, if applicable?	ANA NO YO				

PA	ART VI: LEAK DETECTION AND	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			⊅EY □N			
2.	Has the facility maintained a leak log?			ADA ON			
3.	Does the responsible official check the	following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	AND NO 245	Muck cookers	TY ON ON/A			
	Door gaskets and seating	AND NO YA	Stills	AVA NO YZZ			
	Filter gaskets and seating	ANO NO YA	Exhaust dampers	TOY ON ON/A			
	Pumps	AVAC NO YES	Diverter valves	AND ND YA			
	Solvent tanks and containers	AVA UN UNA	Cartridge filter housings	AVU UU YA			
	Water separators	AVNO NO Y					
4.	Which method of detection is used by	the responsible official?	•				
Visual examination (condensed solvent on exterior surfaces)				\mathbf{X}			
	Physical detection (airflow felt th						
	Odor (noticeable perc odor)			\nearrow			
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	Δ.			
	Halogen leak detector						
	If using direct-reading inst	rumentation, is the equi	pment:	□N/A			
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	מם עם			
	b. Calibrated against a (PID/FID only)?	מם עם					
	c. Inspected for leaks an	DY DN					
	d. Kept in a clean and s	מם צם					
	e. Verified for accuracy	by use of duplicate samp	ples (calorimetric only)?	OY ON			
				,			

Randall Conningham
Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspector's Signature

ADDITIONAL SITE INFORMATIO	N:				
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	•				

A1KS ID#: _____

00970062

discretion of the responsible official to use this form.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: FOIMOSA Cleaners	DATE: 12-29-99
FACILITY LOCATION: 7854 Irlo Bronson Hwy	· .
Rissinner, FL 34747	
Annual Reporting Period: <u>Necember</u> 1998 TO <u>U</u>	ecember 1999
Based on each term or condition of the Title V general air permit, my facility has remained	d in compliance with DEP Rule
52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this states	ment YES NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance d	uring the reporting period stated above:
Exact period of non-compliance: fromtoto	<u> </u>
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 d	uring the reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
•	
Method used to demonstrate compliance:	
	reasonable inquiry, that the statements
As the responsible official, I hereby certify, based on information and belief formed after made in this notification are true, accurate and complete. Further, my annual consumpti	on of perchloroe:hvlene solvent, based
made in this notification are true, accurate and complete. Further, my annual consumption upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities of	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 10:45 TIME OUT: 11:15	AIRS ID#: 097 0062				
TYPE OF FACILITY: Dry Cleaning					
FACILITY NAME: FORMOSA CITARETS	DATE: 12-29-99				
FACILITY LOCATION: 7854 ITTO Bronson H	~ <u>/</u>				
Kissimmee, FL 34747					
RESPONSIBLE OFFICIAL: Miche Water	PHONE NUMBER: 407-397-177/				
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:	sted during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
	•				
	·				
<u> </u>					
COMMENTS:					
In Compliance					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION: 1)-2000					
INSPECTION CONDUCTED BY: Randall Con					
INSPECTOR'S SIGNATURE! Mall Life	PHONE NUMBER: (407) 893-3333				

Revised 10/96

,	P 174 05	12 F52
	US Postal Service Receipt for Cel No Insurance Coverage Do not use for Internation	Provided
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F(DRMOSA GARDEN C	AIRS ID # 0970062 LEANER
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OF	LANDO FL 32835	C. C
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w	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
Form 3800,	Postmark or Date	A 18 1
8		

SENDER Of adolarua jo dot jaro auri to services. Complete i 2 or adultional 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 mallplece, or on the back if spanermit. Write "Return Receipt Requested" on the mallplece below the article was delivered and delivered.	l also wish to receive the following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery
3. Article Addressed to: AIRS ID # 0970062 FORMOSA GARDEN CLEANER PAU.CUN PHU 7887 SAINT GILES PLACE ORLANDO FL 32835	4b. Service Type Registered Certified Insured Return Receipt for Merchandise COD Code Code
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3611, December 1994	8. Addressee's Address (Only if requested and fee is paid) 2595-97-8-0179 Domestic Return Receipt



Department of Environmental Protection

Jeb Bush Governor

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

Colleen M. Castille Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213,300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00 SOUND SOUND

Bureau of Air Monitorine Surces 0

170N 1 6 2001

Do NOT Remove Label

FORMOSA GARDEN CLEANER PAU PHU 7887 SAINT GILES PLACE ORLANDO, FL 32835

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EQ: B1

FUND: 20-2-035001 OBJECT: 002273

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	PS Forn	n 3800, Januar	y 2001			Şēe Ri	verse (loi	linstran	anoj)

PLACE STICKER AT TOP OF ENVELOPE JOHE RICHT	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is casired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
1. Article Addressed to: # 0 970062 AIKS ID # 970002 FORMOSA GARDEN CLEANER PAU PHU 7887 SAINT GILES PLACE	D. Is delivery address different mahiliam 18 2 Yes If YES, enter delivery address below: Vo MAY 0 6 2004
ORLANDO, FL 32835	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
gaser .	4. Restricted Delivery? (Extra Fee)
2. Artic (Tra 7001 1140 0001 7556 313	35
PS Form 3811, August 2001 Domestic Retr	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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

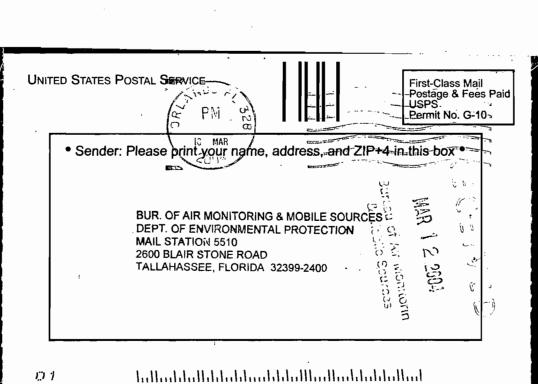
BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION TALLAHASSEE, FLORIDA 32399 246 EIVED MAIL STATION 5510

MAY 1 0 200?

Bureau of All Monitoring & Mobile Sources 01

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7003	C4 T-	AU PHU DRMOSA GARDE	EN CLEANER	
~	Street, Apt. No.; 7887 SAINT GILES PLACE ORLANDO, FL 32835			
	PS Form 3800, June 200	2	See Heverse to linstructions,	

<u> </u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Atticle Addressed to: PAU-PFEC FORMOSA GARDEBI CURANEA	A. Signature X
7337 SARVI GILES PLACE ORLANDO, FLEESSE	3. Service Type Marchandise □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	00,,000,4,01,4,4,8785
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540



This portion must be attached to remittance for proper handling $\chi \in 0.906$

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 # 0970062

FORMOSA GARDEN CLEANER
PAU CUN PHU
7887 SAINT GILES PLACE
ORLANDO FL 32835

FOR GOVERNMENT USE ONLY:
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415966 APR15 2002

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0970062 FORMOSA GARDEN CLEANER PAU CUN PHU 7887 SAINT GILES PLACE ORLANDO FL 32835

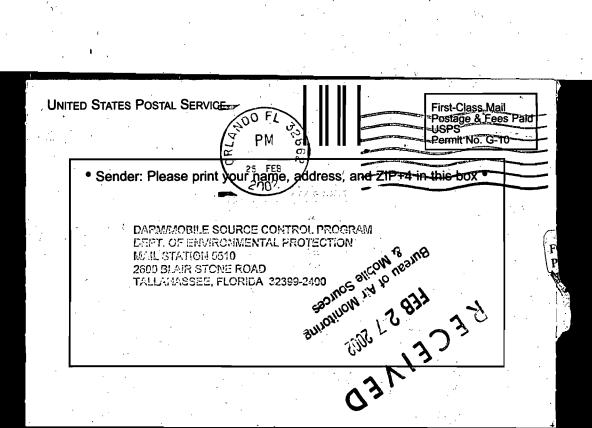
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 2 2 3 6 9 C. Signature Agent Addressee
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ORLANDO FL 2835	3. Service Type Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
:	4. Restricted Delivery? (Extra Fee) Yes
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PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789
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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	TE THIS SECTION ON DELIVERY
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AIRS ID # 0970062 FORMOSA GARDEN CLEANER PAU CUN PHU 7887 SAINT GILES PLACE ORLANDO FL 32835	3. Service Type A Certified Mail
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PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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AIRS ID # 0970062 FORMOSA GARDEN CLEANER PAU CUN PHU 7887 SAINT GILES PLACE	If YES, enter develop address below: No
ORLANDO FL 32835	3. Service Type ID Certified Mail
	☐ Insured Mail ☐ C.O.D.
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PS Form 3811, July 1999 Domestic Retu	ırn Receipt 102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361542

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

TOTAL AMOUNT DUE: \$50.00

FEB 23 99

Do NOT Remove Label

AIRS ID # 0970062

FORMOSA GARDEN CLEANER PAU CUN PHU 7887 SAINT GILES PLACE ORLANDO FL 32835

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

Do NOT Remove Label

AIRS ID#0970062

PHU LOCK OF KISSIMMEE INC PAU CUN PHU 7887 SAINT GILES PLACE ORLANDO FL 32835

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

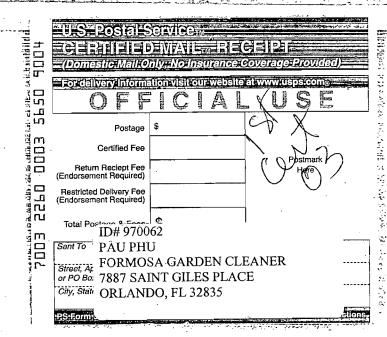
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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered at delivered.	ce does not le number.	I also wish to rectiful following services extra fee): 1.	s (for an ee's Address ed Delivery
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ORLANDO FL 32835	☐ Express I	Maıı ceipt for Merchandise	Insured .
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5. Received By: (Print Name) PAN WN PHM	8. Addressee and fee is	e's Address (Only i paid)	
6. Signature: (Addressee or Agent) X W C C C C C C C C C C C C C C C C C C		n 3	
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	So-that we can return the card to you.	D Desirable (Date 1)
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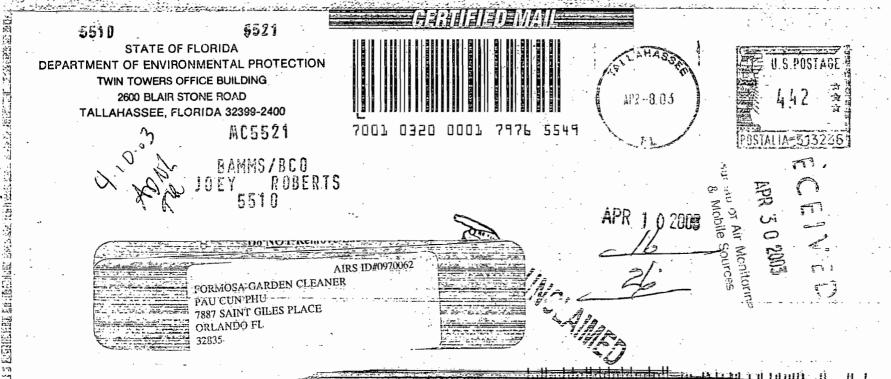


Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

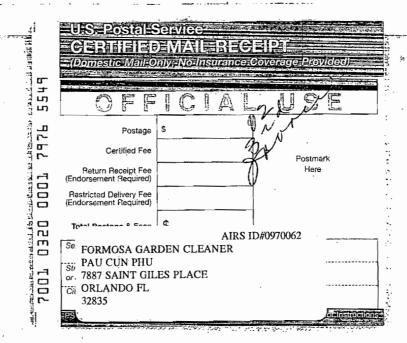
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32033	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C:O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number 7001 0320 0001 7	176 5549	
PS Form 3811, July 1999 Domestic Retr	urn Receipt 102595-00-M-0952	



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

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or PO Box No: 7887 SAINT GILE City, State, ZIP. ORLANDO FL	S PLACE
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	4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

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