

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 25, 1997

Mr. Wayne G. Bushkin, President Bushkin Enterprises, Inc. Post Office Box 181121 Casselberry, Florida 32718-1121

Re: One Hour Martinizing Dry Cleaning

Facility No.: 1170354

Dear Mr. Bushkin:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 30, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Todd Sanchez, Central District

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

Printed on recycled paper.



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 30, 1997

Mr. Wayne G. Bushkin Bushkin Enterprises, Inc. Post Office Box 181121 Casselberry, Florida 32718-1121

Dear Mr. Bushkin: -

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#111) in the amount of \$50.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sandra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring and

Enclosure

	WAYNE G. BUSHKIN OR	1
	DEBBY, J. BUSHKIN 9 41-958-8059 407 696 –943 0 P.O. BOX 181121 CASSELBERRY, FL 32718-1121	4-28 1997
Do.: To	Alexantment of Environme	ntellistation \$ 50.00
Ramet	try dollars and	o cts Dollars 1
Bank	1001 Red Bug Lake Road Casselberry, Florida 32707-5744	1 May O Rockbin

#1170354

	One House March Son D. March
	One Hour Martinizing Dry Cleaning
	-Spoke to Nayne Bush Kin-5/29/97-
 	-spoke to Wayne Bushkin-5/29/97- plans to open by Aug. 1
D.13	8 add business Phone#
'	
P.14	2.(a) add "Will use less than 140 gal. of perc. during any twelve month period." 5.(d) not required, mark out "X" and initial
	140 gal of Derc during any
	twelve month Derind
715	5/d) not hopeway I nearly out
P.15	J.W. J.
}	
<u> </u>	- Maintiue
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RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

APR 3 **0**1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

l.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	BUSHICTN FAITERPRISES TNG						
2.	BUSHKIN ENTERPRISES INC. Site Name (For example, plant name or number):						
3	ONE HOUR MANTENEZENG DRY CLEANENG Hazardous Waste Generator Identification Number: Applies For						
-							
	Applies for						
4.	Facility Location: Street Address: 276 F. SOM SALETO BLYP						
	Street Address: 276 E. SOMSALTTO BLUP City: CASSEBERRY County: SEMENOLE Zip Code: 32707						
5.	Facility Identification Number (DEP Use):						
	1140354						
	Responsible Official						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	WAYNE G. BUSHNZN PRESEDENT Responsible Official Mailing Address:						
7.	Responsible Official Mailing Address:						
	Street Address: Po Box 181121						
	Organization/Firm: BUSIKEN ENTERPRESES, INC Street Address: PO BOX 181121 City: CASSELBERRY County: SEMENOLE Zip Code: 32718-1121						
(8)	Responsible Official Telephone Number:						
	Telephone: (407) 696-9430 Fax: (407) 696-9430						
	Facility Contact (If different from Desparable Official)						
	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 Form No. 62-213.900(2) Effective: 6-25-96

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	ľ	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	6/97	6/97						
(2) w/ carbon adsorber	·								
(3) w/ no controls		· - ·	-						
Washer Unit			•						
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•	-		•	-			
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls							_		
Reclaimer Unit			•		•			-	
(10) w/ ref. condenser						ŀ			
(11) w/carbon adsorber									
(12) w/ no controls									
·		•						<u> </u>	
•		•							
(b) Control devices are	e requ	ired, but not	yet installed	[]				
(c) No control devices	are r	equired to be	installed [_		_]				
(2)(a) What was the total			oroethylene (perc)	purchased in	n the latest 12	2 mo	nths?	
	gallo	ons							
(b) If less than 12 mon									
Check why it is less	s thar	12 months:	New owner:	Ĺ	_] New store	:: [_] Did	not k	ceep records:	[]
3. What is the facility's so					initions foun	d in section (3) of	Part II?	
(Indicate with an "X".	Selec	ct one classif	ication only.))					
.		r -			13	. 🗤	-		
Existing small a	rea so	ource []	Ne	ew sn	nall area sou	rce [X	J		
nald		r ,	• •			•	,		
Existing large ar	ea so	urce [Ne	ew la:	rge area sour	ce	1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (section (section with an "X".)	i) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated conden	nser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	· 100
5. A facility which contains non-exempt emissions units shall not be elig to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating 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 boiler HP or less), and (2) are fired exclusively by natural gas except for during which propane or fuel oil containing no more than one percent such	periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping l	nformation
Check all logs which are required to be kept on-site in accordance with th	e requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	(X)
(c) Refrigerated condenser temperature monitoring	[*]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	[<u>*</u>
(f) Start-up, shutdown, malfunction plan	

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

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 notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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	mptly notify the Department of any changes to the information contained in this notification.
Signature	mc Robel. 4/28/97 Date Date

	BEST AVAILABLE COP	Υ		ECEIVED
	Che Hoir	Mairtiniz	zing Dry Cleani	ng APR 3 01997
1. Facili	-spoke to plans to	Wayne Bi o open b	ishkin-5/29/9 Y Arig. 1	reau of Air Monitoring Mobile Sources
1 1	.13 8. add b			
3. Haza 4. Facil Stre	14 2.(a) add 140 gal. twelve 15 5.(d) not "X" and	Mill u of perc. o month p	se less that uring any eriod.	707
City D		required Linitial vected	9 15/97	
6. Narr				
7. Res Org Stre City				32718-1121
S: Res Tel				0
	racinty Contact ((11 amerem 110		
9. Name and	Title of Facility Contact (For	example, plant mar	nager): 	
10. Facility Co	ontact Address:			
Street Add City:	lress:	County:	Zip Code	e:
11. Facility C Telephone	ontact Telephone Number:		Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

APR 3 **Q**1997

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):

Bureau of Air Monitoring & Mobile Sources

	BUSHKIN ENTERPRISES INC. Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
3	ONE Hour MARTONEZENG DRY CLEANONG Hazardous Waste Generator Identification Number: Application For						
J.	Applato For "						
4.	Facility Location:						
	Street Address: 276 E. SOMSALTIO BLUD City: CASSELBERRY County: SEMENOLE Zip Code: 32707						
5.	Facility Identification Number (DEP Use): 1/40354						
	Responsible Official						
6.	Name and Title of Responsible Official:						
	WAYNE G. BUSHUZN PRESIDENT Responsible Official Mailing Address:						
7.							
	Organization/Firm: BUSHKEN GN TERPRESES, INC Street Address: PO BOX 181121						
	City: CASSELBERRY County: SEMENCE Zip Code: 32718-1121						
8.	Responsible Official Telephone Number:						
	Telephone: (407) 696-9430 Fax: (407) 696-9430 834-4114						
	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: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						

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

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.

ij

		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	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91	,	#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	<u> </u>								
(1) w/ ref. condenser	#1	6/97	6/97		_		_		
(2) w/ carbon adsorber								•	
(3) w/ no controls									
Washer Unit		•	•						-
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1			-1				-
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		-			-1				<u></u>
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices	•	·]				
2.(a) What was the total of the control of the cont	gallo VSE (hs, h	ons 140 ESSTHAN ow many? [O months	/\%.	4 9/151	97	_		
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section (3) of	Part II?	
Existing small ar	ea so	urce []	Ne	ew sn	naIl area sou	rce 🔼)		
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	rce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber New small area source Refrigerated condenser	Refrigerated condenser	
New large area source Refrigerated condenser		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	hot water generating units	
All stcam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by nuduring which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
	,	
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	n accordance with the requ	tirements of this general permit:
(a) Purchase receipts and solvent purchases	·	
(b) Leak detection inspection and repair		(人)
(c) Refrigerated condenser temperature monitoring		[×]
(d) Carbon adsorber exhaust perc concentration mon	itoring	N/A B 91,1/57
(e) Instrument calibration		(x) 41,1/57
(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)

	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 cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the secondary is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.					
' will pro	omptly notify the Department of any changes to the information contained in this notification.					
Signature	mc CRopell. Y/28/97 Date					

DEP Form No. 62-213.900(2)

Effective: 6-25-96



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗓	COME	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11'. 55	TIME OUT: 12.	Qv	AIRS ID#: /	17 0354
TYPE OF FACILITY: Dry	deaning			
FACILITY NAME: DIVE	Hour Martir	71 2×		DATE: 11/97
FACILITY LOCATION:	76 E. Sauls	aket	Y Blud	
	sselling Fr	7	32707	
RESPONSIBLE OFFICIAL: 1	laugne Brish &	rin	PHONE NUMBER:_	407 - 834-4114
	e compliance requirements le 62-213.300, Florida Adп		ted during this inspection, the factive Code (F.A.C.).	ility is found to be in
Based on the results of the discrepancies were noted		evalua	ted during this inspection, the foll	owing compliance
COMPLIANCE REQUI	REMENT/PROBLE	M	FOLLOW-UP ACTION	ON REQUIRED
•				
			· .	
. •				
				,
]		
rents: Newfacility 50 lace	1, 90 gall	en.	e (expectia)	10 mths-
The Annual Compliance Certifica		y certifi	ied and submitted to the inspector	YES NO
DATE OF NEXT INSPECTION	t:11198			
	IY: SAADIA		proximate)	
INSPECTION CONDUCTED E	Y: CHAIDIA		uf Ed [T]	
INSPECTOR'S SIGNATURE:	4/		PHONE NUMBER:	417-894-7553
	Pag	gec	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY D
RE-INSPECTIO	N 🗆
170354 AIRS ID#: MATE: 11/4/	77 TIME IN: 11.55 TIME OUT: 12.20
FACILITY NAME: ONE HOUR	MARTINIZING
FACILITY LOCATION: 276 E.	Saulalito Blvd.
Cassel benj	CL. 32707
RESPONSIBLE OFFICIAL: Wayne	· 1
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	-mit
2. Facility failed to findify DARWI to use general per	nat
2. Facility failed to floury DARWI to use general per	
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	□ No notification form □ Drop store/out of business/petroleum
PART II: CLASSIFICATION Facility indicated on notification form that it is:	☐ No notification form
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 gallons.

New facility, 80 gallots 8 mths - 10 mths

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON MINA 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? Y 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 Y 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? prob. as of 1 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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-ro-dry, reclaimer, and dryer machines on a weekly basis?	מס עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מאָם אם צם
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
P.	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: check appropriate boxes)	
1.	Maintained receipts for perc purchased?	MY DN
2.	. Maintained rolling monthly averages of perc consumption?	A ON
3.	Maintained leak detection inspection and repair reports for the following:	X DA DAYA

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	NO Y			
2. Maintained rolling monthly averages of perc consumption?	A ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	AVNO NO YK			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON BUYA			
5. Maintained exhaust duct monitoring data on perc concentrations?	אוא אל אם אם אם			
6. Maintained startup/shutdown/malfunction plan?	XQY ON			
7. Maintained deviation reports?	OY ON DAVIA			
Problem corrected?	DY DN XVIA			
8. Maintained compliance plan, if applicable? In Compliance, not needed	אואל מם אם			

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, ADY ON ON/A Muck cookers DY DN DN/A couplings, and valves ÒY □N □N/A Stills DY DN DN/A Door gaskets and seating DY DN DN/A OY ON ON/A Exhaust dampers Filter gaskets and seating DY DN DN/A Diverter valves DY DN DN/A Pumps Solvent tanks and containers DY DN DN/A Cartridge filter housings □ ♥ □N □N/A DY DN DN/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 If using direct-reading instrumentation, is the equipment: □N/A 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 DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? UN YD d. Kept in a clean and secure area when not in use? UA UM UA UM e. Verified for accuracy by use of duplicate samples (calorimetric only)? Inspector's Name (Please Print) Approximate Date of Next Inspection Inspector's Signature Dhe C for

muck \$ 2.5gl/mth

Dowe Fermac Inc

A02513

RECEIVED MAIL ROOM

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FEB 12 98

RECEIVED

FEB 1 6 1998

Bureau of Air Monitoring & Mobile Sources

AIRS ID#1170354 JSHKIN ENTERPRISES INC

BUSHKIN ENTERPRISES INC WAYNE G BUSHKIN P O BOX 181121 CASSELBERRY FL 32718-1121

Do NOT Remove Label

Annual Reporting Period: 71/97	19 T	0 173	3, 197	19
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during	-		_	EP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has not b	een in continuous com	pliance during the	reporting perio	od stated above:
Exact period of non-compliance: from		to	·	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	· • · ·			em e e
#2. Term or condition of the general permit that has not b	een in continuous com	pliance during the	reporting perio	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, based on informati notification are true, accurate and complete. Further, my ann does not exceed 2,100 gallons per year for dry-to dry facilities of	ual consumption of perc	chloroethylene solven	nt, based upon p	urchase receipts,
RESPONSIBLE OFFICIAL: WAYNE BUS	His V	Boll	·	2/5/98

Signature

Date

Name (Please Print)

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔽	СОМ	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10. 45	TIME OUT:	11:40	AIRS ID#:_	170354
TYPE OF FACILITY:	Dryckanin	3		
FACILITY NAME: OY	re hour M	artini	izira	DATE: 10/00/9 <i>P</i>
FACILITY LOCATION:	71. San Salit	o Blva	\int_{0}^{1}	72 7
	Casselberro	IFL.	32707	
RESPONSIBLE OFFICIAL:	Wayne Bush	ken		ER: 407-834-4114
	the compliance requirem Rule 62-213.300, Florida		ited during this inspection, the ative Code (F.A.C.).	facility is found to be in
Based on the results of discrepancies were not	-	ents evalua	ted during this inspection, the	following compliance
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC	CTION REQUIRED
			·	
		•	+	
			<u> </u>	
				M
				RE Z M
				Mobile of Air J
-				Sources Sources
				oring or
COMMENTS:			-	` /-
God clean	facility	resp	sonsiby keep	ng recros.
	IN comp	oliar	r ce	
The Annual Compliance Certifi				
DATE OF NEXT INSPECTION	ON:	1019	19	· · · · · · · · · · · · · · · · · · ·
		(Áp)	proximate)	
INSPECTION CONDUCTED	BY:	ADIA	QURESHI	
None on one of the control of	2/2	(1 ² lé	ease Print)	n 562 2222
INSPECTOR'S SIGNATURE			PHONE NUMB	ER: <u>893-3333</u>
		Page	_of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	J ∠r	COMPLAINT/DISCOV	VERY \square
	RE-INSPECTION			
AIRS ID#: 17035H	DATE: 10/20/98	TIME I	n: <u>10'.45</u> time	OUT: 11,40
FACILITY NAME: MO	utin Beng		<u>₽</u>	<u>, , , , , , , , , , , , , , , , , , , </u>
FACILITY LOCATION:	276 Saus	alitu	Blud. & &	OF T
_	Casselberry	· · · · · · · · · · · · · · · · · · ·	3) 10+ 8= Z	W 4
RESPONSIBLE OFFICIAL:	: Wagne Bus!	hken	PHONE: 시간	\$ 3H-4W
CONTACT NAME:			PHONE:	oring
	-			
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startup			ū
2. Facility failed to notify DAI	RM to use general permit			ū
			 	
PART II: CLASSIFICATIO	N			
			☐ No notification form	·
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of bu	
Facility indicated on notificat (check appropriate box) A.	tion form that it is:	Now amall a	☐ Drop store/out of bu	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	tion form that it is:	New small a	☐ Drop store/out of bu	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rce 2. Lyr dry r tra	y-to-dry only, nsfer only, x	☐ Drop store/out of bu rea source x < 140 gal/yr < 200 gal/yr	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	y-to-dry only, nsfer only, $x < 1$ th types, $x < 1$	□ Drop store/out of bu rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rce	y-to-dry only, nsfer only, $x < 1$ th types, $x < 1$	☐ Drop store/out of bu rea source x < 140 gal/yr < 200 gal/yr	
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce 2. Lyr dry r tra bot) (cc	y-to-dry only, nsfer only, $x < 1$ th types, $x < 1$	□ Drop store/out of bu rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 galtransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2	tion form that it is: rce	y-to-dry only, unsfer only, x on the types, x < 1 on the types, x < 1 on the types on the type and the type and the type and the type only,	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $	siness/petroleum Year old
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	tion form that it is: rce	y-to-dry only, nsfer only, x on the types, x < 1 on the types, x < 1 on the types on the type and the type and the type only, nsfer only, 20	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$	siness/petroleum Year old
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 galtransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2	tion form that it is: rce	y-to-dry only, unsfer only, x on the types, x < 10 on tructed on New large and y-to-dry only, unsfer only, 20 th types, 140	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $	siness/petroleum Year old
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800	tion form that it is: rce	y-to-dry only, unsfer only, x on the types, x < 10 on tructed on New large any-to-dry only, unsfer only, 20 th types, 140 on tructed on	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	siness/petroleum 1 Yar old
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	tion form that it is: rce	y-to-dry only, unsfer only, x on the types, x < 1 on tructed on New large any-to-dry only, unsfer only, 20 th types, 140 on tructed on	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) $< x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	siness/petroleum 1 Yar old
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally transfer only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally transfer only, x < 140 gally transfer only, 200 gally transfer only, 140 size x < 1,800 (constructed before 12/9/91) 5. This is a correct facility of the property o	tion form that it is: rce	y-to-dry only, unsfer only, x on the types, x < 1 on tructed on New large and y-to-dry only, unsfer only, 20 on the types, 140 on tructed on Y	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	siness/petroleum 1 Yar old
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyre both types, x < 140 gallyre (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facility of the constructed before 12/9/91.	tion form that it is: rce	y-to-dry only, nsfer only, x on the types, x < 1 on tructed on New large and y-to-dry only, nsfer only, 20 on tructed on Y \bigsim N	Drop store/out of but rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $ 40 \text{ gal/yr} $ or after $ 12/9/91 $ rea source $ 140 \le x \le 2,100 \text{ gal/yr} $ $ 00 \le x \le 1,800 \text{ gal/yr} $ or after $ 12/9/91 $. Can not determine mber above	siness/petroleum 1 Yar old

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? san disk 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 ZOY ON ON/A cendenser 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 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?	□Y □N
on dry-to-dry, rectainer, and dryer machines on a weekly basis?	
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	DY DN DN/A
Is the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	DY DN DN/A
ls the perc concentration equal to or less than 100 ppm?	DY DN DN/A
is the perc concentration edual to or less than 100 ppin?	OI ON ONA
4. Assured that the sampling port on the carbon adsorber exhaust for measuring	
perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	DY DN DN/A
of expansion, and downstream from no other finet:	ar ar ar
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY DN DN/A
. Acoused will for to the entroit addersor (it abod) at all tillies.	
	

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PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 OZY □N □N/A and parts installed w/in 5 days of receipt? DY DN QMA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? VOY ON ON/A 7. Maintained deviation reports? DY DN QX/A Problem corrected? NUD UU KU/A 8. Maintained compliance plan, if applicable?

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? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A Muck cookers THY DN DN/A couplings, and valves Door gaskets and seating DY ON ON/A Stills DY DN DN/A DY ON ON/A DY DN DN/A Filter gaskets and seating Exhaust dampers DY ON ONA Diverter valves DY ON ON/A Pumps Solvent tanks and containers DY DN DN/A Cartridge filter housings QY QN QN/A DY DN DN/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 □N/A If using direct-reading instrumentation, is the equipment: DY DN 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 (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

DAADIA (VURTAN	10 <i>1</i> 20/98
Inspector's Name (Please Print)	Date of Inspection/
Ami.	10 199
Inspector's Signature	Approximate Date of Next Inspection

AD	DITIONAL	SITE IN	FORMAT	ION:

has had 2 problems skam eganeg - fix ed immediately > good. 97.5 gal/yar

Pan+ epoky? 45
Bowe Passat \$350
35#s.

has zen waste machine
Cordensate water covered
properly.

Sayety dean-haz, waste Keeping logs. ATRS ID#:

Revised 09/15/97

1170354

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: ONE H	000	MAN	3 Will	2000		DATE: _	10/20/
FACILITY LOCATION: 226		pusp	20	B	UP		
CHSSELG	بحتوره	.	(Z	32	-20-	7	_
Annual Reporting Period:			19 <u>9</u> 7 TO	No) <i>V</i>		1992
Based on each term or condition of the Title \(\) 62-213.300, Florida Administrative Code (F.)					_		° Rule □NO
If NO, complete the following:							
#1. Term or condition of the general permit t	hat has not	been in con	tinuous comp	liance during	the report	ing period	l 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 no	t been in cor	ntinuous comp	,	the repor	ting perio	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 purchase receipts, does not exceed 2,1 combination facilities. RESPONSIBLE OFFICIAL:	and comple 00 gallons	te. Further,	my annual co dry-to dry fa	onsumption of	perchlor 00 gallons	oe:hylene	solvent, based
*This form is made available to you as an a discretion of the responsible official to use t		to meet your	annual comp	oliance certific	ation requ	irements.	It is at the

Page _____ of ____.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED DATE 1014-49

			\wedge	4	TIE WITT
Type of inspection:	ANNUAL	×	COMPLAÎNT/DI	SCOVER E Y	- ORC
7-7	RE-INSPECTION			<u> </u>	
AIRS ID#: 17 0354 FACILITY NAME: 1hou	DATE: 10-14	-49 TIME	Fre 2100 0m T	IMPOUT:	2:3000
FACILITY NAME: 1 hou	r Martiniz	in 6	Bill 1500		
FACILITY LOCATION:		•	U. 1/x		
	Casse berr		~		· ·
RESPONSIBLE OFFICIAL :		,		7) 834	-414
·					
					·
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM	30 days prior to sta	rtup			
2. Facility failed to notify DAR	M to use general pe	rmit			
PART II: CLASSIFICATION	٧				
Facility indicated on notificat	ion form that it is:		☐ No notification	form	
(check appropriate box)			☐ Drop store/out	of business/p	etroleum
A. 1. Existing small area sour	rce 🛘	2. New small	area source	z i	
dry-to-dry only, x < 140 gal/	/yr	dry-to-dry only	, x < 1'40 gal/ут		
transfer only, x < 200 gal/yr		transfer only, x			
both types, x < 140 gal/yτ		both types, x <			
(constructed before 12/9/91)		(constructed on	or after 12/9/91)		[1
(constructed before 12/9/91)		(constructed on	or after 12/9/91)		
3. Existing large area sour	rce 🗆	4. New large	area source	<u> </u>	
 Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2. 	-ce П ,100 gal/ут	4. New large a	area source, $140 \le x \le 2,100 \text{ gal}$	/yr	
3. Existing large area sour	се П ,100 gal/ут 00 gal/ут	4. New large a dry-to-dry only transfer only, 2	area source	/yr	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$	ce ,100 gal/yr 00 gal/yr gal/yr	4. New large a dry-to-dry only transfer only, 2 both types, 140	area source , $140 \le x \le 2,100$ gal $00 \le x \le 1,800$ gal/y	/yr	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	се П ,100 gal/ут 00 gal/ут gal/ут	4. New large: dry-to-dry only transfer only, 2 both types, 140	area source , $140 \le x \le 2,100$ gal $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr		
 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the property of the prope	rce 100 gal/yr 00 gal/yr gal/yr lassification appropriate classific	4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on DN cation:	area source, $140 \le x \le 2,100$ gal $00 \le x \le 1,800$ gal/yr $00 \le x \le 1,800$ gal/yr or after $12/9/91$)		
3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facilit	ce 100 gal/yr 00 gal/yr gal/yr lassification appropriate classific	4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on DN cation:	area source, $140 \le x \le 2,100$ gal $00 \le x \le 1,800$ gal/yr $00 \le x \le 1,800$ gal/yr or after $12/9/91$)	/yr	
3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the facilit	Tee [100 gal/yr] [100 gal/y	4. New large a dry-to-dry only transfer only, 2 both types, 140 (constructed on DN cation: neral permit as not elimits and is not elimits.	area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine the source of t	lyr r ine ove ermit	ry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN MINA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? r**s**y on 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON XINA Spin disH 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN QN/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) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? AVA ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AVAC NO VA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated XY ON condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XXY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after XY DN verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DAY ON		
2. Maintained rolling monthly averages of perc consumption?	∑ •K □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □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? 	חי של אם אם אם		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ONTA		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DEN/A		
6. Maintained startup/shutdown/malfunction plan?	XY DN		
7. Maintained deviation reports?	AND ND XA		
Problem corrected?	ם א מא מאיש		
8. Maintained compliance plan, if applicable?	DY ON ONA		

PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible offic	ial conduct a weekly (for sm	nall sources, bi-weekly)	eak detection and repair
inspection?	<u></u>		O ⊠ Ý □N
2. Has the facility maintaine	d a leak log?	,	אם אַ
3. Does the responsible offic	ial check the following area	s for leaks?	
Hose connections, fi couplings, and valv	- ,	IN/A Muck coo	ikers DY DN DN/A
Door gaskets and sea	ating 🔎 🗅 🗆	N/A Stills	AY ON ON/A
Filter gaskets and se	ating XY ON O	N/A Exhaust of	lampers 🖎 🗅 🗆 🗆 N/A
Pumps	קלא ⊓א ם בי	N/A Diverter	valves ŒY □N □N/A
Solvent tanks and co	ontainers AY ON O	N/A Cartridge	filter housings 💆Y 🗆N 🗆N/A
Water separators	ם אם צים	N/A	
4. Which method of detection	n is used by the responsible	official?	,
Visual examination	(condensed solvent on exter	ior surfaces)	≰
Physical detection (a	urflow felt through gaskets)		<i>E</i> ₹
Odor (noticeable per	c odor)		&
Use of direct-reading	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)		
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			⊅S N/A
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			[0-500 ppm? □Y □N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			ם אם אס
c. Inspected for leaks and obvious signs of wear on a weekly basis?			asis?
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)?			ric only)?

Randall Coningham
Inspector's Name (Please Print)

Ofull T

Date of Inspection

10-2010

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMA	ATION:			
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			•	
		,		

AIRS ID#:	117	0354
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ONE hour M	artinizing	DATE	: 10-14-99
FACILITY LOCATION: 276 5a	usalita Blud,		
(a5.50 be	114, FL 32787		
Annual Reporting Period: Octob-	e/ 19 9% T	o October	19 .99
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		. j_	РЕР Rule
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous con	ipliance during the reporting per	iod stated above:
Exact period of non-compliance: from		toto	
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 con	ipliance during the reporting per	iod stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			<u>.</u>
Method used to demonstrate compliance:	<u> </u>		
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2,1 combination facilities. RESPONSIBLE OFFICIAL: WAY	and complete. Further, my annual o 00 gallons per year for dry-to dry fo	consumption of perchloroethylen	e solvent, based

Page _____ of ____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:60 Pm TIME OUT: 2:30 PM	mairs id#: 1170359
TYPE OF FACILITY: Dry (1841)	.,
FACILITY NAME: 1 hour Martinizing	DATE: 16-14-99
FACILITY LOCATION: 276 Says alito Blud,	
(asselbeiry, fl	32707
RESPONSIBLE OFFICIAL: Wayne Bushkin	PHONE NUMBER: (407) 834-4114
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administr	_ ,
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	· ·
	,
	· · · · · · · · · · · · · · · · · · ·
COMMENTS:	
In Compliance	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 10-2000	
INSPECTION CONDUCTED BY: Kandall C	pproximate) UNNINGHAM gase Printy
INSPECTOR'S SIGNATURE: RAM T	PHONE NUMBER: 1407/893-333
Page /	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	-
I	ARMS UPDATED
	DATE 10-9-00
	BY_Re
=	V VCIV

TYPE OF INSPECTION:

ANNUAL (INS1, INS2) 🙇

COMPLAINT/DISCOVERY (CI)

RE-INSPECTION (FUI)

AIRS ID#: 1170354 DATE: 10-4-00 TIME IN: 1130 TIME OUT: 2:00			
FACILITY NAME: 1 Hour Martini	7. Ing		
FACILITY LOCATION: 276 SQUS	glito Blvd,		
· Q Casse ber	14, FL 32707		
RESPONSIBLE OFFICIAL: Wayne	Bushting PHONE: 407-834-4/14		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION			
(check appropriate box)	Facility Compliance Status: IN		
1. New facility notified DARM 30 days prior to sta	rtup 🔲 (ARMS Data) MNC 🗖		
2. Facility failed to notify DARM to use general pe	rmit SNC		
PART II: CLASSIFICATION			
FART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box) A.	☐ Drop store/out of business/petroleum		
1. Existing small area source	2. New small area source		
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types x < 140 gal/yr		
both types, x < 140 gal/yr	00011 types, x > 140 gat/y		
(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 both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
5. This is a correct facility classification	✓Y □N □Can not determine		
If no, please check the appropriate classific	ation:		
	neral permit as number above		
facility exceeds above lin	nits and is not eligible for a general permit		
	rchased within the preceding 12 months by this dry cleaning		
facility was 3 9 gallons.			

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) OY ON MYA 1. Storing perchloroethylene in tightly sealed and impervious containers? OY ON ZN/A 2. Examining the containers for leakage? **Z**Y □N 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? OY ON ZN/A Spind 317 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ZN/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? OY 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 OY 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? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY DN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,		
	if machines are equipped with a carbon adsorber?	□Y □N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a w	eekl	y (for	small sources, b	oi-weekly) leak detection ar	nd rep	air	
	inspection?						ا ر ٔ	מם
2.	Has the facility maintained a leak log?					QX	,	מם
3.	Does the responsible official check the fo	llow	ing ar	reas for leaks?				
	Hose connections, fittings,							
	couplings, and valves	ďΥ	ПΝ	□N/A	Muck cookers	фY	ПN	□N/A
	Door gaskets and seating	Y	ПN	□N/A	Stills	\Box_{Y}	□N	□N/A
	Filter gaskets and seating	PY	ΠN	□N/A	Exhaust dampers	dY	□N	ı □n/a
	Pumps	ΠY	□N	□N/A	Diverter valves	dy	ПN	□N/A
	Solvent tanks and containers	ΠY	□N	□N/A	Cartridge filter housings	Y	ПN	□N/A
	Water separators	ΠY	□N	□N/A		1		
4.	Which method of detection is used by the	resp	onsib	ole official?				
	Visual examination (condensed solv	vent	on ex	terior surfaces)	. /	Z		
	Physical detection (airflow felt thro	ugh	gaske	ts)				
	Odor (noticeable perc odor)					Z		
	Use of direct-reading instrumentation	on (F	ID/PI	D/calorimetric t	ubes)			
	Halogen leak detector							
	If using direct-reading instrun	nent	ation	, is the equipme	ent:	ZN/	Ά	
	a. Capable of detecting per	rc va	ipor c	oncentrations in	a range of 0-500 ppm?	\Box Y	ПN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						ŪΝ	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						ПN	
	d. Kept in a clean and secu	ure a	rea w	hèn not in use?		\Box Y	ПN	
	e. Verified for accuracy by	y use	of du	aplicate samples	(calorimetric only)?	\Box Y	ПN	
					:			

Randall		inu	han
Inspector's Nar	ne (Please Pr	rint)	
Mala	1 T-	-2	/

10-9-60 Date of Inspection

10-200 1
Approximate Date of Next Inspection

AIRS ID#: 1170 354



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Hour Martini	210g DATE: 10-9-00
FACILITY LOCATION: 276 Sausa 17	·
Cass el burry, FL	32707
Annual Reporting Period:	1949 TO October 2000
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	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 compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	·
	tion and belief formed after reasonable inquiry, that the statements made my annual consumption of perchloroethylene solvent, based upon dry-to dry facilities or 1,800 gattons per year for transfer or Signature Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:30 TIME OUT: 2:00) AIRS ID#: 1170354
TYPE OF FACILITY: Dry Llegg	
FACILITY NAME: 1 Hour Martinizing	DATE: 14-9-CC
FACILITY LOCATION: 276 Sausalitu Bird.	
- cusselberry, FL 3270	·
RESPONSIBLE OFFICIAL: Wayne Bushkin	PHONE NUMBER: 407-834-4114
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
In Compliance	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 10-200	
INSPECTION CONDUCTED BY: Kandal Con (Planta)	proximate) MAINGHAM Pase Print) MAINGHAG M
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 41/843-251
Page /	_of(Revised 10/96

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 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.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
N ADDRESS completed of	3. Article Addressed to: AIRS ID # 1170354 ONE HOUR MARTINIZING DRY CLEANER WAYNE G BUSHKIN P O BOX 181121 CASSELBERRY FL 32718-1121	4a. Article N 2 3 3 4b. Service Registere Express Return Ret 7. Date of De	Type and Mail Certified Certified Certified Codipt for Merchandise COD
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US Postal Service Receipt for Certified Mail

AIRS ID 1170354
BUSHKIN ENTERPRISES INC
WAYNE G BUSHKIN
P O BOX 181121
CASSELBERRY FL 32718-1121

	Postage	\$
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	Special Delivery Fee	
•	Restricted Delivery Fee	
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

401898

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 # 1170354
ONE HOUR MARTINIZING DRY CLEANER
WAYNE G BUSHKIN
276 SAUSALITO BLVD
CASSELBERRY FL 32707-5764

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414461 FEB252002

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

STAR AIRS ID # 1170354 INC ONE HOUR MARTINIZING DRY CLEANES WAYNE G BUSHKIN I & MAIL FORMANI

276 SAUSALITO BLVD CASSELBERRY FL

32707-5764

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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 RECEIVED

FEB 1 6 1998

Do NOT Remove Label

Bureau of Air Monitoring

AIRS ID#1170354

& Mobile Sousiness enterprises inc WAYNE G BUSHKIN

P O BOX 181121

CASSELBERRY FL 32718-1121

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001___

Оьј.: 002273



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID # 1170354
ONE HOUR MARTINIZING DRY CLEANER
WAYNE G BUSHKIN
276 SAUSALITO BLVD
CASSELBERRY FL 32707-5764

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361548

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 # 1170354

ONE HOUR MARTINIZING DRY CLEANER
WAYNE G BUSHKIN
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CASSELBERRY FL 32718 1121

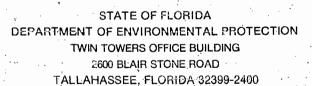
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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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WAYNE G BUSHKIN POBOX 181,121

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AIRS ID # 1170354
ONE HOUR MARTINIZING DRY CLEANER CASSELBERRY FL 32718-1121

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