

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 14, 1996

Ms. Judith J. Campbell Royal Dry Cleaners 2127 S. Tamiami Trail Venice, Florida 34293

Re: Facility I.D. No. 1150083

Dear Ms. Campbell:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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/jw

cc: Mr. Louis Fernandez, Southwest District

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



Department of **Environmental Protection**

Jeb Bush Governor Division of Air Resource Management 2600 Blair Stone Road, MS 5510 Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

TO: Holder of Title V Air General Permit

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

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

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

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

(CUT HERE)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label Business! Closed 11-30-05 TOTAL AMOUNT DUE: \$50.00 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000

Do NOT Remove Label

1150083 10 ROYAL DRY CLEANERS 2127 S Tamiami Trail 34293 VENICE, FL

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273

BENIFITTING CATEGORY 000200

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
JUNITH J- CAMPRELL
2. Site Name (For example, plant name or number):
Boung Den Clanters
BOYAL DRY CLEAVERS 3. Hazardous Waste Generator Identification Number:
FLD CESGG
4. Facility Location: Street Address: 2/27 5, TAM IIAM TR. City: VENICE County: SARASOTA Zip Code: 34293
Street Address: 2/27 5, 7/4/1/14/1/17 7 C.
City. VENICE County. SHEMOTIC ZIP Code. 37295
5. Facility Identification Number (DEP Use):
HE TOOBS 11 11 11 11 11 11 11 11 11 11 11 11 11
Responsible Official
responsible official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address:
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 2/27 S. TAMIAMI TR. City: LINCE County: SARASONA Zip Code: 34293
City: VENICE County: SARASONA Zip Code: 3-1293
8. Responsible Official Telephone Number: Telephone: (94) 413 - 8677 Fax: (-)
· · · · · · · · · · · · · · · · · · ·
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
A : Name and unit of Facility Contact (For example, plant manager).
10. Facility Charact Address:
10. Facility Contact Address:
Street Address: N/M
City: County: N/A Zip Code: N/A
11. Facility Contact Telephone Number:
Telephone: (`) - Fax: () -

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SEP 3 1996

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Bureau of Air Monitoring & Mobile Sources

#1150083

9-30. Spoke to Judith J. Campbell - She is the Owner She uses 5,200gal/yr P.13

6. add title - Owner

P.14

3. existing large area source should be marked

P.15 4. existing large c. 9. or r. c. Should be marked

(c) or (d) should be marked (f) should be marked

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	1D	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	<u> </u>								W ₁ · .
(1) w/ ref. condenser	1	1-14							
(2) w/ carbon adsorber		† * * * *							
(3) w/ no controls	1	1-84							
Washer Unit									1.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	·								
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	3 " 1	100	ta t		e vertice to	•			and the second
(10) w/ ref. condenser									
(11) w/carbon adsorber			,	¥"	•				
(12) w/ no controls									
 (b) Control devices are (c) No control devices 2.(a) What was the total of a control devices (b) If less than 12 montrol Check why it is less 	are requant	equired to be ity of perchloons ow many?	oroethylene (perc)	purchased i				
3. What is the facility's so (Indicate with an "X". Existing small ar	Selecter sea so	urce [X]	ication only.)	ew sn	initions foun	rce [
	. (. (<u>.</u>				<u> </u>

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1150083

5,200 gal/yr of propane

PM = 2

NOx=72.8

CO= 9,88

TOC - 2.6

 What control technology is required on machines pursuant to see (Indicate with an "X".) 	ction (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated	condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not to Rule 62-213.300, F.A.C. Verify that all steam and hot water get exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total he boiler HP or less), and (2) are fired exclusively by natural gas excu during which propane or fuel oil containing no more than one per	ept for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	P. FIRE 10 H.P
•	
Equipment Monitoring and Recordke	
Check all logs which are required to be kept on-site in accordance	
(a) Purchase receipts and solvent purchases	(<u>Y</u>)
(b) Leak detection inspection and repair	LLI.
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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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)
ĽχJ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will produce	The Department of any changes to the information contained in this notification. The Description of the information contained in this notification. The Description of the information contained in this notification.

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discretion of the responsible official to use this form.

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Royal Dry Cleaners FACILITY LOCATION: 2127 S. Tamiami, Tra Venice Annual Reporting Period: 9-1 1996 TO 7	
Annual Reporting Period: 4-\ 1996 TO 7	
	19 <u>9</u> 7
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during	ng the reporting period stated above:
Recording of weekly leak	checks
Exact period of non-compliance: from	
Action(s) taken to achieve compliance: Season Season	eekly recording
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance durir	ng the reporting period stated above:
Recording of annuas tempera	ture on conde
Exact period of non-compliance: from $9-1-96$ to	
Action(s) taken to achieve compliance: Beain weekla	
Method used to demonstrate compliance:	<u> </u>
As the responsible official, I hereby certify, based on information and belief formed after reasonable in this notification are true, accurate and complete. Further, my annual consumption of upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to year for transfer or combination facilities. RESPONSIBLE OFFICIAL: The Name (Please Print)	of perchloroethylene solvent, based

Page ______ of _____.

AUG 6 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

JUNITH . J. CAMPBELL
2. Site Name (For example, plant name or number):
BOYAL DRY CLEAVERS
3. Hazardous Waste Generator Identification Number:
FLD CESGG
4. Facility Location: Street Address: 2/27 S. TAM IIAM I TE. City: VENICE County: SARASOTA Zip Code: 34,293
City: VENICE County: SARASOTA Zip Code: 34293
5.1 Facility Identification Number (DEP Use):
1150083
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address:
Organization/Firm: Stroot Address: 2/27 S TAMIAMI TE.
Organization/Firm: Street Address: 2/27 S. TAMIAMI TK. City: VEXICE County: SACASOVA Zip Code: 3-4293
8. Responsible Official Telephone Number:
Telephone: $(941)473 - 8677$ Fax: $(-)$
17,700
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
\mathcal{N}/\mathcal{A}
10. Facility Contact Address:
Street Address: N/N
City: County: N/A Zip Code: N/A
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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WP 3 1275

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Directu et ele lácidoses : El Medito Directos

Facility Information

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

		Date	Date		Date	Date		Date	Date
	•	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	*\	01-262-9	7 01- Jan	· q. 7)				•,*
(I) w/ ref. condenser	+	1284							
(2) w/ carbon adsorber									
(3) w/ no controls		184	-						
Washer Unit		,			1			1	
(4) w/ ref. condenser						<u> </u>			
(5) w/ carbon adsorber									
(6) w/ no controls								-	
Dryer Unit									
(7) w/ ref. condenser			1				l		
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					ı			· L	
(10) w/ ref. condenser			T -						
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of	are re	equired to be	installed [_		J	n the latest 12	2 moi	nths?	
(b) If less than 12 mont Check why it is less	hs, h	ow many? [_	New owner:	[_] New store		not k	eep records:	
3. What is the facility's so (Indicate with an "X".	Selec	et one classif	ication only.)	•	• •	Ì	3) of	Part II?	
Existing small ar	ea so	urce 🚁	No	ew sn	nall area sou	rce 🔽]		
Existing large are	ea so	urce W	Ne	ew la	rge area soui	rce []		

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4. What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated condenser	
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site X L-P-F/R	CE 10 H.P
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	Y
(b) Leak detection inspection and repair	W.
(c) Refrigerated condenser temperature monitoring	$\stackrel{\checkmark}{\smile}$
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	\leq

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notij statemen maintain	
this notif statemen maintain comply v	the air pollutant emissions units and air pollution control equipment described above so as to

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	Ø O	COMPLAINT/DISC	COVERY 🗆
AIRS ID#: \\\50083\\\ FACILITY NAME: \\\\				
FACILITY NAME: R	127 5. /enice			ai)
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DAF	VM by 9/1/96			×
2. New facility notified DARM	30 days prior to startu	р		
3. Facility failed to notify DARM	A to use general perm	it		Ω.
PART II: CLASSIFICATION			· .	
Facility indicated on notification (check appropriate box)	on form that it is:	New	13/961	- Pursums
A. 1. Existing small area sourd 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)	d tı b	ransfer only, xooth types, x<1	r, x<140 gal/yr :<200 gal/yr	G
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr d al/yr tı yr b</td><td>ransfer only, 2 oth types, 140</td><td>area source , 140<x<2, 100="" gal="" yr<br="">,00<x<1,800 gal="" yr<br=""> <x<1,800 gal="" yr<br=""> or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>C]</td></x<2,>	0 gal/yr d al/yr tı yr b	ransfer only, 2 oth types, 140	area source , 140 <x<2, 100="" gal="" yr<br="">,00<x<1,800 gal="" yr<br=""> <x<1,800 gal="" yr<br=""> or after 12/9/91)</x<1,800></x<1,800></x<2,>	C]
This is a correct facility classific	cation [NA XE		
If no, please check the appropria	ate classification:) <u>Exis</u>	1.80 (a)	New/small
· · · · · · · · · · · · · · · · · ·	ed for a general permits above limits and is n	t as number _	above	•
B. The total quantity of perchlor facility was 55 gallons.	roethylene (perc) purc	hased within	the preceding 12 month	s by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	XY □N
2. Examining the containers for leakage?	⊠ Y □N
3. Closing and securing machine doors except during loading/unloading?	XY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MIN/A
The result is the construction of the construc	
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 refrience (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrience of the complete A and B below).	gerated 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?	XY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO Y
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AVA ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY XN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ~/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON W/A

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	Ми
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N ~/A
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	$\square N N/A$
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□n X in/a
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N
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	□N ~)4
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		□n ¤ n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N XN/A
	·		
י כבוו	A TOPE CO. TO TO CONTROL TO TO TO CONTROL ATTEMPT		
	ART V: RECORDKEEPING REQUIREMENTS		
H	as the responsible official: heck appropriate boxes)		
H (c	as the responsible official:	ДY	
H (c)	as the responsible official: heck appropriate boxes)	XY XY	
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	×Υ	ПИ
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	<i>,</i> `	ПИ
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	XY DY	ПИ
H. (c) 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	MY DY DY	M M
H (c) 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?		□N Xin □N ~/4
H. (c) 1. 2. 3. 4. 5.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? **Gor direct reading instruments only*)		ON
H. (c) 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?		ON ~/4 ON ON/A ON ~/A ON ON/A ON //4
H. (c) 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?		ON ~/4 ON ON/A ON ~/A ON ON/A ON ~/A ON ~/A
H. (c) 1. 2. 3. 4. 5. 6. 7.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? **Gor direct reading instruments only**) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?		ON ~/4 ON ON/A ON ~/A ON ON/A ON //4
1. 2. 3. 4. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for pere purchased? Maintained rolling monthly averages of pere consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? **Gor direct reading instruments only**) Maintained exhaust duct monitoring data on pere concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?		ON ~/4 ON ON/A ON ~/A ON ON/A ON ~/A ON ~/A
1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?		

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2.	Which method of detection is used by t	he respo	nsible official?					
	Visual examination (condensed s	olvent on	exterior surfaces)		×			
	Physical detection (airflow felt th	rough ga	skets)		×			
	Odor (noticeable perc odor)	×						
	Use of direct-reading instrumenta	Ħ						
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting	perc vapo	or concentrations is	n a range of 0-500 ppm?		אכ		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					אַכ		
	c. Inspected for leaks an	ıd obviou	s signs of wear on	a weekly basis?		מב		
	d. Kept in a clean and s	ecure are	a when not in use?		OY ON			
	c. Verified for accuracy	by use of	. duplicate samples	(calorimetric only)?	ОУ ОИ			
3.	Has the facility maintained a leak log?				□Y ⊠ Ν			
4.	Does the responsible official check the	following	g areas for leaks?			`		
	Hose connections, fittings,							
	couplings, and valves	$\not \! \! \! \! \! / \! \! \! \! \! \! \! \! \! \! / \!$	ПN	Muck cookers	XY	□И		
	Door gaskets and seating	XX	ПИ	Stills	YY	□и		
	Filter gaskets and seating	XX	ПU	Exhaust dampers	YY	□и		
	Pumps	XY	ПN	Diverter valves	Y	□и		
	Solvent tanks and containers	XY	ЙП	Cartridge filter housings	XY	□И		
	Water separators	XX	ПИ					
		· · · · · ·						

Name of Responsible Official

7-31-97

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

mastro ma/s 12/96 SN: 15571

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DIS	COVERY	
AIRS ID#: 15083	DATE: \$16 /91/	TIME	IN: <u>9'00a~</u> TI	ME OUT:	1-BOA
FACILITY NAME: Foyo	1 try Cleane	15			
FACILITY LOCATION:	2121 2.	ami An:	Trail		
	Yenice, FL				
RESPONSIBLE OFFICIAL	: Judy CAME	-bell	_phone: _941\	493-1	611
CONTACT NAME:	<i>y</i>		PHONE:		
PART I: NOTIFICATION				70	
(check appropriate box)			D	$\overline{}$	
1. New facility notified DARM	1 30 days prior to startup		Line E		
2. Facility failed to notify DAF	RM to use general permit	:	K Not I of		
			67	13. A	
PART II: CLASSIFICATION	<u> </u>		OLI OTI	Ø.	1
Facility indicated on notificat	ion form that it is:		☐ No notification 1		
(check appropriate box)			☐ Drop store/out of	business/pet	roleum
A. 1. Existing small area sou	rcc D 2.	New small	area source	₩.	
dry-to-dry only, $x < 140$ gal	13	_	$\frac{1}{x} < 140 \text{ gal/yr}$	۲. کا	ľ
transfer only, x < 200 gal/yr	-		< 200 gal/yr	agin	lj .
both types, $x < 140$ gal/yr		th types, x <	140 gal/yr	-	- 1
(constructed before 12/9/91)	(0	onstructed or	or after 12/9/91)		·
3. Existing large area sout	rce	New large	area source		li li
dry-to-dry only, $140 \le x \le 2$			$140 \le x \le 2,100 \text{ gal/}$		
transfer only, $200 \le x \le 1.80$			$00 \le x \le 1,300 \text{ gal/yr}$,	
both types, $140 \le x \le 1,800$			\leq x \leq 1,800 gal/yr		\\
(constructed before 12/9/91)	(0	onstructed or	or after 12/9/91)		
5. This is a correct facility of	classification	& DIN	☐Can not determin	ie	
If no, please check the	appropriate classification	n:	_	M. D O	n Hive
☐ facil	ity qualified for a genera	l permit as n	umber abo	ve now m	196
☐ facil	ity exceeds above limits	and is not eli	gible for a general per	mit ps 1	3/97
B. The total quantity of perchl	oroethylene (perc) purch	ased within t	the preceding 12 mont	hs by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? \square N/A 3. Closing and securing machine doors except during loading/unloading? $\square N$ 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? The red FCi. Night to DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber f DY DN DN/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? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 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 אם על verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

			_	
В.	Has the responsible official of an existing large or new large area source also:			
			_	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
ĺ	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	\Box Y	\square N	
2	Measured and recorded the washer exhaust temperature at the condenser			
] -	inlet and outlet weekly?	$\Box v$	ПМ	□N/A
	mict and butlet weekly:	_ 1.	U 14	UNA
	Is the temperature differential equal to or greater than 20° F?	\Box Y	\square N	□N/A
	·			
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
.	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box \nabla$	□NI	□N/A
	in machines are equipped with a carbon adsorber?	ч,	ПM	UN/A
l	Is the perc concentration equal to or less than 100 ppm?	\Box Y	$\square N$	□N/A
l				
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?	ЦY	ПN	□N/A
_				
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
ĺ	condenser coils?	\Box Y	ΠN	\square N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	\Box Y	\square N	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	nd repair ,
	inspection?			Y DN
2.	Has the facility maintained a leak log?			NO VA
3.	Does the responsible official check the	following areas for leaks	?	/\
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	AV ON ON/A
	Door gaskets and seating	Y ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	AND NO Y	Diverter valves	MY ON ON/A
	Solvent tanks and containers	AND NO YA	Cartridge filter housings	AND NO YES
	Water separators	DY ON ON/A		
4.	Which method of detection is used by t	the responsible official?		,,
	Visual examination (condensed s	solvent on exterior surface	es)	\(\overline{\pi}\)
	Physical detection (airflow felt the	rough gaskets)		Ď.
	Odor (noticeable perc odor)			×
	Use of direct-reading instruments	ation (FID/PID/calorimet	ric tubes)	
	Halogen leak detector		,	×
	If using direct-reading instr	rumentation, is the equip	oment:	XN/A
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	DY DN
	b. Calibrated against a : (PID/FID only)?	standard gas prior to and	after each use	ОУ ОИ
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	DY DN
	d. Kept in a clean and s	ecure area when not in us	se?	OY ON
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	СОМ	PLAINT/D	ISCOVERY	RE-INSPE	CTION
TIME IN: 9 : 00 A-	TIME OUT:	9.30	an	AIRS ID#:	1150083	
TYPE OF FACILITY:	Dry Cleaner					
FACILITY NAME:	Royal Dry Cleane	rs			DATE: <u>08/0</u> 6	5/98
FACILITY LOCATION:	2127 S. Tamiami T	rail_				
	Venice, FL					
RESPONSIBLE OFFICIAL:	Judy Campbell		<u>.</u>	_PHONE NUMBI	ER: <u>941/493</u> –86	77
LIN .	the compliance requirement Rule 62-213.300, Florida A		_	=	facility is found to b	oe in
Based on the results of discrepancies were note	the compliance requiremented:	nts evalua	ted during th	his inspection, the	following complian	ce
COMPLIANCE REQ	UIREMENT/PROBL	EM	FOI	LLOW-UP AC	TION REQUIF	ŒD
	•					
				•		
					P	
					Bureau Bureau) M
					C 77 1950 au of Air More Sou	2
					itoring	0
COMMENTS:						
				,		
				· 		
The Annual Compliance Certific	cation form has been proper	rly certifie	ed and subm	itted to the inspect	or. YES	NO
DATE OF NEXT INSPECTIO	N: 08/99	(Ann	oroximate)			
INSPECTION CONDUCTED	BY:Susar	Comor	on			,
INSPECTOR'S SIGNATURE:	Sus- Ca	Ple) مع	ase Print)	PHONE NUMBE	R: <u>378-6128</u>	
,		1				

Revised 10/96

AIRS ID#: 150083

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Royal Dry	Cleaners		DAT	E: \$16/98
FACILITY LOCATION: 2/01/6	RoatH TAMIAM	trail		
Venice, Strasolo, Fl				
Annual Reporting Period:	13/1	9 <u>91</u> то	86	19]}
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A. If NO, complete the following:			r /-	DEP Rule NO
#1. Term or condition of the general permit the	nat has not been in conti	nuous compliance du	uring the reporting pe	riod 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 th	nat has not been in conti	nuous compliance du	uring the reporting per	riod stated above:
Exact period of non-compliance: from		to	Bures	
Action(s) taken to achieve compliance:			Mot Not Not Not Not Not Not Not Not Not N	5 M
Method used to demonstrate compliance:			ile S	3
			Jource	0
As the responsible official, I hereby certify, ba made in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name	d complete. Further, my es not exceed 2,100 gal	y annual consumptio	reasonable inquiry, the n of perchloroethylen	e solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	□ XX COMPLAINT/DISÇÔVERY	
	RE-INSPECTION		
AIRS ID#:1150083	DATE 08/23/	99 TIME IN: 6: 100 TIME OUT: 1	
FACILITY NAME:	ROYAL DRY CLEA	NERS B. T. C.	
FACILITY LOCATION: _	2127 SOUTH TAM	IAMI TRAIL, VENICE, PL	
COUNTY:	SARASOTA, FL	- Co	
RESPONSIBLE OFFICIAL	. JUDY CAMPBEL	PHONE: 941/493-8677	
CONTACT NAME:		PHONE:	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DAR	M 30 days prior to startu	р	
2. Facility failed to notify DA	ARM to use general perm	nit	
PART II: CLASSIFICATION	ON		
Facility indicated on potificated	ation form that it is:	□ No notification form	
Facility indicated on notification (check appropriate box)	ation form that it is:	☐ No notification form ☐ Drop store/out of business/petr	oleum
(check appropriate box) A.	V	☐ Drop store/out of business/petr	oleum
(check appropriate box) A. 1. Existing small area so	ource 🛱 2	☐ Drop store/out of business/petr 2. New small area source ☐	oleum
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g:	ource 💆 2	\Box Drop store/out of business/petr 2. New small area source \Box	
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr	ource (f) 2 al/yr d yr t	Drop store/out of business/petr 2. New small area source dry-to-dry only, $x < 140$ gal/yr cransfer only, $x < 200$ gal/yr ooth types, $x < 140$ gal/yr	
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gransfer only, x < 200 gal/	ource (f) 2 al/yr d yr t	\Box Drop store/out of business/petr 2. New small area source \Box	oleum Chases
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9	ource to 2 al/yr do tyr to 1)	Drop store/out of business/petr 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr poth types, $x < 140$ gal/yr (constructed on or after 12/9/91)	
(check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr	ource de 2 al/yr de 2 tyr te 1) (Drop store/out of business/petr 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr poth types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source	
 (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, 	burce 2 al/yr 6 by 5 1) (urce	Drop store/out of business/petr 2. New small area source dry-to-dry only, $x < 140$ gal/yr cransfer only, $x < 200$ 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, $200 \le x \le 1,300$ gal/yr	
 (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 	burce 2 al/yr 6 by 5 1) (urcc	Drop store/out of business/petr 2. New small area source dry-to-dry only, $x < 140$ 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, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
 (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, 	burce 2 al/yr 6 by 5 1) (urcc	Drop store/out of business/petr 2. New small area source dry-to-dry only, $x < 140$ gal/yr cransfer only, $x < 200$ 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, $200 \le x \le 1,300$ gal/yr	
 (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 	burce 2 al/yr 6 tyr tyr 1) (urce 2,100 gal/yr 6 800 gal/yr t 0 gal/yr b 1) (Drop store/out of business/petr 2. New small area source dry-to-dry only, $x < 140$ 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, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	
 (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9 5. This is a correct facility If no, please check the face 	al/yr divided by the second of	Drop store/out of business/petr 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ 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, $200 \le x \le 1,300$ gal/yr constructed on or after $12/9/91$) 12. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr (constructed on or after $12/9/91$) 13. Can not determine	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/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 scaled containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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 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) day on 1. Equipped all machines with the appropriate vent controls? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? OY ON DIN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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	DИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	Пλ	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppin?	ПΥ	ПΝ	□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?	ПΥ	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ďyγ □N				
2. Maintained rolling monthly averages of perc consumption?	AT ON				
3. Maintained leak detection inspection and repair reports for the following:	r				
a. documentation of leaks repaired w/in 24 hrs? or;	אמ⊈ מם צם ב				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אות אום עם אם				
4. Maintained calibration data? (for applicable direct reading instruments)	אאולף אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	OX ON QUAN				
6. Maintained startup/shutdown/malfunction plan?	D(Y □N ¨				
7. Maintained deviation reports?	אואם אם אם אם				
Problem corrected?	AVAC NO YO				
8. Maintained compliance plan, if applicable?	אאול אם צם				

P.	PART VI: LEAK DETECTION AND REPAIRS .					
1.	Does the responsible official conduct	a weekly (for small source	s, bi-weekly) leak detection ar	nd repair		
	inspection?			∯Y □N		
2.	Has the facility maintained a leak log	g?		ND A		
3.	Does the responsible official check th	ne following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	אירם אם על ם איר	Muck cookers	MY ON ON/A		
	Door gaskets and scating	· TOY ON ONIA	Stills	Y ON ON/A		
	Filter gaskets and seating	אואם אם אוא	Exhaust dampers	אוחם מם צב		
	Pumps	AND ND Y	Diverter valves	AND NO YES		
	Solvent tanks and containers	DA ON ONIV	Cartridge filter housings	DY ON ONA		
	Water separators	אואם אם צו				
4.	Which method of detection is used by	the responsible official?		,		
	Visual examination (condensed	solvent on exterior surface	es)	<u>×</u>		
	Physical detection (airflow felt	through gaskets)		₩		
	Odor (noticeable perc odor)			À ₩		
	Use of direct-reading instrumer	ntation (FID/PID/calorimet	ric tubes)	<u> </u>		
	Halogen leak detector			☆		
	If using direct-reading ins	trumentation, is the equip	oment:	JAN/A		
	a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?	אם צם		
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	after each use	OY ON		
	c. Inspected for leaks	and obvious signs of wear of	on a weekly basis?	DY DN		
	d. Kept in a clean and	secure area when not in us	se?	OY ON		
	e. Verified for accurac	cy by use of duplicate samp	les (calorimetric only)?	OY ON		
_	<u> </u>					
	Inspector's Name (Please P	rint)	0} 23/99 Date of Inspec			
	inspector's traine (riease ri	iim.	Date of Hisper	CUON		
_	Su Chine-		18/2-	_		
	Inspector's Signature		Approximate Date of I	Next Inspection		

AIRS ID#: ____1150083

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:F	OYAL DRY CLEANERS		DA	TE: 08/28/99
FACILITY LOCATION: _	2127 SOUTH TAMIAMI T	RAIL		
	VENICE, FL			
Annual Reporting Period:	08/06/98	19 TO	8/23/	19
Based on each term or condit	ion of the Title V general air permit,	my facility has re	emained in compliance with	n DEP Rule
62-213.300, Florida Adminis	trative Code (F.A.C.), during the per	iod covered by th	is statement. YES	\square NO
If NO, complete the following	<i>;</i> ;			
#1. Term or condition of the	general permit that has not been in o	continuous compl	iance during the reporting p	period stated above:
Exact period of non-complian	ce: from		to	
Action(s) taken to achieve con	npliance:		·	
Method used to demonstrate of	compliance:			
#2. Term or condition of the	general permit that has not been in c	ontinuous compl	iance during the reporting p	period stated above:
Exact period of non-complian	ce: from		to	
Action(s) taken to achieve cor	npliance:		·	
Method used to demonstrate of	ompliance:		·	
made in this notification are t upon rolling averages of purc year for transfer or combinati	nereby certify, based on information rue, accurate and complete. Further hase receipts, does not exceed 2,100 on facilities. Name (Please Print)	r, my annual con	sumption of perchloroethyl	ene solvent, based

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

	1	1
Page	of	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	TYPE OF INSPECTION:	ANNUAL XX	COMPI	LAINT/DISCOVERY	RE-INSPECTION
TYPE OF FACILITY: DRYCLEANER FACILITY NAME: ROYAL DRY CLEANERS DATE 1979 FACILITY LOCATION: 2127 SOUTH TAMIAMI TRAIL VENICE, FL RESPONSIBLE OFFICIAL: JUDY CAMPBELL PHONE NUMBER: 941/493-8677 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: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate)	TIME IN: O: O Am	TIME OUT:		AIRS ID#:	1150083
FACILITY LOCATION: 2127 SOUTH TAMIAMI TRAIL	TYPE OF FACILITY:	DRYCLEANER		•	
VENICE, FL RESPONSIBLE OFFICIAL: JUDY CAMPBELL PHONE NUMBER: 941/493-8677 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: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	FACILITY NAME:	ROYAL DRY CLE	EANERS		DATE: 8/03/99
RESPONSIBLE OFFICIAL: JUDY CAMPBELL PHONE NUMBER: 941/493-8677 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: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	FACILITY LOCATION:	2127 SOUTH TA	MIAMI	TRAIL	
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discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. The Annual Compliance Certification form has been properly certified and submitted to the inspector. (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	المنظر				ity is found to be in
COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NODATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON		•	its evaluated	during this inspection, the follo	wing compliance
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	COMPLIANCE REQUI	REMENT/PROBL	EM	FOLLOW-UP ACTION	ON REQUIRED
The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON					
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DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	COMMENTS:		_		<u> </u>
DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	•	•			
DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	·			•	
DATE OF NEXT INSPECTION: (Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON					·
(Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	The Annual Compliance Certificati	on form has been proper	ly certified	and submitted to the inspector.	yes NO
(Approximate) INSPECTION CONDUCTED BY: SUSAN CAMERON	DATE OF NEXT INSPECTION:	08/200			
	·		(Appro	oximate)	
AND THE PARTY OF T	INSPECTION CONDUCTED BY	7: SUSAN C		D: 0	
(Please Print) INSPECTOR'S SIGNATURE: 31 - (Please Print) PHONE NUMBER: 941/378-6128		5	(Please	·	941/378-6128
INSPECTOR'S SIGNATURE: PHONE NUMBER: 941/3/8-6128	INSPECTOR'S SIGNATUR E :	man Inn	1	PHONE NUMBER:_ 1	

Page___of__

Revised 10/96

TITLE V GENERAL PERMIT

RCHLOROETHYLENE DRY CLEANERS 70 5 COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVERY TYPE OF INSPECTION: ANNUAL □XX RE-INSPECTION AIRS ID#: __1150083 DATE: 11/27 200 TIME IN: 12 Now TIME OUT FACILITY NAME: ROYAL DRY CLEANERS FACILITY LOCATION: 2127 SOUTH TAMIAMI TRAIL, VENICE, FL COUNTY: SARASOTA, FL RESPONSIBLE OFFICIAL: <u>JUDY CAMPBELL</u> PHONE: <u>941/493-8677</u>

PHONE: 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 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yrboth types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification ПN ☐Can not determine ΠY 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 perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning, facility was 39 / gallons.

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

PART III: GENERAL CONTROL REQUIREMENTS

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?		אכ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		ИС	□N/A
	Is the temperature differential equal to or greater than 20° F?		ИС	□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 peoplines are equipped with a certain afterbar?		ח גר	□ > 1/4
	if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?			
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?		NC	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY C	אב	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	ИС	□N/A

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

<u>P</u> .	ART VI: LEAK DETECTION AND I	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small	sources, bi-weekly) le	cak detection and re	epair ,
	inspection?			φ.	Y 🗆 N
2.	Has the facility maintained a leak log?			Å .	Y 🗆 N
3.	Does the responsible official check the	following areas fo	or leaks?	,	
	Hose connections, fittings, couplings, and valves	Фу ои ои	A Muck cool	crs 🏹	Y ON ON/A
	Door gaskets and seating	. ∯J ON ON	A Stills	(Y ON ON/A
	Filter gaskets and seating	אם אם אם	A Exhaust da	ampers	Y ON ON/A
	Pumps	אם אם אם	A Diverter va	alves (A)	Y ON ON/A
	Solvent tanks and containers	₩Y □N □N	A Cartridge	filter housings	Y ON ON/A
	Water separators	אום אם צע	A	,	
4.	Which method of detection is used by the	he responsible off	icial?		•
	Visual examination (condensed so	olvent on exterior	surfaces)	Ø	
	Physical detection (airflow felt the	rough gaskets)		Ø	
	Odor (noticeable perc odor)			Ø	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					_
If using direct-reading instrumentation, is the equipment:					√A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? UY DN				Y DN
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				√ □N
	c. Inspected for leaks an	d obvious signs o	f wear on a weekly bas	sis?	Y 🗆 N
	d. Kept in a clean and so	-	•		Y D N
	e. Verified for accuracy	by use of duplicat	e samples (calorimetri	ic only)?	Y 🗆 N
		•			
_					
<=	Day 1 Oraginal		64/	20/2-	
\leftarrow	Inspector's Name (Please Prin	nt)		Date of Inspection	1
				/	
_	De Maria		08	12001	
	Inspector's Signature		Approx	imate Date of Next	Inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL XX CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 1150083
TYPE OF FACILITY: ROYAL DRY .CLEANERS	
FACILITY NAME: 2127 SOUTH TAMIAMI T	PRAIL DATE: 08/03/2007
FACILITY LOCATION: VENICE, FL	
RESPONSIBLE OFFICIAL: JUDY CAMPBELL	PHONE NUMBER: 941/493-8677
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
-	
	·
	·
·	·
·	
	·
	*
COMMENTS:	
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2 August 2001	/\
(A)	pproximate)
INSPECTION CONDUCTED BY: DUSAN (American	
(P	lease Print)
INSPECTOR'S SIGNATURE: An	PHONE NUMBER 941 378-6128
	W.5615

Revised 10/96

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AIRS ID#: 1150083

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

			· · · · · · · · · · · · · · · · · · ·
FACILITY NAME: ROYAL	DRY CLEANERS	· 	DATE: <u></u>
FACILITY LOCATION: XXXX 2	127 SOUTH TAMIAM	I TRAIL	
VENICE	, FI.	·	
Annual Reporting Period: August	23 19	99 TO Sugart O	3 _19_200
Based on each term or condition of the Tit 62-213.300, Florida Administrative Code (If NO, complete the following:			
#1. Term or condition of the general perm	uit that has not been in contir	nuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from	·	to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	/	<u> </u>	·
#2. Term or condition of the general perm	nit that has not been in contin	nuous compliance during the repo	orting period stated above:
Exact period of non-compliance: from		to	<u>. </u>
Action(s) taken to achieve compliance:		14	
Method used to demonstrate compliance:			· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities.	e and complete. Further, my s, does not exceed 2,100 gali	annual consumption of perchlor	roethylene solvent, based
RESPONSIBLE OFFICIAL:N	ame (Please Print)	L Yurleth China Cell Signature	8/3/00 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Intered INTO	_
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08/20/01	
012 -101	

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I YPE	()r	HXSPE	CIION

ANNUAL MXX COMPLAINT/DISCOVERY

FACILITY NAME: ROYAL DRY CLEANERS FL RESPONSIBLE OFFICIAL: JUDY CAMPBELL PHONE: 941/493-8677 CONTACT NAME: _____ PHONE: ____

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	
2. Facility failed to notify DARM to use general permit	, 🗖

<u> </u>	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lin	
B. The total quantity of perchlorocthylene (perc) pure facility was gallons.	urchased within the preceding 12 months by this dry cleaning

ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? Y ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ΠN 4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/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? DY DN DY ON ONA 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 AVAD AD YE 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 DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO AD verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	ΟΥ	_ DN	
2.	Measu.ed and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 200 F?	Ωγ	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?	ПΥ	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppin?	\Box Y	ПΝ	□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?	\Box Y	Ωи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ΔY ΠΝ				
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;	ANNÉ 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?	אואם אם עם				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DN/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A				
6. Maintained startup/shutdown/malfunction plan?	AT ON				
7. Maintained deviation reports?	OY ON ON/A				
Problem corrected?	OY ON DANA				
8. Maintained compliance plan, if applicable?	OY ON ON/A				

P.	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?				ДΥ	ПN
2.	Has the facility maintained a leak log	?			ÞΥ	ПN
3.	Does the responsible official check the	e following are	as for leaks?			
	Hose connections, fittings, couplings, and valves	AY ON C	A/NC	Muck cookers	Δy	□N □N/A
	Door gaskets and scating	DY ON C	⊃N/A	Stills	ФY	□N □N/A
	Filter gaskets and seating	DY ON C	⊃N/A	Exhaust danipers	PY	□N □N/A
	Pumps	DY ON C	A/NE	Diverter valves	ÞΥ	□N □N/A
	Solvent tanks and containers	DY ON C	AVAL	Cartridge filter housings	: P Y	A/ND ND
	Water separators	מא כוא נ	A/AC			
4.	Which method of detection is used by	the responsible	e official?			
	Visual examination (condensed :	solvent on exte	rior surfaces)		Vα	
Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Odor (noticeable perc odor)					
	Use of direct-reading instrument	ation (FID/PIC	D/calorimetric t	ubes)	ū	
	Halogen leak detector				ø	
	If using direct-reading inst	rumentation, i	is the equipme	nt:	אול	'A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					ΩΥ	ΠN
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					□N
	c. Inspected for leaks a	nd obvious sigi	ns of wear on a	weekly basis?	ΩΥ	ΠN
	d. Kept in a clean and s	secure area who	en not in use?		ΩΥ	ΩN.
	e. Verified for accuracy	by use of dupl	licate samples ((calorimetric only)?	ΩΥ	ПΝ
						,
-					<u></u>	
_	Inspector's Name (Please Pri	nt)		Date of Inspe	ction	
	Inspector's Signature Approximate Date of Next Inspection				nspection	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL XX	COMPLAINT/DISCOVERY RE-INSPECTION	
TIME IN:	TIME OUT:	AIRS ID#: 1150083	
TYPE OF FACILITY:	perchloroethylene	dry cleaner (,	
FACILITY NAME:	ROYAL DRY CLEANERS	DATE: Of GO	
FACILITY LOCATION:	2127 SOUTH TAMIAMI VENICE, FLORIDA	TRAIL	
RESPONSIBLE OFFICIAL:	JUDY CAMPBELL	PHONE NUMBER: 941/493-8677	
للكا	of the compliance requirements e P Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).	
Based on the results discrepancies were r		valuated during this inspection, the following compliance	
COMPLIANCE RE	QUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
·			٠
		,	
COMMENTS:			
The Annual Compliance Cert	ification form has been properly c	ertified and submitted to the inspector. YES NO	
DATE OF NEXT INSPECT	TION: 2 Aug 2002	(Approximate)	
INSPECTION CONDUCTE	CD BY: A	(Please Print)	
INSPECTOR'S SIGNATUR		PHONE NUMBER: 941-378-6 1=	
	Pag	$e^{\underline{1}}$ of $\underline{1}$. Revised 1	10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	ROYAL DRY CLEANERS	S		DA	TE: 0\$/10/01
FACILITY LOCATION:	2127 SOUTH TA			No.	<u> </u>
	VENICE, FLORI	DA			
			•	<u> </u>	
Annual Reporting Period:	08/03	20 00	то	08/10/4	20_01
Based on each term or condi	ition of the Title V general air p	permit, my facility	has remained i	n compliance with	DEP Rule
62-213.300, Florida Admini	strative Code (F.A.C.), during t	the period covered	l by this statem	ent. TYES	□NO
If NO, complete the following	ng:				
#1. Term or condition of the	e general permit that has not be	en in continuous o	compliance dur	ing the reporting pe	riod stated above:
Exact period of non-complia	nnce: from		to	· .	
Action(s) taken to achieve co	ompliance:	/	-		
Method used to demonstrate	compliance:		·		
#2. Term or condition of the	e general permit that has not be	en in continuous c	compliance dur	ing the reporting pe	riod stated above:
Exact period of non-complia	ince: from		to		
Action(s) taken to achieve co	ompliance:				
Method used to demonstrate	compliance:				
in this notification are true, a purchase receipts, does not a combination facilities.	hereby certify, based on inform accurate and complete. Furthe exceed 2,100 gallons per year for the Name (Please Prin	er, my annual cons for dry-to dry facil	sumption of per lities or 1,800 g	chloroethylene solv allons per year for	ent, based upon

^{*}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.

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

RECEIVED MAIL ROOM JAN 22 97

TOTAL AMOUNT DUE: \$50.00

JAN 1 6 1997

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

AIRS ID# 1150083

ROYAL DRY CLEANERS JUDITH J CAMPBELL 2127 S TAMIAMI TRAIL VENICE FL 34293

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301292

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 JAN 29 98

Do NOT Remove Label

AIRS ID#1110083

RUBEN D ALMONDOVAR RUBEN D ALMODOVAR 210 RAMIE LANE PORT ST LUCIE FL 34952

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

301203

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

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1UL OF THE THREE OF THREE O

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Do NOT Remove Label

AIRS ID#1150083

JUDITH J CAMPBELL JUDITH J CAMPBELL 2127 S TAMIAMI TRAIL VENICE FL 34293

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE

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AIRS ID # 1150083

ROYAL DRY CLEANERS JUDITH J CAMPBELL 2127 S TAMIAMI TRAIL VENICE FL 34293

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obi.: 002273

V 0391895

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

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AIRS ID # 1150083

ROYAL DRY CLEANERS JUDITH J CAMPBELL 2127 S TAMIAMI TRAIL VENICE FL 34293 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405102 FEB122001

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TOTAL AMOUNT DUE: \$50.00

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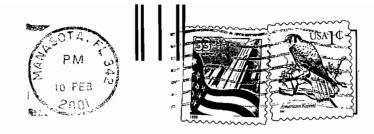
Do NOT Remove Label

AIRS ID # 1150083

ROYAL DRY CLEANERS JUDITH J CAMPBELL 2127 S TAMIAMI TRAIL VENICE FL 34293 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 2127 & Januaria Venice FR 34275



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

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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

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AIRS ID # 1150083

ROYAL DRY CLEANERS
JUDITH J CAMPBELL
2127 S TAMIAMI TRAIL
VENICE FL 34293

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273



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

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Do NOT Remove Label

AIRS ID # 1150083
ROYAL DRY CLEANERS
JUDITH J CAMPBELL
2127 S TAMIAMI TRAIL
VENICE FL
34293

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

ROYAL DRY CLEANERS JUDITH J CAMPBELL 2127 S TAMIAMI TRAIL VENICE FL 34293 AIRS ID#1150083

JAN 2 9 2003 Bureau of Air Monitoring 8 Mobile Sources

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500

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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436250 FEB11 2004

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

ID# 1150083 JUDITH CAMPBELL ROYAL DRY CLEANERS 2127 S TAMIAMI TRAIL WENICE, FL 34293 FEB 1 8 2004
FEB 1 8 2004
Bureau of Air Monitoria

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

446241 FEB142005

Bureau of Air Mornices

& Mobile Sources

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 1150083 1stC ROYAL DRY CLEANERS 2127 S Tamiami Trail VENICE, FL 34293

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001

OBJECT: 002273

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449417 MAR21 2005

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1150083 10 ROYAL DRY CLEANERS 2127 S Tamiami Trail VENICE, FL 34293

ORG.: 37550101000 EO: A1

FOR GOVERNMENT USE ONLY

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) JUDITH CAMPBELL Sent To ROYAL DRY CLEANERS 2127 S TAMIAMI TRAIL or PO Box I VENICE, FL 34293 City, State, I

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
JUDITH CAMPBELL	3
ROYAL DRY CLEANERS	The state of the s
2127 S TAMIAMI TRAIL VENICE, FL 34293	3. Service Type Cortified Mall Express Mall Registered Return Receipt for Merchandise C.O.D.
•	4. Restricted Daliven 2./
2. Article Number (Transfer from service label) 7001 1140 00	01 7556 3700
PS Form 3811, August 2001 Domestic Reti	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCESON
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

FEB

(Domestic Mail C	Service _{TM} D MAIL _{TM} REC Only; No Insurance Continuo visit our website	Coverage Provided)
m Postage	\$	
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
Sent To ROY Sireet, Apt. No.; 212	S ID# 1150083 1s YAL DRY CLEAN 7 S Tamiami Trail NICE, FL 34293	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by Printed Name) C. Date of Delivery		
1. Article Addressed to: AIRS ID# 1150083 1stC ROYAL DRY CLEANERS 212028 Tamiami Trail	D. Is delivery address different from Item 1?		
VENICE, FL 34293	3. Service Type Certified Mail		
	ADastricted Deliver C. (Evtro. Fool Yes		
2. Ari (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
PS Form out removally 200	102595-02-M-1540		

UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid USPS Permit No. G-10 BUR OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
STATION 5510
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STONE ROAD • Sender: Please print your name, address, and ZIP+4 in this sox • lallindahallahalahadhaadalahahalahalahalah 0i

	ified Mail AIRS ID # 1150083	
OYAL DRY CLEANI UDITH J CAMPBELL 127 S TAMIAMI TRA ENICE FL 34293	ERS	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		:
Return Receipt Showing to Whom & Date Delivered		1
Return Receipt Showing to Whom, Date, & Addressee's Address		
TOTAL Postage & Fees	\$	
Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date		:

SENDER: COMP	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Division C. Signature X Katte Ozer Ag Ag
1. Article Addressed to: AIRS ID # 1150083 ROYAL DRY CLEANERS JUDITH J CAMPBELL	D. Is delivery address different from item 1?
2127 S TAMIAMI TRAIL VENICE FL 34293	3. Service Type Certified Mail Registered Return Receipt for Mercel Insured Mail C.O.D.
P174052 533	4. Restricted Delivery? (Extra Fee)

CERTIFIE	U.S. Rostal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
Postage	\$.				
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee		Postmark Here			
Total	AIRS	ID # 1150083			
JUDITH J CA Street, 2127 S TAMI VENICE FL	MPBELL AMI TRAIL				
PS FORM 3800, February 2	2000	See Reverse for Instructions			

SENDER: COMPLETE เก็บริธิรัฐษ์เบื้อที่	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 reviso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	e, X Judith Camp Addressee	
1. Article Addressed to: AIRS ID # 1150083 ROYAL DRY CLEANERS JUDITH J CAMPBELL 2127 S TAMIAMI TRAIL VENICE FL 34293	If YES, enter delivery address below:	
	3. Service Type Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Copy from service label) 26 4124 3266		
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789	

Z 510 PP5 453 US Postal Service
Receipt for Certified Mail No insurance Coverage Provided.

Do not use for international Mail (See reverse) AIRS ID # 1150083001AG 10 JUDITH J CAMPBELL ROYAL DRY CLEANERS 2127 S TAMIAMI TRAIL VENICE FL 34293 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address Form **3800**, TOTAL Postage & Fees Postmark or Date S

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
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1. Article Addressed to: 10 AIRS ID # 1150083001AG JUDITH J CAMPBELL ROYAL DRY CLEANERS	D. 1s delivery address different from item 1? Yes If Y 2, enter deliver address below: No JUN 1 2 2001		
2127 S TAMIAMI TRAIL VENICE FL 34293	3. Service Treatment of Air Expession Certified Mail		
2. Article Number (Copy from service label)			
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789		