

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 31, 1996

Mr. Joseph J. Cinquemano President JAG-MAC Inc. 3332 U.S. 19 Holiday, Florida 34690

Re: Facility I.D. No. 1010346

Dear Mr. Cinquemano:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 2, 1996.

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, Florida 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 Fernandez, Southwest District

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JAG-MAC Inc. D/B/A Holiday Cleaners 2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
Holiday Clerwers
3. Hazardous Waste Generator Identification Number:
9500471?
4. Facility Location: Street Address: 3332 45 19
City: Holiday County: Pasci Zip Code: 34690
5. Facility Identification Number (DEP,Use):
10/03/6
Responsible Official
6. Name and Title of Responsible Official:
JOSEPH J. CINQUEMAND PRES.
7. Responsible Official Mailing Address: Organization/Firm: TOF mac Fire
Street Address: 3332 US 19 City: 40/200 Zip Code: 34690
City: Holiday County: PASCO Zip Code: 34690
8. Responsible Official Telephone Number:
Telephone: (813) 842 - 6989 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED

OCT 2 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 Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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	27							w	
(1) w/ ref. condenser	1	08-DEC-91		l -					Ī
(2) w/ carbon adsorber	1	11							
(3) w/ no controls									
Washer Unit				•		**		***	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		the official particular and the second			a series			and the second	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	, 11							A STATE OF THE STA	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the	are r quant gallo	equired to be ity of perchlo ons ow many? [_	installed [X perc)	_] purchased in]
3. What is the facility's so									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	on (3) of Part II of this notification form?				
Existing large area source Carbon adsorber Refrigerated co	ndenser [
New small area source Refrigerated condenser []					
New large area source Refrigerated condenser []					
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water gener 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 Recordkeep	ing Information				
Check all logs which are required to be kept on-site in accordance with	th the requirements of this general permit:				
(a) Purchase receipts and solvent purchases	[X]				
(b) Leak detection inspection and repair	[<u>x</u>]				
(c) Refrigerated condenser temperature monitoring	_ X]				
(d) Carbon adsorber exhaust perc concentration monitoring					
(e) Instrument calibration					
(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 indicat	e with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any changes to the information contained in this notification.					
Signature	9/27/96 Date					

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 1010346 ...

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Holid	lay Cleaners		DATE: 3/3//9-7
FACILITY LOCATION: 33	32 US 19		
Holida	ay, FL 3	4690	
) '	•	
Annual Reporting Period:	pt. 1	19 <u>96</u> то <u>Маг</u>	ch 31, 1997
Based on each term or condition of the	Title V general air permit, n	ny facility has remained in comp	liance with DEP Rule
62-213.300, Florida Administrative Co	ode (F.A.C.), during the perio	d covered by this statement.	YES XNO
If NO, complete the following:			
#1. Term or condition of the general p			
terc purchase re	ceipto on si	le	·
Exact period of non-compliance: from	9-1-	96to	3-31-97
Exact period of non-compliance: from Action(s) taken to achieve compliance:	Receipts p	iovided.	
Method used to demonstrate compliance	æ:	· 	
#2. Term or condition of the general po	ermit that has not been in cor	ntinuous compliance during the	reporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance	e:		
•			
As the responsible official, I hereby cer made in this notification are true, accur upon rolling averages of purchase rece year for transfer or combination faciliti	rate and complete. Further, ipts, does not exceed 2,100 g	my annual consumption of perch allons per year for dry-to dry fa	loroethylene solvent, based
RESPONSIBLE OFFICIAL:	e. Cinqueman		3/3//97
<i>;</i>	Name (Pleáse Print)	Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT · INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢	СОМРІ	_AINT/DISC	OVERY	RE	-INSPECTIO	и 🔲
TIME IN:	TIME OUT:			_AIRS ID#:	1010	346	
TYPE OF FACILITY: PDC						,	
FACILITY NAME: Hole	day Cleane	N.V			DATE	3/31/9	7
FACILITY LOCATION: 3=	3.32 US 1	9					
Noc	iday, FZ	346	10				
RESPONSIBLE OFFICIAL:	Joe Cinque	mano	Pi	HONE NUMBI	er: <u>8/3/</u>	342-69	189
	the compliance requirementule 62-213.300, Florida A				facility is for	ınd to be in	
Based on the results of t discrepancies were note	the compliance requiremen d:	nts evaluated	during this i	inspection, the	following co	mpliance	
COMPLIANCE REQU	JIREMENT/PROBL	EM	FOLL	OW-UP AC	TION RE	QUIRED	
		,	· Derc	purch	ase s	eceip	tr
Ricordkeeping		_		υ .	ŕ	/	
- Colora Capara				_	.		
							
	*************						_
•							
				•			
			 				
			-				
•	•						
COMMENTS:							
Records, Rept	on site	for .	5 yu	ars,			
The Annual Compliance Certifica	ation form has been proper	ly certified a	and submitted	d to the inspect	or. YE	s No	
DATE OF NEXT INSPECTION	.//		198	•		دع د	_
DATE OF INDICATION	v: Up BY: MARGAR	(Appro	ximate)				
INSPECTION CONDUCTED B	BY: MARGAR	ET	CANG	RO			
	***************************************	12.	Print)			.	
inspector's signature/_	Margaret Ca	rego	PH(ONE NUMBE	r: <i>8/3/</i>	744-6	100
	I	:	<u>/</u> .		/	X/J Revis	5 ed 10/96

RS for Parment

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	0	COMPLAINT/DISC	COVERY	
AIRS ID#: 10/0346 FACILITY NAME:	DATE: 3/31/97	TIME I	N: TIN	TE OUT: _	
FACILITY NAME:	Monday Co	eaners	·		
FACILITY LOCATION: _	<u>3332</u> (15 19			
FACILITY LOCATION:	Holiday,	FZ 3	4690		
PART I: NOTIFICATION					
(check appropriate box)		<u> </u>		•	
1. Existing facility notified D	ARM by 9/1/96				X
2. New facility notified DARI	M 30 days prior to startu	p			´o
3. Facility failed to notify DA	RM to use general perm	it			
PART II: CLASSIFICATIO)N				
Facility indicated on notifica (check appropriate box)	tion form that it is:				
A. 1. Existing small area soudry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	/yr / d ti b	. New small as lry-to-dry only, ransfer only, x oth types, x < 14 constructed on constructed on the construc	x<140 gal/yr 200 gal/yr		
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" graph="" only,="" td="" transfer="" types,=""><td>100 gal/yr d) gal/yr tr al/yr b</td><td>ransfer only, 20 oth types, 140<</td><td>140<x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,></td></x<2,>	100 gal/yr d) gal/yr tr al/yr b	ransfer only, 20 oth types, 140<	140 <x<2, 100="" gal="" yr<br="">0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></x<2,>		
This is a correct facility classi	fication	ďy □n			
If no, please check the approp	riate classification:				
facility excee	fied for a general permiteds above limits and is no	ot eligible for a			
B. The total quantity of perchifacility was gallon:		hased within the	e preceding 12 months	s by this dry	cleaning

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

B.	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□и
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ
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	□n □n/a
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN
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	□и
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N □N/A
II			
PA	ART V: RECORDKEEPING REQUIREMENTS		
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: neck appropriate boxes)		
H:	as the responsible official:	χÝΥ	ПИ
H: (cl	as the responsible official: neck appropriate boxes)	XY OY	⋈ и
H: (cl 1.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased?	¥Y □Y	Ø(n □n
H: (cl 1.	as the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	YXY □Y FXY	Жи
H: (cl 1.	As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	□Y ••Y	Жи
H2 (ch	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	□Y ØY ØY	DN ⊠ N
H2 (cl 1. 2. 3.	As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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?		□N □M
H2 (ch 1. 2. 3. 4. 5.	As the responsible official: Ineck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only)		MAN MAN
H ₂ (ch 1. 2. 3. 4. 5. 6.	As the responsible official: neck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?		MAN
H ₂ (ch 1. 2. 3. 4. 5. 6.	As the responsible official: Ineck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?		ON ON A ON
H2 (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?		ON ON A ON
H2 (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?		
H2 (cl 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?		

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				• •		
2.	Which method of detection is used by	y the respon	nsible offi	cial?		
	Visual examination (condensed	l solvent or	n exterior	surfaces)	X	
	Physical detection (airflow felt	through ga	iskets)	•	R R	
	Odor (noticeable perc odor)				₽(`	
	Use of direct-reading instrume	ntation (FII	D/PID/cal	orimetric tubes)		
	If using direct-reading instru	mentation,	, is the eq	uipment:		
	a. Capable of detection	g perc vap	or concen	rations in a range of 0-500 ppm?	ПY	□И
	b. Calibrated against (PID/FID only)?	a standard	gas prior	to and after each use	ΩY	□и
	c. Inspected for leaks	and obviou	ıs signs of	wear on a weekly basis?	ΠY	□N
	d. Kept in a clean and	i secure are	a when n	ot in use?	ΠY	□N
	e. Verified for accura	cy by use of	f duplicate	samples (calorimetric only)?	ΠY	□N
3.	Has the facility maintained a leak log	g ?			YΥ	□N
4.	Does the responsible official check th	ne following	g areas fo	· leaks?		
	Hose connections, fittings, couplings, and valves	ÆÝY	ПИ	Muck cookers	ŹΥ	□и
	Door gaskets and seating	ØΥ	ПΝ	Stills	ДÍҮ	ח⊓
	Filter gaskets and seating	ØY	□N	Exhaust dampers	ФY	□и
	Pumps	ÆίΥ	□и	Diverter valves	γY	ПИ
	Solvent tanks and containers	ΔA	□и	Cartridge filter housings	ÆQΥ	ПИ
	Water separators	ĮΣÝΥ	□и	· 		
	JOE (INQUE MAA Name of Responsible Office	/ ()				
	MACGARET CALL	20		2/21/07		

JOE CINDUEMANO	
Name of Responsible Official	
MARGARET CANGRO	3/31/97
Inspector's Name (Please Print)	Date of Inspection
Margard Cangro	APRIL 98
∫ Inspector's Signalure	Approximate Date of Next Inspection

Jensen 352 # 26-M9-083 1989

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Bureau of Air Monitoring

Bureau of Air Monitoring

Bureau Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Holiday Cleanous AIRS ID#1010346

JAG-MAC INC

JOSEPH J CINQUEMANO

3332 US 19

HOLIDAY FL-34690
34691

Do <u>NOT</u> 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 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. AYES NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Exact period of non-compliance: from
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: TESSENT CONQUEUMS DE Signature Name (Please Print) 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-INSPECTION	A D	COMPLAINT/DIS	COVERY	۵
FACILITY NAME:	Joliday Ce 3332 L	leaners 15 19	N		
RESPONSIBLE OFFICIAL :	Toe Cinquem			842-69	789
PART I: NOTIFICATION (check appropriate box)					
New facility notified DARM Facility failed to notify DAR					
☐ facili	on form that it is: ce 2 yr d tr b (ce 4,100 gal/yr d 0 gal/yr b gal/yr b	ansfer only, x oth types, x < constructed on New large a ry-to-dry only ansfer only, 2 oth types, 140 constructed on Y	, x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source , 140 ≤ x ≤ 2,100 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □Can not determinates	Bureau of Air Monitoring & Mobile Sources Sources	APR 1 9 1999
B. The total quantity of perchlo facility was \(\) gallons.	oroethylene (perc) purch				cleaning

·				
PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN XNA			
2. Examining the containers for leakage?	DY DN DEN/A			
3. Closing and securing machine doors except during loading/unloading?	X ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MIN/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V.				
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	gerated condenser			
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	;			
1. Equipped all machines with the appropriate vent controls?	מם עם			
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?	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?	□Y □N □N/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after				

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	□Y □N □N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□Y □N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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)	5.2		
I. Maintained receipts for perc purchased?	pXy on		
2. Maintained rolling monthly total of perc consumption?	DY ZY		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XV/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 ANIA		
4. Maintained calibration data? (for applicable direct reading instruments)	AVAC NO YO		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XIVA		
6. Maintained startup/shutdown/malfunction plan?)Σάς □N		
7. Maintained deviation reports?	DY DN XIVA		
Problem corrected?	□Y □N X N/A		
8. Maintained compliance plan, if applicable?	איאל אם צם		

PART	VI: LEAK DETECTION AND I	REPAIRS		
1. Does	the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection as	nd repair
inspection?			DN DN	
2. Has	the facility maintained a leak log?			Div DN
3. Does	the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DN ON/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	ANO NO YES	Stills	AND NO VÁ
	Filter gaskets and seating	AND NO YES	Exhaust dampers	AVA ON ON/A
	Pumps	AND NO YO	Diverter valves	DY DN XXVA
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AND NO N/A
	Water separators	DY ON ON/A		
4. Which method of detection is used by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)			4	
Physical detection (airflow felt through gaskets)			中中	
Odor (noticeable perc odor)			-	
	Use of direct-reading instruments	ation (FID/PID/calorimetri	c tubes)	
	Halogen leak detector	-		
	If using direct-reading instrumentation, is the equipment:			
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON .	
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?			OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
l	1			

MARGARET CANGRO	5/28/98
Inspector's Name (Please Print)	Date of Inspection
Margaret Canoro	May 99
(Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 10/0346

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Holiday (leaners			_date: <u>5/28/</u>	98
FACILITY LOCATION: 3332	US 19	N			
FACILITY LOCATION: 3332 Noliday	G	341.90			
	110	74610			
Annual Reporting Period:	-1-	_19 <u>97</u> то _	5	- 28 - 19	98
Based on each term or condition of the Title V ge 62-213.300, Florida Administrative Code (F.A.C.	=		N-1/		
If NO, complete the following:					
#1. Term or condition of the general permit that	has not been in o	continuous compliand	∞ during the repor	ting period stated abov	ve:
Exact period of non-compliance: from		t			
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:			-		
#2. Term or condition of the general permit that h	nas not been in c	ontinuous complianc	e during the report	ing period stated abov	
Exact period of non-compliance: from		to_		Ap Ap	F F
Action(s) taken to achieve compliance:					7
Method used to demonstrate compliance:				9 1999 ir Monit	2
As the responsible official, I hereby certify, based nade in this notification are true, accurate and co	-		•	-) 's
upon rolling averages of purchase receipts, does n vear for transfer or combination facilities.	of exceed 2,100				
RESPONSIBLE OFFICIAL: Joe Ling. Name (Ple		- 4	Signature	3/28/98 Date	
	•		J		

^{*}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

Carrie and

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTI	ON COMPLAINT/DISCOVERY
FACILITY NAME: Holiday (US 19
RESPONSIBLE OFFICIAL : <u>JOE C/A</u>	34696 QUEMANO PHONE: 727-842-6989 PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to st 2. Facility failed to notify DARM to use general p	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y DN DCan not determine
u	ication: general permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perchloroethylene (perc) gallons.	purchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XV/A 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON XXVA 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? 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 DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter value 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? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□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 total of perc consumption?	ØY □N			
3. Maintained leak detection inspection and repair reports for the following:	·			
a. documentation of leaks repaired w/in 24 hrs? or;	ØY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN PANA			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MN/A			
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	אואבא אם צם			
Problem corrected?	איקאב אם צם			
8. Maintained compliance plan, if applicable?	חץ מו אמיא אם אים			

PART 1	VI: LEAK DETECTION AND F	REPAIRS		
1. Does	the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection a	ınd repair
inspe	ection?			אום אַ
2. Has t	the facility maintained a leak log?			O¥ □N
3. Does	s the responsible official check the	following areas for leaks	5?	
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	Ø Y □N □N/A
	Door gaskets and seating	AY ON ON/A	Stills	b fy □n □n/a
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	Ø Y □N □N/A
	Pumps	XY ON ON/A	Diverter valves	DY DN ANA
	Solvent tanks and containers	XY ON ON/A	-Cartridge filter housings	OY ON 100/A
	Water separators	DY ON ON/A		
4. Whic	ch method of detection is used by t	the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)			Ø _Q
Physical detection (airflow felt through gaskets)			Ø .	
	Odor (noticeable perc odor)			Ø.
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector			
	If using direct-reading instr	umentation, is the equip	pment:	X N/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N			אם אם
	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
	d. Kept in a clean and secure area when not in use? □Y □N			OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON
			.•	•

MARGARET CANGRO	5/20/99
Inspector's Name (Please Print)	Date of Inspection
Margaret Stangero Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 1010346

Aco

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Holiday	Cleaners		date: <u>5/20/99</u>
FACILITY LOCATION: 333	a US 19		
1/100.10	a US 19 1, FL 341	91	
	1, 12 346	2/0	
Annual Reporting Period:	5-29-19 <u>9</u>	В то	5-20- 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I			_
If NO, complete the following:		·	
#1. Term or condition of the general permi	t that has not been in continu	ous compliance during the repo	rting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			. <u> </u>
Method used to demonstrate compliance:			
#2. Term or condition of the general permi	t that has not been in continu	ous compliance during the repo	rting 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my o does not exceed 2,100 gallo	nnual consumption of perchlor	gethylene solvent, based
RESPONSIBLE OFFICIAL: TOE (INQUE MANO		5/20/99
Na	ame (Please Print)	Signature	Date /

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

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

the state of the s			
FACILITY NAME: Holiday	Cleaxers		DATE: 5/16/00
FACILITY LOCATION: 3332	US 19		,
Noliday	1 PL 31169	\cap	
			·
Annual Reporting Period:	5-21-19	99 то	5-16-2000
Based on each term or condition of the Title	V general air permit, my fa	acility has remained in compli	ance with DEP Rule
62-213.300, Florida Administrative Code (F	.A.C.), during the period co	overed by this statement. 🙇	yes 🗆 no
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in contin	uous compliance during the re	eporting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	-		 -
#2. Term or condition of the general permit	that has not been in contin	uous compliance during the r	eporting 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, made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Nat	and complete. Further, my	annual consumption of perch	loroethylene solvent, based

^{*}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-INSPECTION	N		COMPLAINT/DISCO	OVERY	0
AIRS ID#: 10/0346 D. FACILITY NAME: Hold	' .1			:: 11:15 TIME	: ОUТ: <u> </u>	:40
FACILITY LOCATION: 35	_ / / /	5 19	7 340	690		
responsible official : \mathcal{I}	De Cengu	uma	KO	PHONE: 727/8	142-69	89
CONTACT NAME:			· · · · ·	PHONE:		
PART I: NOTIFICATION				· · · · · · · · · · · · · · · · · · ·		
(check appropriate box)					_	
1. New facility notified DARM 3	0 days prior to star	tup				
2. Facility failed to notify DARM	2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION	· · ·					
Facility indicated on notification (check appropriate box)	form that it is:			☐ No notification form☐ Drop store/out of b		oleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)		dry-to-c transfer both typ	iry only, only, x < oes, x < 1	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	0	
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga (constructed before $12/9/91$)	00 gal/yr gal/yr	dry-to-o transfer both typ	iry only, only, 20 oes, 140	rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	0	
5. This is a correct facility clas	sification	X	□N	□Can not determine		
If no, please check the appropriate classification:						
facility was gallons.	, 4 - , 1 -				•	_

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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN QXVA 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) 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 condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated \Box Y \Box N condenser on a weekly/bi-weekly/basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

DY DN
OY ON ON/A
OY ON ON/A
DY DN DN/A
DY DN DN/A
OY ON ON/A
DY DN DN/A
DY DN DN/A
UI UN UN/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	•			
1. Maintained receipts for perc purchased?	ZY ON			
2. Maintained rolling monthly total of perc consumption?	KY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	PÝ 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?	AY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XXN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN 20(N/A			
6. Maintained startup/shutdown/malfunction plan?	XY ON			
7. Maintained deviation reports?	DY ON MON/A			
Problem corrected?	DY ON MON/A			
8. Maintained compliance plan, if applicable?	DY DN KANIVA			

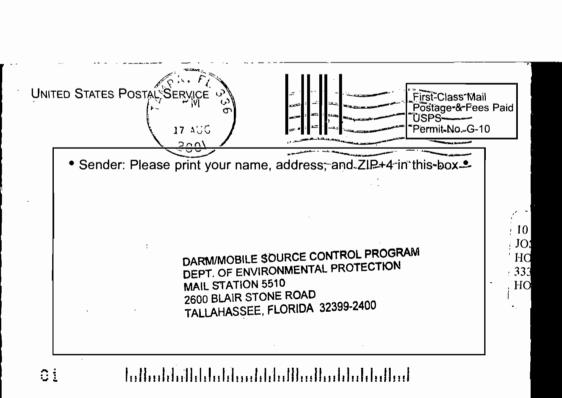
P	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			Ødy □N	
2.	. Has the facility maintained a leak log?		\$	Øv on	
3.	. Does the responsible official check the	following areas for leaks?	?		
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	אום אם אום	
	Door gaskets and seating	YY ON ON/A	Stills	ON ON/A	
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers	ØY □N □N/A	
	Pumps	Y ON ON/A	Diverter valves	AY ON ON/A	
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	XY ON ON/A	
	Water separators	ØY □N □N/A	•		
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)				Œ.	
Physical detection (airflow felt through gaskets)				A K	
Odor (noticeable perc odor)				凼	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			אם אם		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			חם אם אם	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			□Y □N		
d. Kept in a clean and secure area when not in use?			□Y □N		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		

MARGARET CANGRO	5/16/00
Inspector's Name (Please Print)	Date of Inspection
Margard Canons Inspector's Signature	May 200/ Approximate Date of Next Inspection

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2000	Str HOLIDAY CLI 3332 US HWY	EANERS	V
2	CH HOLIDAY FL	34691	P
	PS FURINGE CONTRACTOR		Instructions

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. 1. Article Addressed to: AIRS ID # 1010346001AG SEPH J CINQUEMANO LIDAY CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee Addressee If YES, enter delivery address below:
2 US HWY 19 LIDAY FL 34691	3. Service Type Certified Mail
2. Article Number (Copy from service label) 2. OCO OS20 OO20	9372 9729
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-00-M-0952

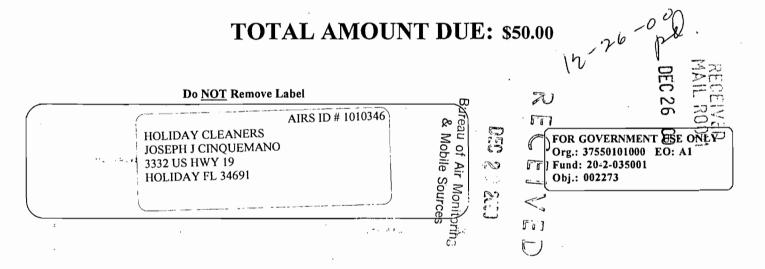




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SAME OWNER CORP 7/1/97

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Holiday Clemen Inc AIRS ID#1010346

-JAG-MAC-INC-JOSEPH J CINQUEMANO 3332 US 19 HOLIDAY FL 3469

34691

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
N Anna SS anmieted	JAG-MAC INC JOSEPH J CINQUEMANO 3332 US HIGHWAY HOLIDAY FL 34690 3 469/16	4b. Service Registere Express I Return Rec	Type ed Certified Mail Insured Cop Polivery 2 / 425
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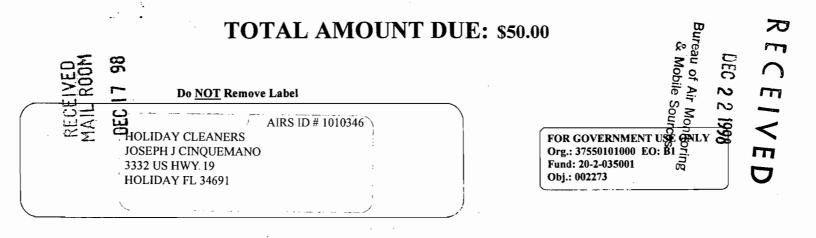
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HOLIDAY CLEANERS JOSEPH J CINQUEMANO 3332 US HWY 19 HOLIDAY FL 34691 Bureau of Air Monitoring & Mobile Sources

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