

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 25, 1996

Mr. Sandip M. Patel President Camelot Dry Cleaners 4907 South U.S. Highway 1 Fort Pierce, Florida 34982

Dear Mr. Patel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 30, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Bruce Offord, Southeast District

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



Department of Environmental Protection

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

August 3, 2001

David B. Struhs Secretary

Mr. Dilip Patel Camelot Dry Cleaners 4907 South U.S. 1 Fort Pierce, Florida 34982

Dear Mr. Patel:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on August 3.

In reviewing your submittal, it was noted that Camelot Dry Cleaners elected to surrender its existing Title V air general permit (AIRS ID 1110077). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Mr. Bruce Offord, Southeast District

"More Protection, Less Process"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	PUSHP ENTERPRISES INC.							
2.	Site Name (For example, plant name or number):							
	CANCLAT DO L CLEARNIAC							
3.	Hazardous Waste Generator Identification Number:							
	FLD 981480221							
4.	Facility Location:							
	Street Address: 4907 5. US HWY 1							
	Street Address: 4907 5. US HWY I City: FORT PIERCE: County: ST. Lucie Zip Code: 34982							
5.	Facility Identification Number (DEP Use):							
	1110077							
	Responsible Official							
(6)	Name and Title of Responsible Official: ALIP JATE MANAGER.							
	CALLE ALLEST - MANAGER.							
7.	Responsible Official Mailing Address:							
	Organization/Firm:							
	Street Address: 4907 S. US # i							
	City: FORT lierce County: 87. Lucic Zip Code: 34982							
8.								
	Telephone: (561) 466 9694 Fax: () -							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10.	Facility Contact Address:							
- • •								
	Street Address:							
	City: County: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							

RECEIVED

'AUG 3 0 1996

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

Bureau of Air Monitoring & Mobile Sources

1110077

	· · · · · · · · · · · · · · · · · · ·
	Camelot Dry Cleaners
	spoke with Dilip Patel-9/24/96 Will fax + mail revised form
· · · · · · · · · · · · · · · · · · ·	Will tax & mail revised form
- 14	1/1/ noble data agreeting daying
P.17	installed
D.15	4. Should be new small area
	1.(a) add date control device installed 4. Should be new small area Source W/ refrig. con.

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			·			· .			
(1) w/ ref. condenser		1-18-95							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit							300		· · · · · ·
(4) w/ ref. condenser	4	N/A							
(5) w/ carbon adsorber	724	1-1-1-1							
(6) w/ no controls									
Dryer Unit					1,18.90		2.5		u)
(7) w/ ref. condenser	Mu								
(8) w/ carbon adsorber	- 								
(9) w/ no controls									
Reclaimer Unit					10.30	· · · · · · · · · · · · · · · · · · ·			
(10) w/ ref. condenser	A.	1				1			T
(11) w/carbon adsorber	/	1							
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchlons ow many? [installed [_ proethylene (perc)					[]
What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classif	ication only.)	1	nitions found		3) of	Part II?	
Existing large an	ea soi	urce []	Ne	w la	rge area sour	re [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines pursuant to section (5) of Part (Indicate with an "X".)	II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser []	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non assemble emissions units shall not be aligible to us	o the general normal traversent
5. A facility which contains non-exempt emissions units shall not be eligible to us to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units or 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 m boiler HP or less), and (2) are fired exclusively by natural gas except for periods of during which propane or fuel oil containing no more than one percent sulfur is fire	of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Informat	ion
Check all logs which are required to be kept on-site in accordance with the require	ments of this general permit:
(a) Purchase receipts and solvent purchases	<u>/</u>
(b) Leak detection inspection and repair	<u></u>
(d) Carbon adsorber exhaust perc concentration monitoring	NA
(e) Instrument calibration	الم
(f) Start-up, shutdown, malfunction plan	<u>//</u>

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

Surrender of Existing Air Permit(s)

lease indica	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification						
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	omptly notify the Department of any changes to the information contained in this notification.						
Signature	8-27.56 - Date						

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

REVISED FORM - FOR ATTN OF MARNIE

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
PUSHP ENTERPRISES INC. 2. Site Name (For example, plant name or number):
AMELOT DAY CLIANCES 3. Hazardous Waste Generator Identification Number:
FLD 981480221
4. Facility Location: Street Address: 4907 5. US HWY 1 City: FORT PIERCE County: ST. Lucie Zip Code: 34983
3.1 Pacific Identification Number (DEP Use):
Responsible Official
6. Name and Title of Responsible Official: SANDIP M. PATEL - PRESIDENT
7. Responsible Official Mailing Address; Organization/Firm: Street Address: 4907 5. US # 1 City: FORT LIRCE County: 87. LUCIC Zip Code: 34881.
8. Responsible Official Telephone Number: Telephone: (561) 466 9694 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address: City: County: Zip Code:
11. Facility Contact Telephone Number Telephone: () Fax: ()

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

Page 13 of 16

BEST AVAILABLE

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
	l	Machine	Control	1	Machine	Control		Machine	Control
		Initially	Device	1	Initially	Device		Initially	Device ,
Type of Machine	ID	Purchased	Instailed	LID	Purchased	Installed	10	Purchased	Installed
Esample	#}	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-M.:R-
Dry-to-Dry Unit							******		
(1) w/ ref. condenser	V	1.24.95		1		1		1	T-^
(2) w/ carbon adsorber				*******					
(3) w/ no controls			*		1				
Washer Unit									
(4) w/ ref. condenser		NA		T	1		T	T	
(5) w/ carbon adsorber	75	1					1	1	
(6) w/ no controls					1	1	 		
Dryer Unit		,			-		1		1
(7) w/ref. condenser	A.			1	1		<u></u>	1	
(8) w/ carbon adsorber	,		1	-	-	†	 	-	<u> </u>
(9) w/ no controls	1				1	-			
Reclaimer Unit	1			٠		<u> </u>	! _	<u> </u>	<u>-</u>
(10) w/ tef. condenser	1	1		T-		T	T		1
(11) w/carbon adsorber	7-	1	 	+-	 	 	├	 	
(12) w/ no controls	-			+	 		├		
(b) Control devices and (c) No control devices									
2.(a) What was the total (quant galle	ity of perchl	oroethylene	(perc)) purchased i	n the latest 17	2 mo:	nths?	
(b) If less than 12 mon Check why it is less	ths, h s thar	ow many? [112 months:	O month	s [New store	:: [] Did	not l	ceep records:	[]
·									
3. What is the facility's so (Indicate with an "X".	urce Selec	ctassification t one classif	n based on th ication only.	ie def)	initions foun	d in section (3) of	Part II?	
Existing small ar	€ 3 50	nice []	N	ew sn	nall area sou	ree [ĺ		
Existing large are	Existing large area source [] New large area source []								

DEP Form No. 62-213.900(2)

Dana Idae I

		Reinigerated condenser						
New small area source Refrigerated condenser	[]	BEST AVAILABLE COPY						
New large area source Refrigerated condenser	لـــا	: 						
	y that all steam an	units shall not be eligible to use the general hot water generating units on-site meet t						
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								
Equipn	gairoitaoM tasa	and Recordkeeping Information						
Check all logs which are required	to be kept on-site	in accordance with the requirements of th	is general permit:					
(a) Purchase receipts and solvent	purchases	(<u>-</u>						
(b) Leak detection inspection and	repair	الم ا						
(c) Refrigerated condenser tempe	rature monitoring	[]						
(d) Carbon adsorber exhaust perc	concentration me	onitoring [PA						
(e) Instrument calibration		(<u>시</u> 호)						
+(f) Start-up, shutdown, malfunct	tion plan	4						

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

Page 15 of 16

BEST AVAILABLE COPY

	Surrender of Existing Air Permit(s)						
ease indicat	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
	No air permits currently exist for the operation of the facility indicated in this notification form.						
•	Responsible Official Certification						
this not) s(ateme) mainiali	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the nts made in this notification are true, accurate and complete. Further, I agree to operate and in 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						
l will pr	omptly notify the Department of any changes to the information contained in this notification,						

DEP Form No. 62-213.900(2) Effective: 5-25-96

Signature

Page 16 of 16

9,24,96 Date REVISED FORM.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
2.	PUSHP ENTERPRISES INC. Site Name (For example, plant name or number):							
2.	e .							
	Hazardous Waste Generator Identification Number:							
3.	Hazardous Waste Generator Identification Number:							
	FLD 981480221							
4.	Facility Location:							
ĺ	Street Address: 4907 5. US HWY 1 City: FORT PIERCE County: ST. Lucie Zip Code: 34982							
	FORT PIERCE ST. LUCIE STYPE							
5.	Facility Identification Number (DEP Use):							
2011年	states, natural of the form of the and states are the remainst the form of a fine of the contract of the contr							
	Responsible Official							
6.	Name and Title of Responsible Official:							
0.	SANDIP M. PATEL - PRESIDENT							
7.	Responsible Official Mailing Address:							
	Organization/Firm: Street Address: 4907 5. US # 1							
	City: Cort lierce. County: 67. Luce Zip Code: 3481							
	City: FORT PIERCE County: 87. Lucic Zip Code: 34982							
8.	Responsible Official Telephone Number:							
	Telephone: (561) 466 9694 Fax: ()							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10	Facility Contact Address:							
10.	Tacinty Contact riddiess.							
	Street Address:							
	City: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							
L								
	RECEIVE							

SEP 3 0 1996

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	7								
(1) w/ ref. condenser		11-28-95		T -	Ţ				
(2) w/ carbon adsorber		, 3, 1							-
(3) w/ no controls	1								
Washer Unit	٠,	· <u></u>		_		·		.	
(4) w/ ref. condenser	4	N/A							
(5) w/ carbon adsorber	17/2	13/05							
(6) w/ no controls	1								
Dryer Unit		<u> </u>				·	•		
(7) w/ ref. condenser									
(8) w/ carbon adsorber	1	T			1		-		T
(9) w/ no controls									
Reclaimer Unit	Ī		-			-		<u> </u>	<u> </u>
(10) w/ ref. condenser		1	1			1			
(11) w/carbon adsorber									
(12) w/ no controls	1					-	1		
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small a	Sele	ct one classif	ication only.)	initions foun	Ì	3) of /]	Part II?	

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

What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)								
Existing large area source Carbon adsorber [] Refrigerated of	ondenser []							
New small area source Refrigerated condenser []								
New large area source Refrigerated condenser []								
5. A facility which contains non-exempt emissions units shall not b	e eligible to use the general permit nursuant							
to Rule 62-213.300, F.A.C. Verify that all steam and hot water gene 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 Recordkee	ping Information							
Check all logs which are required to be kept on-site in accordance v								
(a) Purchase receipts and solvent purchases	رک							
(b) Leak detection inspection and repair								
(c) Refrigerated condenser temperature monitoring								
(d) Carbon adsorber exhaust perc concentration monitoring	[N]A							
(e) Instrument calibration	[4/9]							
+(f) Start-up, shutdown, malfunction plan	<u> </u>							

Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and 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.
,	emptly notify the Department of any changes to the information contained in this notification. 9.24.96

DEP Form No. 62-213.900(2) Effective: 6-25-96 AIRS ID#: 1110077

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ANNUAL	COMPLIANO	CE CERTIFICA	TION FORM	:	
FACILITY NAME: CAMEL	or DR	V CLEANE	RS	DATE:	6/3/97
facility location: $\underline{y907}$	FEDERA	LHWY			 .
FT Presc	G Ref	34982			·
Annual Reporting Period:	np 3	19 <u>9.7</u> то	Tu	nl	19_ 9 &
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F					r Rule □NO
If NO, complete the following:				,	
#1. Term or condition of the general permit	that has not been	in continuous comp	liance during the	reporting period	d stated above:
Exact period of non-compliance: from	·		to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
#2. Term or condition of the general permit	that has not been	in continuous comp	oliance during the	reporting period	d stated above:
Exact period of non-compliance: from			to	_	
Action(s) taken to achieve compliance:	·			•	
Method used to demonstrate compliance:		· .	· 		
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Fu	erther, my annual co	nsumption of perc	chloroethylene s	solvent, based

*This form is made available to you as an aid in order to meet your annual compliance certification recomments. Will be discretion of the responsible official to use this form.

Page _____ of ____.

JUN 1 0 1997

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT ANNUAL T COMPLAINT/DISCOVERY TYPE OF INSPECTION: **RE-INSPECTION** 9:40 10:49 TIME OUT: AIRS ID#: TIME IN: IEANER TYPE OF FACILITY:_ FACILITY NAME: PATEL RESPONSIBLE OFFICIAL: SANDIP PHONE NUMBER: 561 Based on 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: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: PHONE NUMBER: 561/681-6627 INSPECTOR'S SIGNATURE:

Page_

of

Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

JUN 1 0 1997

TITLE V GENERAL PERMIT

ing

CON	APLIANCE IN:	SPECTION C	HECKTIST		of Air Monitor
TYPE OF INSPECTION: AN	NUAL	۵.	COMPLAINT/DIS		obile Sources
	-INSPECTION	,			
	111011011011	J			
A.	. 10 10-		n.r.		
AIRS ID#: <u> 00 7 7</u> DATE	s: <i>6/3/4/</i>	TIME I	n: <u>9:50</u> to	ME OUT:	
FACILITY NAME: <u>CAME</u>	LOT DR	Y OLEA	HER		
FACILITY LOCATION:	07 US	Huyte(, 		
<u></u>	- Pierry	- 56	34982		
,		7			
PART I: NOTIFICATION					
(check appropriate box)	_				
Existing facility notified DARM b	y 9/1/96				tb∕
2. New facility notified DARM 30 da	ys prior to start	ир			
3. Facility failed to notify DARM to	use general perr	nit			
				•	
PART II: CLASSIFICATION					
				· · · · · · · · · · · · · · · · · · ·	
Facility indicated on notification fo (check appropriate box)	rm that it is:				
A.	•				
1. Existing small area source	. 🛚	2. New small)	
dry-to-dry only, x<140 gal/yr			y, x<140 gal/yr	(
transfer only, x<200 gal/yr both types, x<140 gal/yr		transfer only, a both types, x<			
(constructed before 12/9/91)			n or after 12/9/91))]
(Constructed before 12/7/71)		(COIDH BOICH O	If Of affer 12/7/71;		
3. Existing large area source		4. New large	area source		.]]
dry-to-dry only, 140 <x<2, 100="" ga<="" td=""><td></td><td>dry-to-dry only</td><td>y, 140<x<2, 100="" gal="" td="" y<=""><td>γr</td><td></td></x<2,></td></x<2,>		dry-to-dry only	y, 140 <x<2, 100="" gal="" td="" y<=""><td>γr</td><td></td></x<2,>	γr	
transfer only, 200 <x<1,800 gal="" td="" y<=""><td>r</td><td></td><td>200<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800>	r		200 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
both types, 140 <x<1,800 gal="" td="" yr<=""><td></td><td></td><td>0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800>			0 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91)		(constructed o	n or after 12/9/91)		
This is a correct facility classification	on	t Y ON			l
If no, please check the appropriate of	classification:	·			
☐ facility qualified for	or a general peri	mit as number	above		
			r a general permit		

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was _____ gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DNA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПΝ	
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ΠN	
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠN	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	/ .
1. Maintained receipts for perc purchased?	GY DN
2. Maintained rolling monthly averages of perc consumption?	DN DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	dy ∕ □N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DN ON
4. Maintained calibration data? (for direct reading instruments only)	OY ON XVA
5. Maintained exhaust duct monitoring data on perc concentrations?	YY ON WA
6. Maintained startup/shutdown/malfunction plan?	XY DIN
7. Maintained deviation reports?	DY ZN
Problem corrected?	dr on
8. Maintained compliance plan, if applicable?	OY ON DANIA

PART VI: LEAK DETECTION AND REPAIRS	
1. Does the responsible official conduct a weekly leak detection and repair inspection?	dγ □ν

2. Which method of detection is used by the responsible official?		
Visual examination (condensed solvent on exterior surfaces)	1	
Physical detection (airflow felt through gaskets)	d C	
Odor (noticeable perc odor)	b	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	-D 13/1	
If using direct-reading instrumentation, is the equipment:	ℓ	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	DY DN	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	□Y □N	
c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON	
d. Kept in a clean and secure area when not in use?	OY ON	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	DY ZN	
3. Has the facility maintained a leak log?	dy on	
4. Does the responsible official check the following areas for leaks?		
Hose connections, fittings, couplings, and valves \square N Muck cookers	dy on	
Door gaskets and seating	dy on	1 50
Filter gaskets and seating	DY DY	//
Pumps ON Diverter valves	DY DN	PH
Solvent tanks and containers	gs day on	
Water separators	·	

SANDIP PATEL

Name of Responsible Official

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION:

facility was 30 gallons.

ANNUAL

X

COMPLAINT/DISCOVERY

DEC 1 8 1998

RE-INSPECTION Bureau of Air Monitoring AIRS ID#: 110077 DATE: 22 SUFT 98 TIME IN: 10:15 TIME OUT: 11:10 FACILITY NAME: FACILITY LOCATION: RESPONSIBLE OFFICIAL: SAN CONTACT NAME: PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (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 dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/vr (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/yrdry-to-dry only, 140 < x < 2,100 gal/yrtransfer only, 200 < x < 1,800 gal/yrtransfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ 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 $\square N$ □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning

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

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

condenser exceeded 45°F?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	ФΥ	ПΝ	□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?	ĽΥ	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	DY DN			
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;	□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 ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	□Y □N □N/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A			
6. Maintained startup/shutdown/malfunction plan?	MO AO			
7. Maintained deviation reports?	OA ON ÖN/V			
Problem corrected?	OY ON ON/A			
8. Maintained compliance plan, if applicable?	DY DN DN/A			

PART VI: LEAK DETECTION AND REPAIRS

_								
1.	Does the responsible official conduct a we	ekly	(for	small sources, b	i-weekly) leak detection an	d rep	air	
	inspection?					dY.	,	מנ
2.	Has the facility maintained a leak log?					ФY		NC
3.	Does the responsible official check the following	low	ing ar	reas for leaks?				
	Hose connections, fittings,							
	couplings, and valves	фY	ΠN	□N/A	Muck cookers	PY	ПN	□N/A
	Door gaskets and seating	ψY	□и	□N/A	Stills	ÞΥ	ПN	□N/A
	Filter gaskets and seating	þу	□N	□N/A	Exhaust dampers	ÞΥ	ПN	□N/A
	Pumps	þΥ	ПN	□N/A	Diverter valves	Ь	ПN	□N/A
	Solvent tanks and containers	by /	ПN	□N/A	Cartridge filter housings	RA	ΠN	□N/A
	Water separators	ďΥ	ΠN	□N/A				
4.	Which method of detection is used by the	resp	onsil	ole official?				
	Visual examination (condensed solvent on exterior surfaces)							
	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)							
	Odor (noticeable perc odor)					Ă		
	Use of direct-reading instrumentation	on (I	FID/P	ID/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instru	nen	tation	ı, is the equipm	ent:	MA	/A	
	a. Capable of detecting pe	rc v	apor o	concentrations in	n a range of 0-500 ppm?		ΠN	
	b. Calibrated against a sta	nda	rd gas	s prior to and aft	er each use			
	• (PID/FID only)?					ЦY	ΠN	
c. Inspected for leaks and obvious signs of wear on a weekly basis?						ПY	ΠИ	
	d. Kept in a clean and sec	ure	area v	when not in use?	•	ΠY	ΠN	
	e. Verified for accuracy by	y use	of di	uplicate samples	(calorimetric only)?	ΠY	□N	

Inspector's Name (Please Print)

Louis Valcary hi

Inspector's Signature

2 Sept 98
Date of Inspection

Sept 1999

Approximate Date of Next Inspection

Pel 99 calender reviewed data entry info

TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15 TIME OUT: 11:10	AIRS ID#: 111 00 77
TYPE OF FACILITY: TORY CLEANER	
	CLEANERS DATE: 22 Sept 98
· Dirani	34982
FACILITY LOCATION: FI PIERUE FL	01102-
RESPONSIBLE OFFICIAL: SANDIP PATEL	PHONE NUMBER: 561/466-9694
Based on the results of the compliance requirements evaluate	ed during this inspection, the facility is round to be in
compliance with DEP Rule 62-213.300, Florida Administrat	•
Based on the results of the compliance requirements evaluat	
discrepancies were noted:	ed daring and inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
com zminez iw gomenizmini na nestini	RECEL
	RECEIVED
·	DEC 1 a suo:
	- 1 0 1994
	Bureau of Air Monitoring & Mobile Sources
	& Mobile Sources
-	
	-
	•
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1999
	proximate)
INSPECTION CONDUCTED BY: LOUIS VALO	CARENOUT
	ease Print)
INSPECTOR'S SIGNATURE: Vous Valcare	1 phone NUMBER: 681-6627
Dage	of Revised 10/96

. مر.

PERCHLURUEIHYLENE DKY CLEANERS

BEST AVAILABLE COPY

TITLE V GENERAL PERMIT

) 3141		M	ARMS
--------	--	---	------

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INCP	FCT	TON.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1110077 DATE: 10 Ay 9	· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: CAMELOT	Dry Ganera
FACILITY LOCATION: 1967 US	6 Huy#1
- FT Presco	FP 39982 B
RESPONSIBLE OFFICIAL: SANDIP F	PATE L PHONE: 56//462 90294
CONTACT NAME:	PHONE: Bile 2 M
	Bureau of Waste Cleanup g
PART I: NOTIFICATION	Bulleau of waste cleanup
(check appropriate box)	AUG 1 9 1999
1. New facility notified DARM 30 days prior to starts	ıp Hazardous Waste Cleanup Section □
2. Facility failed to notify DARM to use general perm	nit Cleanup Section
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.	A Drop store out of business/perforeum
1	2. New small area source dry-to-dry only, x < 140 gal/yr
	transfer only, $x < 200$ gal/yr
	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
1	4. New large area source □
	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 < x < 1{,}800 \text{ gal/yr}$
	both types, $140 \le x \le 1,800$ gal/yr
	(constructed on or after 12/9/91)
5. This is a correct facility classification	YY DN DCan not determine
If no, please check the appropriate classification	
facility qualified for a gene	
	eral permit as number above its and is not eligible for a general permit

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

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

verifying that the coolant had been completely charged?

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 (□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	·	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\square Y_{\underline{\ }}$	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	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
_				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AT ON
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;	AND NO YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אועם אם אם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON TANA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON KONA
6. Maintained startup/shutdown/malfunction plan?	XY DN
7. Maintained deviation reports?	DY DN MN/A
Problem corrected?	באאל אם צם
8. Maintained compliance plan, if applicable?	AVA NO YO

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A AY ON ON/A Muck cookers couplings, and valves DY ON ON/A Stills ON ON/A Door gaskets and seating Filter gaskets and seating DY ON ON/A Exhaust dampers DIY ON ON/A Diverter valves Pumps Solvent tanks and containers DY ON ON/A Cartridge filter housings MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector **X**N/A If using direct-reading instrumentation, is the equipment: NO YO a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?

b. Calibrated against a standard gas prior to and after each use

d. Kept in a clean and secure area when not in use?

c. Inspected for leaks and obvious signs of wear on a weekly basis?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

LOUS VALCARENCH I

Inspector's Name (Please Print)

Ours Valcaumen

Inspector's Signature

(PID/FID only)?

Date of Inspection

DY DN

DY DN

DY DN

OY ON

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
	,	
		-75e.
·		
		•
·		
N .		
·		
	Strawn.	

I YPE OF INSPECTION:	ANNUAL DES	TAVAILABLE COPY	KE-INSPECTION
TIME IN: 1:10	TIME OUT:	45AIRS ID#:	1116077
TYPE OF FACILITY:	DRY CLEANER	h	
FACILITY NAME:	MELDI VKY	CLEMNERS	DATE: 10 Hy 97_
FACILITY LOCATION:	TOUNE THE	124942	
	CANONE PORTE	- 2010	50 50 1/1/1 - 9/09V
RESPONSIBLE OFFICIAL:		PHONE NUMB	
Compliance with DEP	the compliance requirements eva Rule 62-213.300, Florida Admini	strative Code (F.A.C.).	
Based on the results of discrepancies were no	f the compliance requirements eva ted:		
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP AC	CTION REQUIRED
			· ·
			R
			AUG 2 0 Aureau of Air & Mobile
			1999 Monitoring Sources
			
COMMENTS:			
The Annual Compliance Cert	ification form has been properly c	ertified and submitted to the insp	ector. YES NO
DATE OF NEXT INSPECT	N 1.	2000	
INSPECTION CONDUCTE	15 1/1	(Approximate)	
INSPECTOR'S SIGNATUI	RE: Join Valeon	(Please Print) PHONE NUM	BER:
	_	•	Pavired 10/9

FACILITY NAME: CAMELO	TJuya	CERTIFICAT		DATE:	10 Aug 98
FACILITY LOCATION: 4907 FT RIERC	US HW	141 34982		BAIE.	
Annual Reporting Period: TAN	· ·	19 <i>98</i> TO	Veco	mley 3	1998
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A If NO, complete the following:			3	-	EP Rule □NO
#1. Term or condition of the general permit th	at has not been in	continuous complia	ance during the	e reporting peri	od stated above:
Exact period of non-compliance: from			_ to	Br	F1
Action(s) taken to achieve compliance:				E No.	
Method used to demonstrate compliance:				bile l	
#2. Term or condition of the general permit t	hat has not been ir	continuous compli	ance during th	out conting per	iod stated above:
Exact period of non-compliance: from			_to		
Action(s) taken to achieve compliance:				_	
Method used to demonstrate compliance:			-		
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon rolling averages of purchase receipts, a year for transfer or combination facilities.	nd complete. Furt	her, my annual con	sumption of pe	erchloroethylen	e solvent, based
	SandiP ne (Please Print)		Signatur	re ·	8/12/9 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 ____

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.	I also wish to rectollowing services extra fee): 1. Address: 2. Restricte Consult postmas	ee's Address	
N ADDRESS completed	3. Article Addressed to: AIRS ID 1110077 PUSHP ENTERPRISES DILIP PATEL 4907 S US HWY 1 FT PIERCE FL 34982	4a Article N 2 3 4b. Service Registers Express Retum Red 7. Date of Do	Type od Mail ceipt for Merchandise	Certified Insured COD
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addresse and fee is		
	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Ret	urn Heceipt

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE

Print your name, address, and ZIP Code in this box

Print your name, address, and ZIP Code in this box

DARM/MOBILE SOURCE CONTROL PROGRAM MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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

Print your name, address, and ZIP Code in this box

ORDER TO STATE OF THE POSTAGE AND TALLAHASSEE, FLORIDA 32399-2400

Inflantantial databased

3/2400

Haladaha dalah dalah dari dari

Z 510 PP5 415 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) 10 AIRS ID # 1110077001AG DILIP PATEL CAMELOT DRY CLEANERS 4907 S US HWY 1 FT PIERCE FL 34982 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date Office of the control of the \$

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
1.5	Article Sent To:				
2900	2210 66	2412(0	LD)		
4527	Postage Certified Fee	\$	Postmark		
0021	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here		
0090	Total Postage & Fees	\$			
	Name (Please Print Clear	ly) (to be completed by ma	iler)		
7000	Street, Apt. No., or PO B	OX NO.	-9		
	PS Form 3800, July 1999		See Reverse for Instructions		

The second secon	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
10 AIRS ID # 1110077001AG DILIP PATEL CAMELOT DRY CLEANERS 4907 S US HWY 1	
FT PIERCE FL 34982	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	0 0600 0021 6527 0062
	eturn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE

PM

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

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

Who blind the permit No. G-10

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF EMARONMENTAL PROTECTION
MAIL STONE ROAD
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

SENDER STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

, , ,	9	26 5	305	294		
	US Postal Receip No Insuran Do not use	t for C	age Provid	ied.		
DILIP 4907 S	PENTERP PATEL US HWY RCE FL 3	RISES)#: 11100	77		
	Certified Fee	9				
	Special Deli	very Fee				
10	Restricted D	elivery Fee				
1996	Return Rece Whom & Da	pipt Showing te Delivered	to	***		
April	Return Receipt Date, & Addres	Showing to Wasee's Address	/hom,			
800	TOTAL Pos	tage & Fees	\$			
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date 2//7/99						

on the reverse side?	SENDER: 'Ecomplete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rectifollowing services extra fee): 1. Address: 2. Restricte Consult postmas	s (for an ee's Address ed Delivery	Receipt Service.
ADDRESS completed	AIRS ID#: 1110077 PUSHP ENTERPRISES DILIP PATEL 4907/S US HWY 1 FT PIERCE FL 34982	□ Registere □ Express I	Type od Mail ceipt for Merchandise	☐ Certified ☐ Insured	you for using Return Rec
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	, ,		Thank
_	PS Form 3811, December 1994		Domestic Ret	urn Receipt	

U.S. Postal Service CERTIFIED MAIL RECEIPT (bomestic Mail only; No insurance Coverage Provided)			
Postage	\$		
Certified Fee		Postmark	
Return Receipt Fee		Here	
(Endorsement Required Restricted Delivery Fee (Endorsement Required			
Total Pr	Alf	RS ID # 1110077	
Total Pt AIRS ID # 1110077 GRecipien: CAMELOT DRY CLEANERS DILIP PATEL			
4007 C 110	4007 G 11G 1BWW 1		
Street, Ar. 4907 S US FT PIERC	City, State		
PS Form 8800, February 2000			

SENDER: COMPLE SSENDER: OMPLE SCHOOL	PLACE STICKER AT TO THE RIGHT OF THE RIGHT O		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Pint your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1110077 CAMELOT DRY CLEANERS DILIP PATEL 	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addresser Addresser Addresser Addresser Addresser If YES, enter delivery address below:		
4907 S US HWY 1 FT PIERCE FL 34982	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) 2. On One One One One One One One One One			
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789		

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

MAIL ROOM

FEB 24 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1110077

PUSHP ENTERPRISES INC. DILIP PATEL 4907 S US HWY 1 FT PIERCE FL 34982

FOR GOVERNMENT USE ONLY

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

Оы.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303115

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

TOTAL AMOUNT DUE: \$50.00

FEB 20 98

Do NOT Remove Label

AIRS ID#1110077

PUSHP ENTERPRISES DILIP PATEL 4907 S US HWY 1 FT PIERCE FL 34982

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

0357538

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1110077

CAMELOT DRY CLEANERS DILIP PATEL 4907 S US HWY 1 FT PIERCE FL 34982

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

DILIP PATEL

4907 S US HWY 1

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391752

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

TOTAL AMOUNT DUE: \$50.00

FEB 4 2000

AIRS ID # 1110077

ANERS Do NOT Remove Label CAMELOT DRY CLEANERS FOR GOVERNMENT USE ONLY Org 737550101000 EO: B1 Fund: 20-2-035001 FT PIERCE FL 34982 Obj. 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405412 FEB15 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 1110077
CAMELOT DRY CLEANERS
DILIP PATEL
4907 S US HWY I
FT PIERCE FL 34982

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



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070