

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 1, 1997

Mr. James F. Swanson Fashion Cleaners 6502 Massachusetts Avenue New Port Richey, Florida 34653

Facility No.: 1010361 Re:

Dear Mr. Swanson:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 20, 1997.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title $\mbox{\tt V}$ 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,

Dótty 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"

Printed on recycled paper.

D.E.P.

NOV | 8 1997

SOUTHWEST DISTRICT TAMPA

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):
FASHION CLEANERS
2. Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number:
FIN G814700711
FLD 981470024 4. Facility Location:
Street Address: 6502 MASSACHUSETTS AVE
City: NEW PORT RICHEY County: PASCO Zip Code: 34653
5: Facility Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official:
JAMES F. SWANSON / OWNER
7. Responsible Official Mailing Address: Organization/Firm: FASHION CLEANERS Street Address: 6502 NASSACHUSETTS AVE
City: NEW PORT RICHEY County: PASCO Zip Code: 34653
8. Responsible Official Telephone Number: Telephone: (813) 847 - 1024 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:
County. Zip Code.
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -
RECELL

RECEIVED

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			•						
(1) w/ ref. condenser			1						
(2) w/ carbon adsorber			_						
(3) w/ no controls	= /	1987	6/97						
Washer Unit					•	•		•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber						*	-		
(6) w/ no controls									
Dryer Unit		•	•		•	•		•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						•		•	•
(10) w/ ref. condenser						,			
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of 55 (b) If less than 12 monto Check why it is less 	are r quant gallo	equired to be ity of perchlons ow many? [installed [_oroethylene (perc)	_]) purchased in				

 What control technology is required on machin (Indicate with an "X".) 	es pursuant to section (5) of F	Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser []	• • • • • • • • • • • • • • • • • • • •	
New large area source Refrigerated condenser []		
		•
5. A facility which contains non-exempt emission to Rule 62-213.300, F.A.C. Verify that all steam exemption criteria or that no such units exist on-s	and hot water generating unit	
All steam and hot water generating units on-site (boiler HP or less), and (2) are fired exclusively by during which propane or fuel oil containing no m	y natural gas except for perio	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
	· .	
•		
Equipment Monitorin	g and Recordkeeping Infor	mation
Check all logs which are required to be kept on-s	ite in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	,	\bowtie
(b) Leak detection inspection and repair		\angle
(c) Refrigerated condenser temperature monitoring	g	
(d) Carbon adsorber exhaust perc concentration n	nonitoring	
(e) Instrument calibration		
(f) Start-up, shutdown, malfunction plan		

Surrender of Existing Air Permit(s)

Please indicate	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)
	· · · · · · · · · · · · · · · · · · ·
\bowtie	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prod	mptly notify the Department of any changes to the information contained in this notification. $\frac{11/6/97}{\text{Date}}$

Perchloroethylene Dry Cleaning Facility Notification

D.E.P.					
OCT 4 1997					
SOUTHWEST DISTRICT					

Facility Name and Location

	IAMPA
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FASHION CLEANERS
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	FLD 981470024
4.	Facility Location: 6502 MASSACHUSETTS AVE. Street Address:
	City: NEW PORT RICHEY County: PASCO Zip Code: 34653
5.	Facility Identification Number (DEP Use):
	には、 は、 は、 は、 は、 は、 は、 は、 は、 は、
	Responsible Official
6.	Name and Title of Responsible Official:
	JAMES F. SWANSON / OWNER
7	· /
7.	Responsible Official Mailing Address: Organization/Firm: FASHION CLEANTRS Street Address: WASSACHUSETTS AVE.
	City: NEW PORT RICHEY County: PASCO Zip Code: 34653
8.	Responsible Official Telephone Number:
	Telephone: (813) 847 - 1024 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	Equility Contact Address:
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	Facility Contact Talanhama Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	Tun. ()

RECEIVED

OCT 2 0 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	mstaned	#3	02-MAR-92	
Dry-to-Dry Unit			ád Fakt	itskiri Veteri	járya Merilyükit:		Hines I di	Marie Co	
(1) w/ ref. condenser	#1	6/97	6/97						
(2) w/ carbon adsorber	<u> </u>								
(3) w/ no controls									
Washer Unit		ir ayaar	. 电气管线性	18.10	Na Proposition			en at car	rakis bibli
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		2016\$ Valeri	etiberen XX.		Bair Tagus	AVERFOR	Turke Turke		
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit							THE		
(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 contr	are requanting gallows, he, he, than	equired to be ity of perchloons ow many? [installed [perc)	purchased in	: [] Did			
3. What is the facility's so (Indicate with an "X". Existing small an	Selec	t one classifi	cation only.)		nitions found		3) of l	Part II?	
Existing small and Existing large are					ge area sourc				

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 [X]
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
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration []
(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
K	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 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	$\frac{10/14/97}{\text{Date}}$

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Œ	COMPLAINT/DIS	COVERY	
	RE-INSPECTION	۵	NETAL	N WW	ERSIH, M
AIRS ID#: 101036	DATE: 10/14/9-	7 TIME I			
FACILITY NAME:					
FACILITY LOCATION: _	6502 Mas	5. AV	e .		
_	New Port 1	Richey	1. Fz 34	<u>653</u>	
RESPONSIBLE OFFICIAL	L: Jim Swan	son	PHONE: <u>813</u>	847-1	02Y
CONTACT NAME:			_PHONE:		
		-			
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DAR	LM 30 days prior to startup				
2. Facility failed to notify Da	ARM to use general permit				×
PART II: CLASSIFICATI	ON				
Facility indicated on notific			No notification f		
			No notification f		troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so	ation form that it is:	New small a	☐ Drop store/out of rea source		troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource	-to-dry only,	Drop store/out of the property of the propert	f business/pe	troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/	ation form that it is: ource	r-to-dry only, nsfer only, x	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	f business/pe	troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ation form that it is: ource	r-to-dry only, nsfer only, x · h types, x < 1	□ Drop store/out of rea source x < 140 gal/yr < 200 gal/yr	f business/pe	troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr	ation form that it is: Durce	netro-dry only, asfer only, x on the hole on the hole of the hole of the hole of the hole on the hole of the hole	□ Drop store/out of preasource x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	f business/pe	troleum '
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	ation form that it is: ource	n-to-dry only, asfer only, x on types, x < 1 nstructed on New large as to-dry only, asfer only, 20 h types, 140 mstructed on the structed on t	Drop store/out of rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr}$ $ 50 \le x \le 1,800 \text{ gal/yr}$ $ 50 \le x \le 1,800 \text{ gal/yr}$	f business/pe	troleum
Facility indicated on notific (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility If no, please check the constructed before 12/9/9	ation form that it is: ource	netro-dry only, nesser only, x on types, x < 1 nestructed on the large at the large at the large only, nesser only, 20 nestructed on the large of the large on the large of th	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \Box Can not determinated the control of	f business/pe	troleum

Vew Machine 6/23/97, 1 of 5

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? A/MIX NO YO 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 AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber A/N/A NO YO 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) MU YEL 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 □N □N/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? OY ON ∭XN/A 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:	
1. 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?	□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?	DY DN DN/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, contractio 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 YX
2. Maintained rolling monthly averages of perc consumption?	ÞÝ □N
3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	Xy 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 XX/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON X
6. Maintained startup/shutdown/malfunction plan?	DÝ ON
7. Maintained deviation reports?	DY DN DXIA
Problem corrected?	DY ON DWA
8. Maintained compliance plan, if applicable?	DY DN DWIA

Б	PART VI. I FAK DETECTION AND REPAIRS							
=	PART VI: LEAK DETECTION AND REPAIRS							
١.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			₹₫Ŷ □N				
2.	Has the facility maintained a leak log	g?		Ø(A □N				
3.	Does the responsible official check the	ne following areas for leak	s?					
	Hose connections, fittings, couplings, and valves	AVN UN UVA	Muck cookers	AY ON ON/A				
	Door gaskets and seating	AND NO YA	Stills	AVU UU AVA				
	Filter gaskets and seating	AND NO AND	Exhaust dampers	DYY ON ON/A				
	Pumps	TOY ON ON/A	Diverter valves	AND ND YA				
1	Solvent tanks and containers	AINO NO YE	Cartridge filter housings	AND UD AND				
	Water separators	AVNO NO YA						
4.	Which method of detection is used by	y the responsible official?						
	Visual examination (condensed	l solvent on exterior surfac	es)	<u>ja</u>				
	Physical detection (airflow felt	through gaskets)		4				
	Odor (noticeable perc odor)			b				
	Use of direct-reading instrumer	ntation (FID/PID/calorime	ric tubes)					
r								
ľ	BIN/A							
	If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
		a standard gas prior to and		OY ON				
	•	and abreious sions of wood	on a weekle basis?					
	-	and obvious signs of wear	-					
	"	secure area when not in u		ПУ ПИ				
	e. Verified for accura-	cy by use of duplicate samp	oles (calorimetric only)?	OY ON				
	MARGARET CAX	sero	10/14/97	,				
	Inspector's Name (Please P	rint)	Date of Inspe	ction				
	Margara SCar. Inspector's Signature	24 A 1 1	10/9	8				
_	Inspector's Signature		Approximate Date of 1	Next Inspection				
	Suprema							

Avdel 850/5-2/V Serial # 5. 0908404/47

Revised 8/11/97

PERCHLOROETHYLENE DRY CLEANERS

. TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DIS	COVERY	
AIRS ID#: 1010 36 (FACILITY NAME: Facility			N: 12:00 TIN	ME OUT: 📝	2:35
			<i>ii</i> 1		
FACILITY LOCATION:	6302 Mas	sachuse	tti que		
FACILITY LOCATION:	New Port	Kichey			
RESPONSIBLE OFFICIAL :	: James Swa	NOON	_PHONE: <u>\$13 ~ .</u>	847-10	124
CONTACT NAME:			PHONE:		<u> </u>
PART I: NOTIFICATION	<u> </u>	• •			
(check appropriate box)			<u> </u>		
1. New facility notified DARM	A 30 days prior to startu	n			
2. Facility failed to notify DAR	• •	•			
2. I definty failed to notify DAI	Avi to use general perm	11			
PART II: CLASSIFICATIO					
	N				
			□ No notification t	form	-
Facility indicated on notificat (check appropriate box)			☐ No notification t☐ Drop store/out o		roleum
Facility indicated on notificat (check appropriate box) A.	ion form that it is:		☐ Drop store/out o	of business/pet	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	cion form that it is:	2. New small a	☐ Drop store/out o		roleum
Facility indicated on notificat (check appropriate box) A.	rce 🗶 2		☐ Drop store/out of trea source , x < 140 gal/yr	of business/pet	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2/yr c	fry-to-dry only ransfer only, x both types, $x < x$	☐ Drop store/out of trea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr	of business/pet	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rce 2/yr c	fry-to-dry only ransfer only, x both types, $x < x$	☐ Drop store/out of trea source , x < 140 gal/yr < 200 gal/yr	of business/pet	roleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91	rce 2 //yr cr	dry-to-dry only ransfer only, x both types, x < constructed on	☐ Drop store/out of trea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	of business/pet	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 < x < 200 gally (constructed before 12/9/91)	rce 2,100 gal/yr	dry-to-dry only ransfer only, x poth types, x < constructed on dry large a dry-to-dry only	□ Drop store/out of trea source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) **rea source , 140 ≤ x ≤ 2,100 gal/	of business/pen	Bur
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	rce 2,100 gal/yr con form that it is:	dry-to-dry only ransfer only, x both types, x < constructed on dry-to-dry only ransfer only, 2	Drop store/out of trea source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Therefore source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	of business/pen	Bur
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce 2 //yr c	dry-to-dry only ransfer only, x ooth types, x < constructed on New large a dry-to-dry only ransfer only, 2 ooth types, 140	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 12/9/91$ $x < 200 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	of business/pen	Bureau of & Mob
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	rce 2 //yr c	dry-to-dry only ransfer only, x ooth types, x < constructed on New large a dry-to-dry only ransfer only, 2 ooth types, 140	Drop store/out of trea source, $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Therefore source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	of business/pen	Bureau of & Mob
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	rce 2.100 gal/yr cgal/yr tgal/yr	dry-to-dry only ransfer only, x ooth types, x < constructed on New large a dry-to-dry only ransfer only, 2 ooth types, 140	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 12/9/91$ $x < 200 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$ $x < 1,800 \text{ gal/yr}$	of business/pen	Bureau of & Mob
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound ry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	rce 2,100 gal/yr con gal/yr gal/yr con gal/y	dry-to-dry only ransfer only, x both types, x < constructed on the large and the large	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 12/9/91$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 100 \text{ gal/yr}$ $x < 100 \text{ gal/yr}$ or after $x < 12/9/91$	of business/pen	Bureau o & Mo
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility of the source of the second constructed before 12/9/91	rce 2.100 gal/yr cgal/yr tgal/yr	dry-to-dry only ransfer only, x both types, x < constructed on dry-to-dry only ransfer only, 2 both types, 140 constructed on	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 12/9/91$ $x < 200 \text{ gal/yr}$ or after $x < 12/9/91$	of business/pen	Bureau of & Mob
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area sourdry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility of 15 no, please check the facility of 15 no, please check the	rce 2 l/yr c rce 2 l/yr c t 2,100 gal/yr c 200 gal/yr c gal/yr c classification c e appropriate classification	dry-to-dry only ransfer only, x both types, x < constructed on dry-to-dry only ransfer only, 2 both types, 140 constructed on DN constructed on a permit as nural permit as nural permit as nural services.	Drop store/out of the a source $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 12/9/91$ $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ or after $x < 200 \text{ gal/yr}$ $x < 200 ga$	of business/pen	Bureau of & Mob

facility was HD 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?	OY ON A N/A			
2. Examining the containers for leakage?	DY DN KN/A			
3. Closing and securing machine doors except during loading/unloading?	MD YDA			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	∆ Y □N □N/A			
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON BN/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).	erated 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 refrig (complete A and B below).	erated 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?	אם צם			
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?	OY ON ONA			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם			

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?	ΠY	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ЦY	UN	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	□N/A
	condenses cons:	U 1	JN	UN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	DV ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	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 ANNA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ÉN/A
6. Maintained startup/shutdown/malfunction plan?	ØÝ ON
7. Maintained deviation reports?	dy dy e ska
Problem corrected?	oy on z aka
8. Maintained compliance plan, if applicable?	DY DY BYA

RECEIVED

PART	VI: LEAK DETECTION AND I	REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	ection?			NO YES			
2. Has	the facility maintained a leak log?			BY ON			
3. Doe	s the responsible official check the	following areas for leaks	s?				
	Hose connections, fittings, couplings, and valves	DN DN/A	Muck cookers	TY ON ON/A			
	Door gaskets and seating	אוחם חם אלם	Stills	AND NO YE			
	Filter gaskets and seating	ANNO NO YO	Exhaust dampers	MY ON ON/A			
	Pumps	XY ON ON/A	Diverter valves	DY DN XXIVA			
	Solvent tanks and containers	A, ON ONVY	Cartridge filter housings	Y ON ON/A			
	Water separators	AYON ON/A					
4. Whi	ch method of detection is used by	the responsible official?					
	Visual examination (condensed s	olvent on exterior surfac	es)	a 7			
	Physical detection (airflow felt th	rough gaskets)		Ø.			
	Odor (noticeable perc odor)			Æ			
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)				
	Halogen leak detector		•				
	If using direct-reading instr	umentation, is the equi	pment:	ØN/A			
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	□Y □N			
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	ÖΥ OΝ			
	d. Kept in a clean and s	ecure area when not in u	se?	OY ON			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						

MARGARET CANGRO	9-22-98
Inspector's Name (Please Print)	Date of inspection
Marguet Slanger Inspector's Signature	Approximate Date of Next Inspection

Pag/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Fashion	Cleaners	DATE: 9-22-98
FACILITY LOCATION: 6502	Massachusetts Ave	-
FACILITY LOCATION: 6502 New Port R	echen FC 34653	
	war way	
Annual Reporting Period:	10-15- 1997 TO	9-22- 1998
Based on each term or condition of the Title		^
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this	statement. KYES UNO
If NO, complete the following:		
#1. Term or condition of the general permi	t that has not been in continuous complia	nce during the reporting period stated above:
		•
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permi	t that has not been in continuous complian	nce during the reporting period stated above:
		· ·
Exact period of non-compliance: from	t	0
Action(s) taken to achieve compliance:		~
Method used to demonstrate compliance:		RECEIVED
		CCD O E varia
		SEP 2 5 1440
As the responsible official, I hereby certify, and in this notification are true, accurate to		Mer reasonable i Roundy 1661Afre Monitoring
ipon rolling averages of purchase receipts,		
vear for transfer or combination facilities.		f 0
responsible official: <u>Tames</u>	Swanson	9-22-98
Nar	ne (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.

AIRS ID#: 10/036/

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	FASHION	1 CLEA	UERS		DATI	:10/14/97
FACILITY LOCATION:	6502	Mossach	usetts 1	Tve		
]	New Por	Richer	FL 33	653		
		7-1				
Annual Reporting Period:	8	? - 8	_19 <u>97</u> to		0-14	19 <u>97</u>
Based on each term or cond 62-213.300, Florida Admin		-	-	17-	P	EP Rule
If NO, complete the following	ng:					
#1. Term or condition of th	ne general permit t	hat has not been in c	ontinuous compl	iance during the	reporting peri	od stated above:
		•		R	ECEI	VFD
Exact period of non-complia	ance: from _	·		to		
Action(s) taken to achieve o	ompliance:				OCT 20	1997
Method used to demonstrate	e compliance:			Bu	lreau of Air I & Mobile S	Monitoring
#2. Term or condition of the	e general permit th	nat has not been in o	ontinuous compli	ance during the r		
Exact period of non-complia	ance: from			_to		
Action(s) taken to achieve co	ompliance:					
Method used to demonstrate	compliance:					
As the responsible official, I made in this notification are upon rolling averages of puryear for transfer or combinate RESPONSIBLE OFFICIAL	true, accurate and chase receipts, do tion facilities. L:	d complete. Further,	my annual cons	umption 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.

AIRS 1D#: 1010 361

Reco

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

0	
FACILITY NAME: Tashion Cleaners	DATE: 9-22-99
FACILITY LOCATION: 6502 Massachusettes	Dre
New Port Richery FC.	34653 p
	· *
Annual Reporting Period: 9-23-1998 TO	95 2 Jan 1997
Based on each term or condition of the Title V general air permit, my facility has re 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by the	
If NO, complete the following:	Mr. Royaling
#1. Term or condition of the general permit that has not been in continuous compl	iance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
#2. Term or condition of the general permit that has not been in continuous compl	iance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief forme made in this notification are true, accurate and complete. Further, my annual con upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	sumption of perchloroethylene 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

ANNUAL

TYPE OF INSPECTION:

COMPLAINT/DISCOVERY

RE-INSPECTION -					
	2-99 TIME IN: ///30 TIME OUT: 12/00				
FACILITY NAME: <u>Fashion</u> C	easers				
FACILITY LOCATION: 6502 M	assachusetles Ave 18 18				
	Richey 302 20				
RESPONSIBLE OFFICIAL: James 3	Wanson PHONE: 727-847-86273				
CONTACT NAME:	PHONE:				
PART I: NOTIFICATION					
(check appropriate box)	·				
1. New facility notified DARM 30 days prior to star	rtup				
2. Facility failed to notify DARM to use general per	rmit 🗆				
,					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is:	☐ No notification form				
(check appropriate box) A.	☐ 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, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)				
5. This is a correct facility classification	Y □N □Can not determine				
,	cation: neral permit as number above				
_ =======	nits and is not eligible for a general permit				

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? WAY ON ON/A Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN 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?

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?	חם עם	I
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	ı □N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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?	DY DN	I □N/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN	□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?	OY ON	I □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		I □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	אם אם	I □N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) ØY □N 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: OXY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN MYNA and parts installed w/in 5 days of receipt? DY DN ZN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MN/A 5. Maintained exhaust duct monitoring data on perc concentrations? AY ON 6. Maintained startup/shutdown/malfunction plan? DY DN DANA 7. Maintained deviation reports? DY DN MN/A Problem corrected? DY DN ØN/A 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS			
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			ARY ON
2. Has the facility maintained a leak log	g?		AY ON
3. Does the responsible official check t	he following areas for leaks	?	,
Hose connections, fittings, couplings, and valves	psy □n □n/a	Muck cookers	SEY ON ON/A
Door gaskets and seating	AND ND YA	Stills	CXY ON ON/A
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN ÁN/A
Pumps	AND NO YP	Diverter valves	DY DN MN/A
Solvent tanks and containers	EY ON ON/A	Cartridge filter housings	אום אם אאם א
Water separators	AVN UN TR		
4. Which method of detection is used b	y the responsible official?		
Visual examination (condense	d solvent on exterior surface	es)	∞ t
Physical detection (airflow felt through gaskets)			~5 ₹
Odor (noticeable perc odor)		•	Q.
Use of direct-reading instrume	ntation (FID/PID/calorimetr	ric tubes)	Ò
Halogen leak detector		•	
If using direct-reading in	strumentation, is the equip	oment:	N/A -
a. Capable of detection	ng perc vapor concentration	s in a range of 0-500 ppm?	אם עם
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?			אם צם
d. Kept in a clean and secure area when not in use?			אם צם
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			אם אם

MARGARET L	ANGRO
Inspector's Name (Ple	ase Print)
Margaret Can	-OKIN
// Inspector's Signate	ure

9-22-99
Date of Inspection

Sept. 2000
Approximate Date of Next Inspection

EOLD AT DOTTED LINE FOLD TA TOP OF ENVELOPE SENDE SENDE SET TOP OF ENVELOPE FOLD TA TOP OF	SECTION ON DELIVERY Vold A. Hegelved by (Please Print Clearly) B. Date of Delivery
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.	C. Signature Agent Addressee
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 1010361	
FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE	
NEW PORT RICHEY FL 34653	3. Service Type ✓ Certified Mail ☐ Express Mail
,	Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 06 06 0026 78	25 53/0
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal S CERTIFIED (Domestic Mail Or	rvice MAIL RECEIPT y; No Insurance Coverage	ge Provided)
Ŋ			
126 7825	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee		Postmark Here
	(Endorsement Required)		
2000 0000	FASHION CLEANER JAMES F SWANSON 6502 MASSACHUSE NEW PORT RICHEY	TS AVENUE	erse for Instructions

IICKER AT TOP OF ENVELOPE TO THE RIGHT	12 30 Id
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. 	A. Received by (Please Print Clearly) B. Date of Delivery 3 8 0 C. Signature X
1. Article Addressed to: AIRS ID 10361 FASHION CLEANERS JAMES T SWANSON	If YES, enter delivery address below:
NEW PORT RICHEY FL 34653	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Copy from service label) 7001 0320 0001 7976 0841	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

		MAIL REC	EIPT Coverage Provided)
0847	OFF	ICIAL	USE
7976	Postage Certified Fee	\$	Postmark
1000	Return Receipt Fee (Endorsement Required) Restricted Dellvery Fee (Endorsement Required)		Here
0350	FASHION CI	ANSON	
7007	or PO NEW PORT I	_	NOE



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLAND

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

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

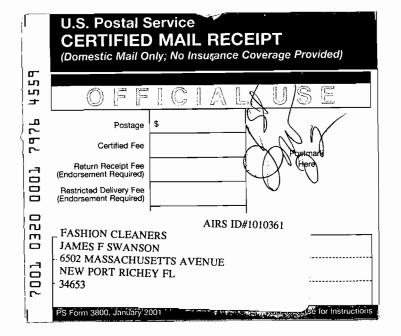
AIRS ID # 1010361 **FASHION CLEANERS** JAMES F SWANSON 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

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#1010361 FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL	A. Received by (Please Print Clearly) C. Signature X 34653 D. Is chievery address different from Item 1? If YES, enter delivery address ability. 3. Sep/ce Type
34653	☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 0 1 0 3 2 0	0007 7976 4559
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424





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FASHION CLEANERS
JAMES F SWANSON
6502 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL
34653

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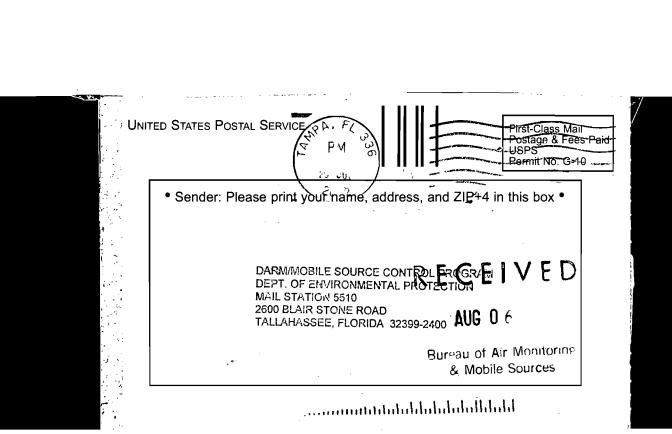
Org.: 37550101000 EO; A1 Fund: 20-2-035001

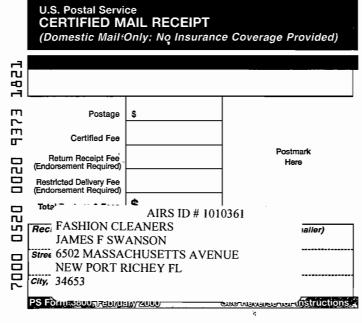
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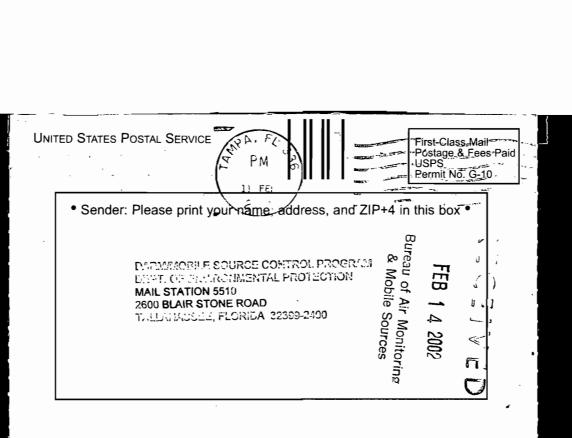
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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1. Article Addressed to: 10	D. Is delivery address different from item 1?
FASHION CLEANERS 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
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FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653

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Obj.: 002273

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FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653 RECE MAIL FEB 2

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on the reverse side?	O: ado aAua : o do: JaAo au! 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 article. The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.		ceipt Service.
N ADDRESS completed	AIRS ID # 1010361 FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653	4a. Article Ni 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD	you tor using Heturn Hec
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Aethressee or Agent) X X X X X X X X X X X X X	8. Addressee and fee is	o's Address (Only if requested paid)	Inank
i	PS Form 3811, December 1994		Domestic Return Receipt	į

US Postal Service
Receipt for Certified Mail

No Incurance Coverage Provided

AIRS ID # 1010361

FASHION CLEANERS
JAMES F SWANSON
6502 MASSACHUSETTS AVENUE
NEW PORT RICHEY FL 34653

Postage

Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

Postmark or Date

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FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE **NEW PORT RICHEY FL 34653**

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacpermit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
completed	3. Article Addressed to: AIRS ID # 1010361 FASHION CLEANERS	4a. Article N Z 33 4b. Service	3660668 E
ADDRESS co	JAMES F SWANSON 6502:MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653	☐ Registere ☐ Express ☐ ☐ Return Re	Mail
URN ADI	-5: Received By:.(Print-Name) 666	7. Date of Do	elivery 13-99 e's Address (Only if requested paid)
s your BEI	6. Signature: (Addressee of Agent) Wd	and fee is	paid) E
	PS Form 3811, December 1994	2598-97-8-0179	Domestic Return Receipt

Z 333 660 668 US Postal Service
Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 1010361 **FASHION CLEANERS** JAMES F SWANSON 6502 MASSACHUSETTS AVENUE **NEW PORT RICHEY FL 34653** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form 3800, \$ TOTAL Postage & Fees Postmark or Date

at line over top of envelope to	PIOH 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 C. Signature Agent Addressee
1. Article Addressed to: AIRS ID # 1010361 FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE	D-Is delivery address different from item 1?
NEW PORT RICHEY FL 34653	3. Service Type Certified Mail
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789
Z Z L D E US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internation Sent to	Provided.

AIRS ID # 1010361

FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653

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Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered		
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
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2. Article Number (Copy from service Jabel)				
PS Form 3811, July 1999 Domestic Ret	orm 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 1010361 FASHION CLEANERS JAMES F SWANSON 6502 MASSACHUSETTS AVENUE NEW PORT RICHEY FL 34653					
	Certified Fee				
	Special Delivery Fee				
	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
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PS Form 3800 , April 1995	Postmark or Date				