

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

March 13, 1998

Ms. Ilona Komancjik Church of Scientology 503 Cleveland Street Clearwater, Florida 34616

Facility No.: 1030418

Dear Ms. Komancjik:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on February 17, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Gary Robbins, Pinellas County

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

RECEIVED

PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

MAR 2 5 2002

Part III. Notification of Intent to Use General Permitureau of Air Monitoring & Mobile Sources

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Fac	Facility Name and Location				
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	CHURCH OF SCIENTOLOGY				
2.	Site Name (For example, plant name or number):				
	HACIENDA DRYCLEANING FACILITY				
3.	Hazardous Waste Generator Identification Number:				
	FLR 0000 35337				
4.	Facility Location:				
	Street Address: 551 NORTH SATURN AVE. City: CLEARWATER County: PINEILAS Zip Code: 33756				
	City: CLEARWATER County: PINEIIAS Zip Code: 33756				
5.	Facility Identification Number (DEP Use ONLY -do not fill in):				
:	1030418-001				
_ · /					
Res	ponsible Official				
6.	Name and Title of Responsible Official:				
Nan	ne: DAVIN THOMPSON Title: MANAGER				
7.	Responsible Official Mailing Address:				
	Organization/Firm: CHURCH OF SCIENTOLOGY				
	Street Address: 503 CLEVELAND ST.				
	City: CLEARWATER County: PINEIIAS Zip Code: 33755				
8.	Responsible Official Telephone Number:				
	Telephone: (727) 442-4791 Fax: ()				
Facility Contact (If different from Responsible Official)					
9.	Name and Title of Facility Contact (For example, plant manager):				
10	Facility Contact Address:				
10.	Tuelling Contact Madress.				
	Street Address:				
	City: Zip Code:				
11.	Facility Contact Telephone Number:				
	Telephone: () - Fax: () -				
_					

Facility Information

1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry ma	chines do you hav	ve on-site?	
For each dry-to-dry mach	nine on-site, please	e provide the following information	n:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
MAY 2/5T 1997	Existing/N	ew RC/CA/None required	<u>SAME</u>
	Existing/No	ew RC/CA/None required	
	Existing/No	ew RC/CA/None required	
*CONTROL DEVICE K	EY: RC = r	refrigerated condenser CA	= carbon adsorber
1.(b) TRANSFER MAC	CHINES ONLY		
How many washers do yo	ou have on-site?	[]	
How many dryers/reclain	ners do you have o	on-site? []	
unit. If the transfer machi 1993, it is a NEW unit (r	ne was purchased to units purchased	-	
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	·
	Existing/New	RC/CA/None required	
	Existing/New	RC/CA/None required	·
		· // //	×.
*CONTROL DEVICE K	EY: $RC = r$	efrigerated condenser CA	= carbon adsorber
[57.5] gallo	ns (You must fill		nonths?
		months New owner: [] Did not ke	
Check willy it is les	s cian 12 monuis.	New store: [] New machin	
		Unopened store [] (date of	-

DEP Form No. 62-213.900(2)

Effective: 2/24/99

3. What is the facility's source class Indicate with an "X". Select of		n the definitions found in section (3) of Part II? only.)
Small Area Source	[<u>X</u>]	territoria de la ferma de la Arrigida.
Dry-to-dry mach Transfer only on Both machine ty	-site	(used less than 140 gallons of perc per year) (used less than 200 gallons of perc per year) (used less than 140 gallons of perc per year)
Large Area Source	[]	
Dry-to-dry mach Transfer only on Both machine ty	-site	(used 140 - 2,100 gallons of perc per year) (used 200 - 1,800 gallons of perc per year) (used 140 - 1,800 gallons of perc per year)
4. What control technology is required (Indicate with an "X".)	ired on machines p	pursuant to section (5) of Part II of this notification form?
Existing machines at sma (NONE REQUIRED)	II area source []	New machines at small area source Refrigerated condenser [X_]
Existing machines at large Carbon adsorber Refrigerated condenser	e area source	New machines at large area source Refrigerated condenser []
Rule 62-213.300, F.A.C. Verify th	nat all steam and he	units shall not be eligible to use the general permit pursuant to ot water generating units on-site meet the following exemption and memo for the criteria).
All steam and hot water generating No such units on-site	units exempt	(<u>X</u> .) OR
How many boilers do you have on-	-site? []	÷
For each boiler, indicate its horsep	ower (HP) rating:	[<i>10</i> _] []
What type of fuel do you use?	[] propane [] No. 2 fue [] No. 6 fue	
6. Equipment Monitoring and Reco	ordkeeping Inform	ation
Check all logs which are required	to be kept on-site i	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent p	ourchases/solvent a	addition log [_i]
(b) Leak detection inspection and a	repair	[- 2]
(c) Refrigerated condenser temperated	ature monitoring	
(d) Carbon adsorber exhaust perc		
(e) Startup, shutdown, malfunction	n plane z zgodowa s	

7. Surrender o	of Existing DEP Air Permit(s)
Please indicat	te with an "X" the appropriate selection:
[]	I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
	No DEP air permits currently exist for the operation of the facility indicated in this notification form
_	
Responsible	Official Certification
statemen maintain comply w	fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the sits made in this notification are true, accurate and complete. Further, I agree to operate and at the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
	<u>ループルクタのル</u> ne of responsible official

Instructions for Completing Part III of Notification Form

The Perchloroethylene Dry Cleaning Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management at least 30 days prior to beginning operations under the general permit. Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III of this form to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Facility Name and Location

- 1. **Facility Owner/Company Name** Enter the name of the corporation, agency, or individual that has ownership or control of the dry cleaning facility for which this notification is submitted.
- 2. **Site Name** Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
- 3. **Hazardous Waste Generator Identification Number** Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
- 4. **Facility Location** Enter the street address and zip code of the facility and the city and county in which it is located.
- 5. **Facility Identification Number (DEP Use ONLY)** Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

- 6. Name and Title of Responsible Official Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
- 7. **Responsible Official Mailing Address** Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
- 8. **Responsible Official Telephone Number** Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

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Facility Contact

9. Name and Title of Facility Contact - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.

Effective: 2/24/99

- 10. Facility Contact Address Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.
- 11. **Facility Contact Telephone Number** Enter the telephone number and facsimile number, if available, at which this person can be contacted.

Facility Information

- 1. For each machine located at the facility, select the appropriate machine type and type of air pollution control device installed on the machine (for example, dry-to-dry unit w/ ref. condenser). If the dry-to-dry machine was purchased from the manufacturer prior to or on December 9, 1991, it is an EXISTING unit. If the dry-to-dry machine was purchased from the manufacturer after December 9, 1991, it is a NEW unit. Beginning with dry-to-dry machines, enter the date the machine was initially purchased from the manufacturer in the dd-mth-yy format. If you do not know the exact date of purchase, but can confirm it was prior to December 9, 1991, enter 08-DEC-91. Indicate the status of the machine as either new or existing. Circle the required control equipment for that machine (if required) and enter the date of its installation (in the dd-mth-yy format). If control equipment is required, but has not yet been installed, indicate this with an "X". If the control device was already included at the time of purchase, enter "SAME". Up to three dry-to-dry machines may be entered across this table. Complete the other table for transfer machines located at the facility, as applicable. Submit additional copies of these tables if more than three machines per type are located at the facility.
- 2. Enter the total amount, in gallons, of perchloroethylene consumed during the preceding twelve months. If this amount represents a period of less than twelve months, indicate the actual time period used to determine solvent consumption and the reason for this discrepancy (for example, new store). New owners should attempt to obtain solvent purchase records from the previous owner.
- 3. Using the amount of perc entered in No. 2 above, select the facility's classification. The classification is based on the definitions found in paragraph (3) of Part II.
- 4. Indicate which control technology is required on machines pursuant to paragraph (5) of Part II, based upon the selection in No. 3 above. Existing small area sources are not required to install any additional control equipment.
- 5. Indicate with an "X" that all steam and hot water generating units on-site are exempt from permitting pursuant to Rule 62-210.300(3), F.A.C., or that the facility has no such units on-site. Provide information on the quantities of boilers, their horsepower rating(s), and fuel used.

Equipment Monitoring and Recordkeeping Information

6. Indicate all logs which are required to be kept on-site in accordance with the requirements of this notification form with an "X".

Surrender of Existing DEP Air Permit(s)

7. Rule 62-213.300(2)(a)2., F.A.C., makes the surrender of all existing DEP air permits authorizing the operation of a facility a condition precedent for the entitlement to a DEP air general permit. Indicate whether the responsible official surrenders such permit(s) or whether no such permit(s) exist with an "X" and list all existing DEP air permit numbers.

Responsible Official Certification

This statement must be both printed and signed by the person named on page 13, Field 6, of this form.

DEP Form No. 62-213.900(2)

Effective: 2/24/99

BEST AVAILABLE COPY



PINELLAS COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

AIR QUALITY DIVISION 300 SOUTH GARDEN AVENUE CLEARWATER, FLORIDA 33756



COMMISSIONERS

Calvin D. Harris, Chairman Barbara Sheen Todd, Vice-Chairman Susan Latvala, Commissioner John Morroni, Commissioner Karen Williams Seel, Commissioner Robert B. Stewart, Commissioner Kenneth T. Welch, Commissioner

PHONE: FAX: SUNCOM: SUNCOM FAX: (727) 464-4422 (727) 464-4420 570-4422 570-4420

March 2, 2001

Mr. Ilona Komansik Church of Scientology Hacienda Gardens Dry Cleaning 505 Cleveland Street Clearwater, FL 33755

Church of Scientology, 551 North Saturn Ave., Clearwater, FL Re:

Permit No. 1030418-001-AG a papari ng pri Tijingan ngaranjar ng papagaran ng palatara popili n

Mr. Komansiki Pilege, the en actubilities green in employing persiti of

The Perchloroethylene Dry Cleaner Air General Permit Notification Form establishes the terms and conditions of this Title V air general permit. Throughout the term of this air general permit, the responsible official shall ensure that the facility maintains its eligibility to use the general permit, and complies with all general conditions of Rule 62-213.300(3), F.A.C.

An inspection on February 26, 2001, determined that Mr. David Thompson is currently acting in the capacity of a responsible official. The responsible official of record is Ilona Komansik. Inspection results indicate that this change occurred on, or about February 4, 2000.

To maintain the facilities eligibility to use the air general permit, any changes requiring corrections to information contained in the notification form, the responsible official shall notify the Department in writing within 30 days of the changes. Such changes include:

- (a) Any change in name of the responsible official or facility address or phone number;
- (b) A change in facility status requiring more frequent monitoring or reporting by the responsible official from that noted on the most recent notification form; and
- (c) Any other similar minor administrative change at the facility.

The responsible official must complete, detach, and mail Part III of the appropriate form to the address listed below, within 30 days of receipt of this letter. A complete copy of the notification form, including the completed Part III, must be kept on-site for inspection purposes. A Title V Air General Permit Notification Form was provided during the inspection.

The Title V Air General Permit Notification Form should be submitted to:

Bureau of Ambient Monitoring and Mobile Sources Division of Air Resources Management MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400 (904) 488-6140

Please send a copy of the Title V Air General Permit Notification Form to this office. There is no fee for administrative corrections. If you have any questions, please contact Matt McCann or Pwu-Sheng Liu at 464-4422.

Sincerely,

Matthew McCann, Senior Environmental Specialist

and Manne

Air Quality Division

cc: PF(1030418-001-AG), RF

Rick Butler, BAMMS Tallahassee. DEP

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT AIR QUALITY DIVISION 300 SO. GARDEN AVE CLEARWATER, FL 33756



Mr. Rick Butler Dept. of BAMMS 2600 Blair Stone Rd. Tallahassee, FL 32399

32399-6542 01

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

A
Church of Swentoloby
Site Name (For example, plant name or number):
HALIENDA DRY CLEANING FAGILITY
Hazardous Waste Generator Identification Number: 6AD 981269095
Street Address: 551 SATURN AVENUE
City: CLEARWATER County: PINELLA'S Zip Code: 74616
Chi. Cleric with a county. The county of the
Facility Identification Number (DEP. Use)
Responsible Official
. Name and Title of Responsible Official:
ILONA KOMANCILL, DRY CLEANING INICHARGE FLAG-CREW
Responsible Official Mailing Address: Organization/Firm: CAURCH OF SUENTOLOGY, FLAG CLEW Street Address: TOB CLEVELAND STREET City: CLEAR WATER County: PINCLAS Zip Code: 33707
Responsible Official Telephone Number: Telephone: (313) 442 - 4791 Fax: (813) 445 - 4394
Facility Contact (If different from Responsible Official)
Name and Title of Facility Contact (For example, plant manager):
SAME AS ABOVE
0. Facility Contact Address:
Street Address: Same as The responsible official
City: County: Zip Code:
11. Facility Contact Telephone Number: Telephone: (813) 442- 4791 Fax: (813) 445- 439 RECEI
FEB 1 7

Bureau of Air Monitoring & Mobile Sources

1030418 Spoke to Ilona Komoncsils and she stated that she is the ferson in charge of the facility.

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
Type of Machine	,,,	Initially	Device	,	Initially Purchased	Device	1,5	Initially Purchased	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
	#1	21 MAY 9	7 21-MAY	97				_	_
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber	<u> </u>			1					
(3) w/ no controls			1.						
Washer Unit								•	
(4) w/ ref. condenser	 			Τ			\Box	Τ	
(5) w/ carbon adsorber									
(6) w/ no controls	\vdash	· ·	1						
Dryer Unit		,			٠.	· .		•	
(7) w/ ref. condenser	$\overline{}$				T	- T		1	T
(8) w/ carbon adsorber	1						 		
(9) w/ no controls	1			\top	1	—	_	1	
Reclaimer Unit	1:			٠.	· · ·				
(10) w/ ref. condenser	\vdash			T .	T	Т	\top	1	
(11) w/carbon adsorber	┼──	 	- · ·	+	· ·		+-	1	
(12) w/ no controls	├─	 	-	+-			+	-	
(b) Control devices are (c) No control devices 2.(a) What was the total (b) If less than 12 more Check why it is less	quan quan gall	required to b tity of perch lons how many?	ne installed [uloroethylene	(perd) purchased				 :]
3. What is the facility's s (Indicate with an "X". Existing small a Existing large a	Sele area s	ect one class	ification only	/.) New s	finitions fou small area so large area so	ource [1 (3) o	f Part II?	
Existing large a	ica s	ource [_ '	NEW	arke area so	urce .			

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

Surrender of Existing Air Permit(s)

I, the unde this notific statements maintain t	• • • • • • • • • • • • • • • • • • • •	specifically, permit number(s) ration of the facility indicated in ial Certification		
this notific statements maintain t	this notification form. Responsible Official dersigned, am the responsible official, as defi	ial Certification		
this notific statements maintain t	ersigned, am the responsible official, as defi			
this notific statements maintain t	• • • • • • • • • • • • • • • • • • • •			
comply wi	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. 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, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to			
comply with all terms and conditions of this general permit as set forth in Part II of this notification form. I will promptly notify the Department of any changes to the information contained in this notification.				
Signature	Abrea Uromonens	21/12/1307		

Department of Environmental
Proketion
Tunk Towers Office Building
2600 Blair Stone Road
Tallahassee, FL, 32399-2400

ZIP		NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
	BUSINESS REPLY MAIL	
	FIRST CLASS PERMIT NO. 004509 TAMPA, FL	
	POSTAGE WILL BE PAID BY ADDRESSEE	

FLAG® CREW P.O. Box 31751

CHURCH OF SCIENTOLOGY®

Tampa FL 33633-0066

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION					
AIRS ID#: 1030418 001 DATE: 11 / 0/98 TIME IN: 10152 TIME OUT: 11:15					
FACILITY NAME: Church of Scientology					
FACILITY LOCATION: 551 North Saturn Ave.					
	Clearwater, FL, 33756				
RESPONSIBLE OFFICIAL: Ilona Komansik France: 4, 813442-4791					
Permit No. 1030418-001-AG Exp. Date: 03/19/2003 & Control of the c					

- Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance <u>discrepancies</u> were noted (only items which are checked):

Inspection Summary Report Guidance

	Compliance Descripement/Duchlem	Follow up Action Dogwinsd
	Compliance Requirement/Problem	Follow-up Action Required
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
¥	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

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	Compliance Requirement/Problem	Follow-up Action Required				
	Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.				
	No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions				
	Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.				
	Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.				
	The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.				
	Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.				
	Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.				
	Containers for perchloroethylene and/or perchloroethylen-containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.				
	Comments: Please fax purchas receipts to 464-4420					
	If the Inspection Summary Report indicates follow-up actions are required, you must take immediate corrective measures to achieve compliance. Pinellas County will perform a follow-up inspection to determine that proper corrective actions have been taken.					
	Inspection Conducted by: Margaret Henni	S				
	Inspector's Signature: Manyaret	U. Hannes				
	Phone Number: 464-4422					

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION COMPLAIN 1/DISCOVERY	
AIRS ID#: 1030418 001 FACILITY NAME: Church of Scientology FACILITY LOCATION: Clearwater, FL, 33756	
RESPONSIBLE OFFICIAL:Ilona Komansik PHONE:813-442-4 CONTACT: Zlona Komansik PHONE:	
CONTACT: PHONE:	·
PART I: NOTIFICATION	
(Check appropriate box)	
1. Existing facility notified DARM By 9/1/96	
2. New facility notified DARM 30 days prior to startup	<u>U</u> -
3. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (Check appropriate box) No notification form Drop store / out of business / petroleum	·
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed before 12/9/91) 2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (Constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed before 12/9/91) 4. New large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (Constructed on or after 12/9/91)	
This is a correct facility classification: If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dr facility was gallons.	y 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?				
2. Examining the containers for leakage?	ŪΥ	ΠN	□NA	
3. Closing and securing machine doors except during loading/unloading?	Q-Y	ΠN		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□ Y	ΠN	□NA	
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Y	N	□ MA	
DADELIA DO CONCO VENE CONTROL C			· · · · · · · · · · · · · · · · · · ·	
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)			denser .	
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.)			denser	
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:			
1. Equipped all machines with the appropriate vent controls?	ĽΎΥ	ΠN		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ĽΥ	ΠN	□NA	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□ / Ý	ΠN	□NA	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	⊈Y	□N		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	₫Y	ΠN	□NA	
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	₫Y	ΠN		

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 condense 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? Is the temperature differential equal to or greater than 20°F?	NA QN QNA
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ONA OY ON ONA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perconcentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	□y □n
2. Maintained rolling monthly averages of perc consumption?	Ory On
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	⊡YY □n □na
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	⊡Ý □N □NA
4. Maintained calibration data? (for direct reading instrument only)	□y □n □na
5. Maintained exhaust duct monitoring data on perc concentrations?	□y □n ≌ńa
6. Maintained startup/shutdown/malfunction plan?	ŪŶ □N
7. Maintained deviation reports?	QDY ON ONA
Problem corrected?	□y □n ©ma
8. Maintained compliance plan, if applicable?	DY ON OMA

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official coinspection?	onduct a we	ekly (for sm	nall sources, bi-weekly) leak	detecti	•
2.	Has the facility maintained a le	eak log?			W Ý	ПЙ
3.	Does the responsible official c	heck the fol	lowing areas	s for leaks:		
	Hose connections, fitting couplings, and valves	ØY On	I □NA	Muck cookers	ØΎ	□n □na
	Door gaskets and seating	ØY ON	I □NA	Stills	ΩÝ	□n □na
	Filter gaskets and seating	YY UN	I 🗆 NA	Exhaust dampers	ΩY	On Ona
	Pumps		I □NA	Diverter valves	Y Y	□n □na
	Solvent tanks and containers	ØY □N	I □NA	Cartridge Filter housing	ŪΎ	□n □na
	Water separators	DY ON	I □NA			
4.	Which method of detection is Visual examination Physical detection Odor (noticeable pouse of direct-reading Halogen leak detection) If using direct-reading instructions	n (condensed (airflow felt erc odor) ng instrume etor	d solvent of t through gas ntation (FID	exterior surfaces) skets) O/PID/calorimetric tubes)		
			-	in a range of 0-500 ppm.		□y □n·
	b. Calibrated against a stan			•		□y □n
	c. Inspected for leaks and c					□y □n
	d. Kept in a clean and seco					□y □n
	e. Verified for accuracy by	use of dupl	icate sample:	s (calorimetric only)?		□Y □N
	Inspector's Name (Please Print) Marcaret V. Humin November 10, 1998 Date of Inspection Il/1/99 Inspector's Signature Approximate Date of Next Inspection					
	Inspector's Signature			Approximate Date	of Nex	t Inspection

ADDITIONAL SITE INFORMATION:
Grilly maritains vardose receipt at another location Will fax purchase receipts and begin mantaining receipt, on Sile,
Forced receipts to An Quality on Normbe 13, 1998.
Compliance W/O enforcement.
· ·
· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·

IRS ID#: 10304/8

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Chu	irch of Sciento.	logy	DATE:	Lo/4/98
FACILITY NAME:	551 North	Sahren Avr.	737-	
Annual Reporting Period:	·		•	19 98
Annual Reporting Period:	·	193410	w =	19_/0
Based on each term or condition of 62-213.300, Florida Administrative			· —	EP Rule UNO
If NO, complete the following:				
#1. Term or condition of the gene J didu!	I have the grisch	on receipts at	The Plant.	
Exact period of non-compliance:	from 7 ud o	JEbnon 98 1	o 10 Novemb	ir 98
Action(s) taken to achieve compli	ance: J'Up	et comes from	The Purchase Dep	1 and fox it
Method used to demonstrate comp	oliance: The	going to get dy	o 10 Novembro The Purchase Dep plante comes	from the Co
#2. Term or condition of the gene	eral permit that has not bee	n in continuous complianc	e during the reporting perio	od stated above:
Exact period of non-compliance:	from	to_		
Action(s) taken to achieve compli-	ance:			
Method used to demonstrate comp	oliance:	·		
As the responsible official, I herel nade in this notification are true, upon rolling averages of purchase vear for transfer or combination f	accurate and complete. F receipts, does not exceed	urther, my annual consum	ption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	ILONA KOHAN		Thomas	lo Nov H
	Name (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 liscretion of the responsible official to use this form.

Page 1 of 1.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON D	_
FACILITY NAME: Church of S FACILITY LOCATION: 551	Cientology-Hacienda Gardens Dry N. Saturn Ave.	. Cleanine
CONTACT NAME: Tlona Koman	d Baner PHONE: 442-4791 10 (SIK PHONE: 442-4791	
PART I: NOTIFICATION P. O. BOX 3/ (check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per		ani janin
PART II: CLASSIFICATION		
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum	
Facility indicated on notification form that it is: (check appropriate box)		
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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 both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge	□ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 $12/9/91$) □ Y □ N □ Can not determine	

	PART III: GENERAL CONTROL REQUIREMENTS	
	Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
og	1. Storing perchloroethylene in tightly scaled and impervious containers? It haste Drum (2) back of machine of love lid. Penc odor detected 2. Examining the containers for leakage?	OY ON ON/A
	3. Closing and securing machine doors except during loading/unloading?	DY ON
	4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
	5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refrige (complete A below).	rated condenser
ļ	. If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
	If classification 4 has been checked, the machine should be equipped with a refrige (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?	Cry Cin
	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	TY ON ON/A
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? When door is a pined a door far comes into openation and pulls air to combon feed - Hickor Canbon is to be replaced monthly. 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated of the condense of the outlet exhaust stream of a refrigerated of the condense of the outlet exhaust stream of a refrigerated of the condense of the outlet exhaust stream of a refrigerated of the condense of the outlet exhaust stream of a refrigerated of the condense of the outlet exhaust stream of a refrigerated of the condense of the outlet exhaust stream of a refrigerated of the outlet exhaust stream o	DY 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 OX
	5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? (No temperature Server)	AVID HE YO
	6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY OX

				_
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	œN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПП	©N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	©N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N	©N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	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?	OY	ПП	Dant/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	1917/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	ПN	A/ME

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official:	_	
(check appropriate boxes)		
1. Maintained receipts for perc purchased? (Recepts are currently light	OY BY	
1. Maintained receipts for perc purchased? Receipts are currently light 2. Maintained rolling monthly averages of perc consumption?	OY ON	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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 ON/A	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON GN/A	
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON GM7A	
6. Maintained startup/shutdown/malfunction plan?		
7. Maintained deviation reports?	A/NO KEO YO	
7. Maintained deviation reports? Problem corrected? Canmot de termine it problem exists— 8. Maintained compliance plan if applicable?	OY ON PM/A	
8. Maintained compliance plan, if applicable?	OY ON PM/A	

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			OY ON	
2.	Has the facility maintained a leak log	?		DY DY	
3.	Does the responsible official check th	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	⊕y □n □n/a	Muck cookers		/A
	Door gaskets and seating	CTY ON ON/A	Stills	DY ON ON	/A
	Filter gaskets and seating	EY ON ON/A	Exhaust dampers	OY ON ON	/A
	Pumps	©Y □N □N/A	Diverter valves	DÝ ON ON	/A
	Solvent tanks and containers	⊕y on on/a	Cartridge filter housings	DY ON ON	/A
	Water separators	ÐY □N □N/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed solvent on exterior surfaces)				
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
	If using direct-reading ins	trumentation, is the equi	pment:	□N/A	
	a. Capable of detectin	g perc vapor concentration	s in a range of 0-500 ppm?	DY DN	
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN	
	d. Kept in a clean and	secure area when not in u	se?	□Y □N	
	e. Verified for accurac	cy by use of duplicate samp	oles (calorimetric only)?	OY ON	
				". "	

Margarek V. Hennis
Inspector's Name (Please Print)

Margarek V. Hennis
Date of Inspection

Margarek V. Hennis
Inspector's Signature

December 8, 1997
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine:

Realstar T-35 fresca - 28 lbs (Boggs eg niprentle)

Installation Date = ~ 2/97-6/97

Startup Date = Cipprox. I month ago.

Operation is to Serve members of Church of Screntology.

Flant is located in an Apartment Complex @ Harrienda

Located.

Stean is provided by 150 HP Boiler fired on Not. gas.
Other contact person is Davin Thompson.
Waste water- Jan Sepaneter water is
disposed of as varyundens varie, Guldren was
clot tightly sealed.

TYPE OF INSPECTION: ANNUAL □	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:30 TIME (OUT: 12:30 AIRS ID#
TYPE OF FACILITY: Perchloroethyle	ene Dry Cleaner
FACILITY NAME: Hacienda Gard	dens Dry Cleaning (Scientology) DATE: 11/10/1997
FACILITY LOCATION: 551 North Satu	ırn Ave., Clearwater, FL
RESPONSIBLE OFFICIAL: Mr. Gerhard B	auer PHONE NUMBER: 813-442-4791
to be in compliance with DEP Rule 62-213	uirements evaluated during this inspection, the facility is found 8.300, Florida Administrative Code (F.A.C.). uirements evaluated during this inspection, the following FOLLOW-UP ACTION REQUIRED
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.
Did not have recordkeeping associated with the start-up, shutdown, malfunction (SSM) plan in place, and on-site.	Develop and maintain a log of maintenance actions
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
	ly certified and submitted to the inspector. Yes No Quency 1997 (Approximate) L. Hennis (Please Print) PHONE NUMBER: 8/3 - 464-4422

Page / of 2

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HACIENDA.DOC

TYPE OF INSPECTION: ANNUAL	COMPLAINT DIS	COVERY &	RE-INSPECTION
TÍME IN: 10:30 TIME	OUT: 12:30	AIRS	S ID#
TYPE OF FACILITY: Perchloroethyl	ene Dry Cleaner		
FACILITY NAME: Hacienda Gar	dens Dry Cleanii	ng (Scientology)	DATE: 11/10/1997
FACILITY LOCATION: 551 North Sat	urn Ave., Clearw	ater, FL	
RESPONSIBLE OFFICIAL: Mr. Gerhard I	Bauer	PHONE NUM	BER: 813-442-4791
 □ Based of the results of the compliance recompliance with DEP Rule 62-21 □ Based on the results of the compliance recompliance discrepancies were noted: 	3.300, Florida Adm	inistrative Code (F	.A.C.).
Did not maintain a log of leak detection inspection and repair records.		Maintain a log of le	tion inspection and ak detection
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	and record the ou	tlet temperature on sured at the end of	g program. Measure a weekly basis. The the drying cycle, must
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	appropriate coold	erature monitoring lown period and aft completely charged	er verifying that the
Source has not submitted an air general permit notification form to DEP.	Facility Notificat	ion to the Title V C	ethylene Dry Cleaning General Permitting Conmental Protection.
			<u>-</u>
The Annual Compliance Certification form has been proper DATE OF NEXT INSPECTION: De cember	8,1997	(nnewimate)	Yes□ No ⊡-
INSPECTION CONDUCTED BY: Margare INSPECTOR'S SIGNATURE: Margarel V. 4	L V. Hennis	Please Print)	
INSPECTOR'S SIGNATURE: Wargarek V. &	ennis PHO	NE NUMBER: <u>P/</u>	3-464-4422

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Revised 10/96

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY PRE-INSPECTION D				
TIME IN: 10:30 TIME	OUT: 12:30 AIRS ID# 1030418				
TYPE OF FACILITY: Perchloroethyle	ene Dry Cleaner				
FACILITY NAME: Hacienda Gar	dens Dry Cleaning (Scientology) DATE: 11/10/1997				
FACILITY LOCATION: 551 North Satu	urn Ave., Clearwater, FL				
RESPONSIBLE OFFICIAL: Mr. Gerhard E	Bauer PHONE NUMBER: 813-442-4791				
Based of the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED					
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.				
Monthly purchase records were not maintained as a twelve month rolling average.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a twelve month rolling average.				
Did not have recordkeeping associated with the start-up, shutdown, malfunction (SSM) plan in place, and on-site.	Develop and maintain a log of maintenance actions				
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.				
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.				
NSPECTION CONDUCTED BY: Margare NSPECTOR'S SIGNATURE: Hagare	(Approximate) (Approximate) (Approximate) (Please Print) (Please Print)				
	Page _/ of _2 Revised 10/96				

Did not maintain a log of leak detection inspection and repair records. Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged. Source has not submitted an air general permit notification form to DEP. Develop and implement a leak detection inspection and repair records. Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F. Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged. Source has not submitted an air general permit notification form to DEP. Complete and submit the Perchloroethylene Dry Cleaning Facility Notification to the Title V General Permitting Office of the Florida Dept. Of Environmental Protection.	TYPE OF INSPECTION:	ANNUAL 🗆	COMPLAINTOISCO	OVERY E	RE-INSPECTION				
FACILITY NAME: Hacienda Gardens Dry Cleaning (Scientology) DATE: 11/10/1997 FACILITY LOCATION: 551 North Saturn Ave., Clearwater, FL RESPONSIBLE OFFICIAL: Mr. Gerhard Bauer PHONE NUMBER: 813-442-4791 Based of the results of the compliance requirements evaluated during this inspection, the facility is four to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: Did not maintain a log of leak detection inspection and repair records. Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F. Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant was completely charged. Source has not submitted an air general permit notification form to DEP. Complete and submit the Perchloroethylene Dry Cleaning Facility Notification to the Title V General Permitting Office of the Florida Dept. Of Environmental Protection. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes \(\sqrt{No} \) No \(\sqrt{No} \) ATE OF NEXT INSPECTION:	TIME IN: 10:30	TIME	OUT: 12:30	AIRS	SID# 10 3 04 18				
FACILITY LOCATION: 551 North Saturn Ave., Clearwater, FL RESPONSIBLE OFFICIAL: Mr. Gerhard Bauer PHONE NUMBER: 813-442-4791 Based of the results of the compliance requirements evaluated during this inspection, the facility is four to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: Did not maintain a log of leak detection inspection and repair records. Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged. Source has not submitted an air general permit notification form to DEP. Complete and submit the Perchloroethylene Dry Cleaning Facility Notification to the Title V General Permitting Office of the Florida Dept. Of Environmental Protection. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No DATE OF NEXT INSPECTION: Alternational Date of the Gerald Bauer Phone	TYPE OF FACILITY:	Perchloroethyle	ene Dry Cleaner						
Based of the results of the compliance requirements evaluated during this inspection, the facility is four to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: Did not maintain a log of leak detection inspection and repair records. Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged. Source has not submitted an air general permit notification form to DEP. The Annual Compliance Certification form has been properly certified and submitted to the inspector. PHONE NUMBER: 813-442-4791 Devalog Administrative Code (F.A.C.). Develog Administrative Code (F.A.C.). Develop and implement a leak detection inspection and repair records. Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged. Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged. Complete and submit the Perchloroethylene Dry Cleaning Facility Notification to the Title V General Permitting Office of the Florida Dept. Of Environmental Protection.	FACILITY NAME:	Hacienda Gard	dens Dry Cleaning	(Scientology)	DATE: 11/10/1997				
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repair program. Maintain a log of leak detection inspection and repair records. Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis. Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged. Source has not submitted an air general permit notification form to DEP. Complete and submit the Perchloroethylene Dry Cleaning Facility Notification to the Title V General Permitting Office of the Florida Dept. Of Environmental Protection. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes No Department of leak detection inspection and repair records. Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F. Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged. Complete and submit the Perchloroethylene Dry Cleaning Facility Notification to the Title V General Permitting Office of the Florida Dept. Of Environmental Protection.	to be in compliance Based on the results	with DEP Rule 62-213 of the compliance req	3.300, Florida Admin	istrative Code (F	.A.C.).				
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notification form to DEP. Facility Notification to the Title V General Permitting Office of the Florida Dept. Of Environmental Protection. The Annual Compliance Certification form has been properly certified and submitted to the inspector. Yes □ No □ DATE OF NEXT INSPECTION: ② Lember 8, 1997	after an appropriate cooldo verifying that the coolant v	own period and after	appropriate cooldov	wn period and aft	er verifying that the				
DATE OF NEXT INSPECTION: December 8, 1997 (Approximate)		an air general permit	Facility Notification	n to the Title V C	General Permitting				
DATE OF NEXT INSPECTION: December 8, 1997 (Approximate)			·	·					
DATE OF NEXT INSPECTION: December 8, 1997 (Approximate)									
INSPECTOR'S SIGNATURE: Whilearch V. Xtanias PHONE NUMBER 7/3-4/64-4422	DATE OF NEXT INSPECTION	DN: <u>De cember</u>	8,1997	roximate)					

Page <u>2</u> of <u>2</u>

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION DATE: III/O/O7 TIME IN: 10/30 TIME OUT: 12/30 FACILITY NAME: Church of Scientology - Havienda - Gardens Dry FACILITY LOCATION: 55/ N. Salma Are. Clear Nature File RESPONSIBLE OFFICIAL: Grave Bane PHONE: 442 - 4791 (813) CONTACT NAME: Ilona Koman is K PHONE: 442 - 4791 (813) CONTACT NAME: Ilona Koman is K PHONE: 442 - 4791 (813) CONTACT NAME: Ilona Koman is K PHONE: 442 - 4791 (813) PART I: NOTIFICATION Po. Box 3/15/ Jampe Files 3/233 - 0000 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: 12	COMPLIA	MCE MSF.	ECTION	TIECKLISI			
AIRS ID#: DATE:	TYPE OF INSPECTION: ANNUAL	٠		COMPLAINT	DISCOVERY	<u> </u>	
FACILITY NAME: Church of Scientology, Hadienda Bardens Dry Hearing FACILITY LOCATION: 551 N Salam Apr. Clearwater Fi RESPONSIBLE OFFICIAL: Gerhard Daner PHONE: 442-4791 (813) CONTACT NAME: Ilona Koman (Sik PHONE: 442-4791 (813) PART I: NOTIFICATION P. G. Box 3/751 Tampe Fit 3333-0066 (check appropriate box) 1. New facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on ontification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: PART II: CLASSIFICATION A. 1. Existing small area source PART II: PART II: CLASSIFICATION A. 1. Existing small area source PART II: PART	RE-INSP	ECTION					
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FACILITY NAME: Church of Scientology Hasienda Gardens Dry Paring FACILITY LOCATION: 551 N. Sahm Aye. Clearwater Fi RESPONSIBLE OFFICIAL: Gerhard Daner PHONE: 442-479 (813) CONTACT NAME: Ilona Koman (Sik PHONE: 442-479 (813) PART I: NOTIFICATION Po Box 3/751 Tampe Ft 33633-0066 (check appropriate box) 1. New facility indicated on notification form that it is: PART II: CLASSIFICATION Facility indicated on notification form that it is: Drop store/out of business/petroleum A. 1. Existing small area source dry-to-dry only, x < 140 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gallyr transfer only, 200 < x ≤ 1,800 gallyr transfer only, 200 < x ≤ 1,800 gallyr to thypes, 140 ≤ x ≤ 1,800 gallyr to thy	AIRS ID#: 403.04 () DATE: //	110/07	TIME	in: <i>10:30</i>	TIME OUT:	12:30	
RESPONSIBLE OFFICIAL: Grader Baner PHONE: 442 - 4791 (813) CONTACT NAME: Nona Koman csik PHONE: 442 - 4791 (813) CONTACT NAME: Nona Craw Organization, Church of Service Organization Organiza	FACILITY NAME: Church of	Scie	wt010	zy-Hacier	da Gara	dens Dry.	Cleaning
RESPONSIBLE OFFICIAL: Grhand Baner PHONE: 442 - 4791 (813) CONTACT NAME: Ilona Koman csik PHONE: 442 - 4791 (813) CONTACT NAME: Ilona Koman csik PHONE: 442 - 4791 (813) PART I: NOTIFICATION Po. Box 3/75 Tampe Fl 33033 - 0066 (check appropriate box) 1. New facility indicated to notify DARM to use general permit PART II: CLASSIFICATION PA	FACILITY LOCATION: 55/	\mathcal{N} , o	Jatun	AVC.			Ø
CONTACT NAME:	Clea	water	FL	-		ļ	
Check appropriate box New facility notified DARM 30 days prior to startup	RESPONSIBLE OFFICIAL: Gerh	and I	Baner	_ PHONE:	42-479	7 (8/3)	
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION	CONTACT NAME: Jona Kon	nan (S	i K	_ PHONE:	142-479	1 (813)	
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(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION	PART I: NOTIFICATION P.O. BOX	3175	1 Ta	impa FL	33633-0	0066	
2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) □ Drop store/out of business/petroleum A. 1. Existing small area source □ 2. New small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification □Y □N □Can not determine If no, please check the appropriate classification: □ facility qualified for a general permit as number above □ facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning							1
FART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source □ 2. New small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 140 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification □Y □N □Can not determine If no, please check the appropriate classification: □ facility qualified for a general permit as number above □ facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	1. New facility notified DARM 30 days prior	to startup					
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	2. Facility failed to notify DARM to use gene	eral permit	4			· Q.	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source		,					!
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	PART II: CLASSIFICATION				,		
(check appropriate box) 1. Existing small area source		is in		E-No potificat	ion form		
1. Existing small area source	(check appropriate box)	11.18:				etroleum	
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(constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source □ 4. New large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Y □N □Can not determine If no, please check the appropriate classification: □ facility qualified for a general permit as number above □ facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning			• •	~ .			
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dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Y □N □Can not determine If no, please check the appropriate classification: □ facility qualified for a general permit as number above □ facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	(constructed before 12/9/91)	(CO1	ish acted of	101 antel 12/5/51)			
transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$) (constructed on or after $12/9/91$) 5. This is a correct facility classification \Box Y \Box N \Box Can not determine If no, please check the appropriate classification: \Box facility qualified for a general permit as number above \Box facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning							
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(constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification							
5. This is a correct facility classification							
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	(50154 45154 551516 12/5/51)	(001	1511 40104 01	01 41101 12/3/31)			
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B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning	☐ facility qualified for	or a general	permit as n				75
	facility exceeds about	ove limits ar	nd is not eli	gible for a genera	l permit		,
∤							

1	DARTHI, CENERAL CONTROL PROHIPPMENTS				
l	PART III: GENERAL CONTROL REQUIREMENTS				
	Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,			
og	1. Storing perchloroethylene in tightly scaled and impervious containers? I waste Dram a back of machine w/ love lid. Perc odor detected 2. Examining the containers for leakage?	OY ON ON/A OY ON ON/A			
	3. Closing and securing machine doors except during loading/unloading?	⊕Y □N			
	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
	5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A			
ı					
	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?	מם צים			
	2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ONA			
	3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? When door no paned a gioon fan comes into openation and pulls air to combon ged - Hihror. Carbon is to be replaced monthly. 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated	TY ON ON/A			
	4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated from condenser on a weekly/bi-weekly basis?	OY OX			
	5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? (No temperature Services)	OY ON ON/A			
	6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON			

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?	□Y.	ΘN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	©M/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	ŒN/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,			7 0.744
	if machines are equipped with a carbon adsorber?	ЦΥ	ЦN	©N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ΠИ	₽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?	ΩY	ПN	⊕ ₹/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	⊡N [†] /A

PART V: RECORDKEEPING REQUIREMENT

Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased? (Receipts are currently kyster) 2. Maintained rolling monthly averages of perc consumption?	DY BM
2. Maintained rolling monthly averages of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	□Y ⊡N □N/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 OM ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN7A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON ON/A
7. Maintained deviation reports? Problem corrected? Carmot de termine if problem exists— Naintained compliance plan if any line block.	OY ON PM/A
8. Maintained compliance plan, if applicable?	OY ON ₽₹V/A

PA	ART VI: LEAK DETECTION AND	REPAIRS .			
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			OY ON	
2.	Has the facility maintained a leak log?			DY DN	
3.	Does the responsible official check the	following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	CTY ON ON/A	
	Door gaskets and seating	BY ON ON/A	Stills	⊕Y □N □N/A	
	Filter gaskets and seating	⊖Y □N □N/A	Exhaust dampers	⊕Y □N □N/A	
	Pumps	OY ON ON/A	Diverter valves	⊠Ý □N □N/A	
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	ÐY □N □N/A			
4.	Which method of detection is used by	the responsible official?			
Visual examination (condensed solvent on exterior surfaces)			-		
	Physical detection (airflow felt through gaskets)			9	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				□N/A	
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	□Y □N	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON	
	c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean and s	secure area when not in t	ıse?	□Y □N	
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	□Y □N	
_				·	
	Margaret V. Hennis		- Roveneber	10,1997	
	Inspector's Name (Please Pri	nt)	Date of Inspe	ction	

Revised 8/11/97

December 8, 1997
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Machine:

Realstar T-35 fresca - 28 lbs (Boggs eg niprentle)

Installation Date = ~ \$197-6/97

Startup Date = Copprox. I month ago.

Operation to to serve members of Church of Screitology. Flant is located in an Apartment Complex @ Harrienda Leardens.

Stear is provided by 150 HP Boiler fined on Not. gas.

Other contact person is Davin Thompson.

Wante water - fran Sepaneter water is disposed of as varyandens varile, Guldren was cost tightby sealed.

All

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			churchot	Sciental	097)
FACILITY NAME:	Haciendo	a Dry C	leaning		DATE: 24 00
FACILITY LOCATION:	551	N. Satu	rn Ave.		
	Clear	water, F	L 33756		
Annual Reporting Period:	November	10	1998 TO _	Februa	vy 4 2000
Based on each term or conditi 62-213.300, Florida Administ	_	-			
If NO, complete the following	;:				
#1. Term or condition of the	general permit that l	has not been in co	ntinuous complianc	e during the report	ing period stated above:
Exact period of non-complian	ce: from			to	
Action(s) taken to achieve cor	npliance:		•		
Method used to demonstrate c	ompliance:		·	· 	·
#2. Term or condition of the	general permit that l	has not been in co	ntinuous complianc	e during the report	ing period stated above:
Exact period of non-complian	ce: from		t	0	
Action(s) taken to achieve cor	npliance:				
Method used to demonstrate c	ompliance:				
As the responsible official, I h in this notification are true, ac purchase receipts, does not ex combination facilities. RESPONSIBLE OFFICIAL	ocurate and complet ceeed 2,100 gallons	te. Further, my ai per year for dry-t	nual consumption o	of perchloroethyler	ne solvent, based upon
,	Name (F	Please Print)	7/	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.

Page __/_ of __/_.

MAR 1 3 2000

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

-	TYPE OF INSPECTION: ANNUAL 🛛 COMI	PLAINT/DISCOVERY RE-INSPECTION
	RESPONSIBLE OFFICIAL: Permit No. Based of the results of the compliance require compliance with DEP Rule 62-213.300, Floridadiscrepancies were noted (only items which as Inspection Summ	ements evaluated during this inspection, the facility is found to be in ida Administrative Code (F.A.C.). The ements evaluated during this inspection, the following compliance are checked): The emany Report Guidance
	Compliance Requirement/Problem	Follow-up Action Required
	Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
	Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
	Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
	Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
	Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
	Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
	Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 hours of detection, unless repair equipment must be ordered.
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
Comments:	
,	
If the Inspection Summary Report indicates follow-up action achieve compliance. Pinellas County will perform a follow-taken.	s are required, you must take immediate corrective measures to up inspection to determine that proper corrective actions have been
The Annual Compliance Certification form has been properly	y certified and submitted to the inspector. Yes \(\Pi\) No \(\Pi\)
Inspection Conducted by: Mangaret	Henni (Flease Prim)
Inspection Conducted by: Mangaret Inspector's Signature: Mayaret	Hennes
	Date of next Inspection: (Approximate)

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	1
AIRS ID#: 1030418 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIA	Hacienda 551 N. Sta	TIME IN: 11:20 TIME CO Dry Cleaning ern Ave. FC 33756 mpson ansile PHONE:	·
CONTACT:	-	PHONE: —	
PART I: NOTIFICATION	1	· · · · · · · · · · · · · · · · · · ·	
(Check appropriate box)			
1. Existing facility notified	DARM By 9/1/96 -		4
2. New facility notified DA	.RM 30 days prior to start	tup	
3. Facility failed to notify I	OARM to use general peri	mit	
PART II: CLASSIFICAT	ION	-	
Facility indicated on notific (Check appropriate box)	ation form that it is:	No notification form Drop store / out of business / p	etroleum
A. 1. Existing small area dry-to-dry only, x<14 transfer only, x<200 both types, x<140 ga (Constructed before)	source 40 gal/yr gal/yr gal/yr I/yr 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 dry-to-dry only, 140-transfer only, 200 < x both types, 140 < x < 1 (Constructed before	source	4. New large area source dry-to-dry only, 140 < x < 2,100 transfer only, 200 < x < 1,800 gaboth types, 140 < x < 1,800 gal/(Constructed on or after 12/9)	gal/yr al/yr yr 91)
This is a correct facility class	ssification:	□N □ Can not determine	
facility qualified	appropriate classification for a general permit as nu above limits and is not eli		·
B. The total quantity of perfacility was		rchased within the preceding 12 months	by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	ŪΥ	\square N	□ NA			
2. Examining the containers for leakage?	ŪÝ	ΠN	□ NA			
3. Closing and securing machine doors except during loading/unloading?	Y Y	ΩN				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y Y	ПΝ	□NA			
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ПΥ	ΠN	U MA			
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification (1) has been checked, no controls are required. Proceed to Par	rt 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 (complete A and B below.)	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?	YY	ΠN				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?		Y	□N□NA			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	<u>P</u> Ý	ПN	□NA			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΞÝ	ΠN				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	⊕ Y	ΠN	□NA			
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	Q Y	ΠN				

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?	DY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20°F?	□Y □N □NA □Y □N □NA
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? Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
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 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Y □N □NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □NA
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □NA
PA	ART V: RECORDKEEPING REQUIREMENTS	
H (c	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	□y □N
2.	Maintained rolling monthly averages of perc consumption?	Oy On
3.	Maintained leak detection inspection and repair reports for the following:	-1 -11
	Maintained leak detection hispection and repair reports for the following.	
	a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ONA
		OY ON ONA
4.	a. documentation of leaks repaired w/in 24 hrs? or;	
4.	 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 instrument only) 	DY ON ONA
5.	 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 instrument only) 	OY ON ONA
5. 6.	 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 instrument only) Maintained exhaust duct monitoring data on perc concentrations? 	OY ON ONA OY ON ONA
5. 6.	 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 instrument only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY ON ONA OY ON ONA OY ON ONA

PA	RT VI: LEAK DETECTION	N ANI	REP	AIRS			
1.	Does the responsible official coinspection?	onduct	a wee	kly (for sm	all sources bi-weekly) leak	detecti	ion and repair
2.	Has the facility maintained a le	ak log	?			YY.	ŪΝ
3.	Does the responsible official cl	heck th	e follo	owing areas	s for leaks:		
	Hose connections, fitting couplings, and valves	⊒ Ý	□N	□na	Muck cookers	<u>O</u> y	□n □na
	Door gaskets and seating	ØY	ΠN	□NA	Stills	TY	□n □na
	Filter gaskets and seating	⊎Y	\square_N	\square_{NA}	Exhaust dampers	ΘY	□n □na
	Pumps	⊠Y	□N	□NA	Diverter valves	\exists_{Y}	□n □na
	Solvent tanks and containers	₽Ý	\Box_{N}	□NA	Cartridge Filter housing	P Y	ON ONA
	Water separators	₽́Y	ΠN	\square_{NA}			
4.	Visual examination Physical detection Odor (noticeable p	n (cond (airfloverc odd erc odd ng inst	lensed w felt (or) rumen	solvent of through gas	exterior surfaces) skets) //PID/calorimetric tubes)		
	a Capable of detecting pe	rc vapo	or con	centrations	in a range of 0-500 ppm.		□y □n
	b. Calibrated against a stan	dard g	as prio	or to and aft	er each use(PID/FID only).		□Y □N
	c. Inspected for leaks and o	obvious	s signs	of wear on	a weekly basis?		□y □n
	d. Kept in a clean and second	are are	a whei	n not in use	·.		□Y □N
-	e. Verified for accuracy by	use of	duplic	cate sample	s (calorimetric only)?		□Y □N
	Inspector's Name (Please Pri	lenn nt)	ois viis		J/0/ Date of Inc		n xt Inspection

ADDITIONAL SITE INFORMATION:
RO (Mr. Komasek is no longer there) He stated he would provide that de tail finformation when he submits. The gunneal fermet Fee to BAMMS.
RO (Ms. Komasek Vs us longer there) He stated he would
provide that de tail finformation when he submits.
the annual sermet see to BAMMS.
· · · · · · · · · · · · · · · · · · ·

TITLE V AIR QUALITY AIR GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INS	SPECTION:	ANNUAL	☐ COMPLAINT	T/DISCOVERY	RE-INS	PECTION	
AIRS ID#:	1030418	DATE	E: <u>8/16/00</u>	TIME IN: 10);20 _{0.5} TIME	OUT: 11:	<u>റ5ം</u>
FACILITY 1	NAME:	_Church_c	of Scientology		· 		
FACILITY 1	LOCATION:	551 North Sa	aturn Ave.				
		Clearwater, I	FL, 33756				
RESPONSIB	LE OFFICIAL:	Ilona Kom	ansik	P	hone No.:(7	27) 442-4791	
	Permit No.	_1030418-001	L-AG	Exp. Date:	2/12/2002		
			liance requirements e			icility is found to	o be in
		_	oliance requirements e items which are check		s inspection, the fo	ollowing compli	iance

Inspection Summary Report Guidance

Compliance Requirement/Problem	Follow-up Action Required
Did not have a start-up, shutdown, malfunction (SSM) plan in place, along with associated recordkeeping, on site.	If no specific procedures are available from the manufacturer, develop a SSM plan that describes procedures for maintaining and operating equipment during periods of start-up and shutdown associated with a malfunction. EPA's O&M manual may be used if no manufacturers information is available. Keep log of maintenance actions
Purchase receipts were not maintained properly.	Maintain all purchase receipts in a log kept on-site for determination of perchloroethylene solvent consumption.
Monthly purchase records were not maintained as a consecutive twelve month total.	Develop and implement a recordkeeping procedure that maintains monthly purchases (perc) as a consecutive twelve month total.
Could not confirm that temperature sensor was designed to measure 45°F with an accuracy of ±2°F.	Obtain verification from the manufacturer that the temperature sensor is designed to measure 45°F with an accuracy of ±2°F, or determine this by another method that the Department would consider appropriate.
Evaporator for separator wastewater does not incorporate a pre-filtration system.	Facility may choose to either dispose of perc-containing separator water as hazardous waste, or incorporate a carbon filtration system with the evaporator (as per the State's guidelines).
Did not store all perc, and perc-containing waste in tightly sealed containers.	Store all perc and perc-containing waste in tightly sealed containers which are impervious and chemically unreactive to the solvent.
Did not maintain a log of leak detection inspection and repair records.	Develop and implement a leak detection inspection and repair program. Maintain a log of leak detection inspection and repair records.

Compliance Requirement/Problem	Follow-up Action Required
Did not conduct weekly leak detection and repair inspection.	Develop and implement a leak detection inspection and repair program. Use at least one of the methods outlined in Part II, Section 7(a), of the general permit provisions, to detect leaks. Inspect the items listed in Part II, Section 7(b), for leaks. Repair leaks within 24 -hours of detection, unless repair equipment must be ordered.
No calibration records for the mechanical direct reading instrumentation (halogen detector) were available.	Mechanical direct-reading instrumentation shall be operated as directed by the manufacturer and must meet the conditions in Part II, Section 7(e) of the general permit provisions
Did not measure and record the outlet temperature of the refrigerated condenser on the dry-to-dry machine (dryer, reclaimer) on a weekly basis.	Develop and implement a monitoring program. Measure and record the outlet temperature on a weekly basis. The temperature, measured at the end of the drying cycle, must not exceed 45°F.
Airflow is directed towards the refrigerated condenser upon the door being opened and no diverter valve is in place.	Equip the condenser with a diverter valve to prevent air flow to the refrigerated condenser when the door is opened.
The outlet exhaust temperature of the refrigerated condenser exceeds 45°F and was not repaired within 24 hours.	Repair or adjust condenser within 24 hours of measurement indicating that the outlet exhaust temperature of the refrigerated condenser exceeds 45°F. The repair shall be documented in the monitoring record log.
Machine doors are not closed and secure during times other than loading and unloading.	Keep doors closed and secured at all times except during loading and unloading.
Temperature monitoring was not conducted after an appropriate cooldown period and after verifying that the coolant was completely charged.	Conduct all temperature monitoring following an appropriate cooldown period and after verifying that the coolant has been completely charged.
Containers for perchloroethylene and/or perchloroethylen- containing waste were found to be leaking.	Examine the containers, used for storing perchloroethylene and/or perchloroethylene-containing waste, for leakage.
·	
Comments:	
Comments.	
If the Inspection Summary Report indicates follow-up as measures to achieve compliance. Pinellas County will properties actions have been taken.	ctions are required, you must take immediate corrective perform a follow-up inspection to determine that proper
Inspection Conducted by:	A Mossis
Inspector's Signature:	In Thoma
Phone Number: 4644	422
Pa	ge 2 of 2

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECT	NOI	COMPLA	NT/DISCOVERY 📮	
AIRS ID#:_1030418	Date:	8/16/00	TIME IN	N: 10:200 TIME OUT:	11:05am
FACILITY NAME:	Church	of Sciento	ology		
FACILITY LOCATION:	551 Nort	th Saturn Ave			<u> </u>
	Clearwa	ter, FL, 3375	6	· .	
RESPONSIBLE OFFICIA	L: <u>Ilona Ko</u>	mansik		PHONE: (727) 442-4	4791
CONTACT:	Ilona Ko	mancsik		PHONE: (727) 442-	47 <u>9</u> 1
PART I: NOTIFICATION	<u> </u>				
(Check appropriate box)					
1. Existing facility notified	DARM By 9/1/9	96			\Box
2. New facility notified DA	RM 30 days pri	or to startup		•	
3. Facility failed to notify D	ARM to use ge	neral permit			
PART II: CLASSIFICATI		. •		· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notificated (Check appropriate box)	ition form that i	[1S:	☐ No notifi☐ Drop stor	cation form re / out of business / petroleun	n
A. 1. Existing small area so dry-to-dry only, x<14 transfer only, x<200 so both types, x<140 gal (Constructed before 1)	Source [O gal/yr gal/yr /yr /2/9/91)	ם		all area source y only, x<140 gal/yr only, x<200 gal/yr es, x<140 gal/yr cted on or after 12/9/91)	·.
3. Existing large area so dry-to-dry only, 140 transfer only, 200 x transfer only, 200 x to both types, 140 x x 1, (Constructed before 1)	ource x<2,100 gal/yr 1,800 gal/yr 800 gal/yr 2/9/91)	.	4. New lar dry-to-dr transfer of both type (Constru	ge area source y only, 140 <x<2,100 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" cted="" es,="" gal="" on="" only,="" or="" th="" yr=""><th></th></x<2,100>	
This is a correct facility clas	sification:	ZIY □N [Can not dete	ermine	
If no, please check the a facility qualified to facility exceeds al	for a general per	rmit as numbe			
B. The total quantity of perfacility was 38	·	(perc) purcha	sed within the j	preceding 12 months by this d	ry 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?	Y	Й	□ NA
2. Examining the containers for leakage?	Y	ΠN	□ NA
3. Closing and securing machine doors except during loading/unloading?	IJ√Y	ΠN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y	ΠN	□NA
5. Maintaining solvent-to- carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	Y	ΠN	₫ NA
<u> </u>			
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification (1) has been checked, no controls are required. Proceed to Pa	ırt V.		
If classification (2) has been checked, the machine should be equipped with a (complete A below)	refrige	rated con	denser
If classification (3) has been checked, the machine should be equipped with e condenser or a carbon adsorber (complete A and B below). Carbon adsorber installed prior to September 22, 1993.	ither a r must ha	efrigerate ve been	ed
If classification (4) has been checked, the machine should be equipped with a (complete A and B below.)	refrige	rated con	denser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:	/	
1. Equipped all machines with the appropriate vent controls?	$\mathbf{\Xi}_{\mathbf{Y}}$	□N	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	☑ Y	□N	□NA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	☑ Y	□N	□NA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	$\mathbf{\nabla}_{\mathbf{Y}}$	□N	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	Y	ΠN	□NA
6. Conducted all temperature monitoring after an appropriate cool down period and after verifying the coolant had been completely charged?	• Y	☐N	

•		
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?	ØY □n
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	OY ON ONA
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? Is the perc concentration equal to or less than 100 ppm?	□Y □N □NA □Y □N □NA
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 dust diameters upstream from any bend contraction, or expansion; and downstream from no other inlet?	□Y □N □NA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□y □n □na
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □NA
PA	ART V: RECORDKEEPING REQUIREMENTS	
H: (cl	as the responsible official: heck appropriate boxes)	 -
1.	Maintained receipts for perc purchased?	₫y □n
2.	Maintained rolling monthly averages 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;	□y □n ☑na
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□y □n Øna
4.	Maintained calibration data? (for direct reading instrument only)	OY ON ONA
5.	Maintained exhaust duct monitoring data on perc concentrations?	OY ON MA
6.	Maintained startup/shutdown/malfunction plan?	⊡Y □N
7.	Maintained deviation reports?	□Y □N ØNA
	Problem corrected?	DY ON MA

PA	ART VI: LEAK DETECTIO	N AN	D REI	PAIRS		•	
1.	Does the responsible official c inspection?	onduc	t a wee	ekly (for si	mall sources bi-weekly leal	detecti	
2.	Has the facility maintained a le	eak log	g?			$\mathbf{\nabla}_{\mathbf{Y}}$	□n
3.	Does the responsible official c	heck t	he foll	owing area	as for leaks:		
	Hose connections, fitting couplings, and valves	☑Y	□N	□NA	Muck cookers	Z Y	□n □na
	Door gaskets and seating	Y	ΠN	□NA	Stills	$\mathbf{Q}_{\mathbf{Y}}$	□n □na
	Filter gaskets and seating	₫ _Y	ΠN	□NA	Exhaust dampers	ŪÝ	□n □na
	Pumps	ΨY	□N	□NA	Diverter valves	ΘY	□n □na
	Solvent tanks and containers	$\mathbf{Z}_{\mathbf{Y}}$	ΠN	□NA	Cartridge Filter housing	☑ Y	□n □na
	Water separators	ΩY	□N	□NA		•	
4.	Visual examination (condensed solvent of exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment:						
					s in a range of 0-500 ppm.		OY ON
		J		1 / 1	ter each use(PID/FID only).		□Y □N
	c. Inspected for leaks and c	bvious	s signs	of wear or	a weekly basis?		□Y □N
	d. Kept in a clean and sect	ire are	a When	not fin us	e.		□Y □N
١	e. Verified for accuracy by	use of	duplic	ate sample	es (calorimetric only)?		□Y □N
	Inspector's Name (Please Printing Inspector's Signature	(S)			2/16/Approximate Date	pection 200 of Nex	t Inspection



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Church of Scientology	Da	ate: 8/16/00
THORDIT I WING	ondi on or boiomology		0,10,00
FACILITY LOCATION:	551 North Saturn Ave.		
	Clearwater, FL, 33756		
Annual Reporting Period: _	February 4, 20	60 To Augu	st 16, 20 00
Based on each term or condition	of the Title V general air permit, m Code (F.A.C.), during the period co	y facility has remained in com	npliance with DEP Rule 62-
IF NO, complete the followin	g:		
#1. Term or condition of the ger	neral permit that has not been in cor	ntinuous compliance during the	e reporting period stated above:
Exact period of non-compliance:	from	to	
Action(s) taken to achieve comp	liance:		
Method used to demonstrate con	npliance:	· _	
#2. Term or condition of the ge	neral permit that has not been in co	ntinuous compliance during th	ne reporting period stated above:
Exact period of non-compliance:	from	to	
Action(s) taken to achieve comp	liance:		
Method used to demonstrate con	npliance:		
As the responsible official, that the statements made in of perchloroethylene solver per year for dry-to-dry facilities.	I hereby certify, based on informathic this notification are true, accept, based upon rolling average lities or 1,800 gallons per year	ormation and belief form urate and complete. Furtes of purchase receipts, do for transfer or combinate	ned after reasonable inquiry, ther, my annual consumption oes not exceed 2,100 gallons tion facilities.
RESPONSIBLE OFFICIAL	L: Ilona Komansik (Name, Please Print)	Signature	16 AUG 2000 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.

STATE OF FLORIDA **DEPARTMENT OF ENVIRONMENTAL PROTECTION** MS 5510-37550 304000 **2600 BLAIR STONE ROAD** TALLAHASSEE FL 32399-2400



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GENIRAL PERMITS SECTION

GENIRAL PERMITS SECTION

BUREAU

OF AIR MONETOTING AND MOBILE SOURCES DEPARTMENTOF ENVIRONENTAL PIZOTECTION

Z600 BLAIR STONE ROAD

TALLAHUSSEE FL 3Z399 Z400

HACIENDA DRY CLEANING **503 CLEVELAND STREET** CLEARWATER FL 33755

> 20 Bureau of Air Monitoring & Mobile Sources FTT MI M

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	U.S. Postal Servi CERTIFIED M (Domestic Mail of	AIL RECEIPT	e Coverage Provided)
7145			
9372	Postage Certified Fee	\$, put
0050	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
0550	Recipient's DA	AIRS ID # 10304 VIN THOMPSO	N
2000	Street, Apt. No. 503	CIENDA DRY C CLEVELAND S EARWATER FL	TREET
•	PS Form 3800, Februa	ary 2000	See Reverse for Instructions



Church of Scientology Flag Service Organization P.O. Box 31751 Tampa, FL 33631-3751, U.S.A. e-mail: flagserviceorg@earthlink.net



State of Florida

Department of Environment Protection
115 5510-37550 304000

2600 Blair Stone Road

Tallahassee, FL. 32399-2400



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000	Restricted Delivery Fee (Endorsement Required)							
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03	Sent To HACIENDA DRY CLEANING FACILITY							
1	DAVIN THOMPSON							
7007	Street, Apt. No.; or PO Box No. CLEVELAND STREET City, State, ZIP+4 33755							
1	PS Form 3800, Ja							

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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	A. Received by (Please Print Clearly) B. Date of Delivery 2-8-03
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 X - Agent Addressee
1 Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#1030418 HACIENDA DRY CLEANING FACILITY DAVIN THOMPSON	
503 CLEVELAND STREET CLEARWATER FL 33755	3. Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
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DISBURSEMENT VOUCHER

Name and Address

DEPT OF ENVIRON PROTECTTION TWIN TOWERS OFFICE BLDG. 2600 BLAIR STONE RD. TALLAHASSEE, FL 32399-2409 DV#

MFC 34371

Date

Weekending Date 28-Dec-1998

31-Dec-1998

			1 to 1
Item Description	Unit Price	Quantity	Amount
1. DRY CLEANING OPERATING PERMIT PO No.:356658 (DRY CLEANING F Category:626000000 (LEGAL & PROFESSIONAL)	50.00 ERMIT)	1	50.00
Bank Account MN Check #	# 91757	Total Amount	50.00



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DISBURSEMENT VOUCHER

Name and Address

DEPT OF ENVIRON PROTECTTION TWIN TOWERS OFFICE BLDG. POST OFFICE BOX 3070 TALLAHASSEE, FL 32315-3070

DV# MFC 47667

Date

27-Feb-2000 Weekending Date 02-Mar-2000

Item Description	Unit Price	Quantity	Amount
1. DRY CLEANING LEGAL FEES PO No.:413524 (DRY CLEANING Category:606100000 (BUILDING PERMITS & LICENSES)	50.00 LEGAL FEES)	1	50.00
Bank Account MN Check	# 108842	Total Amount	



Church of Scientology®

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P.O. Box 31751, Tampa, FL 336315 3751 USA (813) 461-1282 Mobile Sources

DISBURSEMENT VOUCHER

Name and Address

DEPT OF ENVIRON PROTECTTION TWIN TOWERS OFFICE BLDG. POST OFFICE BOX 3070 TALLAHASSEE, FL 32315-3070

DV#

ल्व MFC

48671

Date

30-Mar-2000

Weekending Date 30-Mar-2000

Item Description	Unit Price	Quantity	Amount
1. GENERAL AIR PEWRMIT DRYCLEANING PERMIT PO No.:417811 (DRY CLEANING) Category:131000000 (FURNITURE/EQUIPMENT) Bill Number:DRYCLEANING	50.00	1	50.00
Bank Account MN Check #	110286	Total Amount	<u> </u> 50.00



Church of Scientology® FLAG® SERVICE ORGANIZATION, INC.

503 Cleveland St., Clearwater, FL 33755 (727) 461-1282

DISBURSEMENT VOUCHER

Name and Address

DEPT OF ENVIRON PROTECTTION TWIN TOWERS OFFICE BLDG. POST OFFICE BOX 3070 TALLAHASSEE, FL 32315-3070 DV# MFC 65338

Date 29-Jan-2002

Weekending Date 31-Jan-2002

Item Description	Unit Price	Quantity	Amount
1. AIR PERMIT FEE FOR HACIENDA DRYCLEANING	39.75	1	39. 75
PO No.:507035 (NIT: CLEANING Category:606100000	LAUNDRY)		
(BUILDING PERMITS & LICENSES)			
Bill Number:AIRS ID#1030418 2. AIR PERMIT FEE	5, 25	1	5.25
PO No.:507033 (NIT: STAFF DR Category:606100000	YCLEANING)		
(BUILDING PERMITS & LICENSES) Bill Number:AIRS ID#1030418			
3. AIR PERMIT FEE PO No.:507034 (NIT: DRYCLEAN	5.00	1	5.00
Category:620005000	ING.)		
(STAFF WELFARE - UNIFORMS) Bill Number:AIRSID#1030418			
Bank Account MN Check #	, 132579	Total Amount	50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0356390

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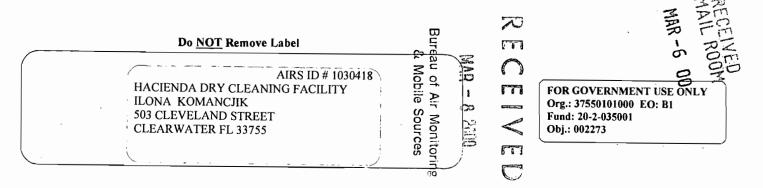


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DAVID THOMPSON
503 CLEVELAND STREET
CLEARWATER FL
33755

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Fund: 20-2-035001 Obj.: 002273

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PS Form 3	Postmark or Date	