

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 17, 1997

Ms. Dolores Toranzo Classic Touch Cleaners, Inc. 180 West State Road 434 Winter Springs, Florida 32708

Re: Facility No.: 1170360

Dear Ms. Toranzo:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 13, 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, 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,

w Dotty Diltz, Chief

Bureau of Air Monitoring

Saule Drewnen

and Mobile Sources

DD/jw

cc: Mr. Anatoliy Sobolevskiy, Central District

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

•			# 11/00	$\psi \cup \overline{}$	
	.•		E . P	BEST AVAILABLE COPY	
		p.13_ 4.	add Count	j	
i.	Facility Ow	6.	add vitle o	of Responsible official	,
2.	Site Name (<u>7.</u>	add Organiza	tion / Firm. add County.	10,
3.	Hazardous V	p14 2(a)	add # of gal	lors of 'sere" furchased rouths. If more was in add "O"	
4.	Facility Loc Street Addr City:	0/1/2			
5.	City:		hesponsible of	official sign and date	108
	i dagga v gustur ji kaliginiya sifi kale ya siya				nit di la constanti di la cons
6.	Name and Ti	12/8/97	Spoke to Delones	Torongo and she stated	
7.	Responsible Organization Street Addres		The also states	Toronzo and she stated owner of the facility. They lead funchased it in past 12 months.	
8.	Responsible			cd 1/14/98.	708
	Telephone:			eted / Kushi	8
9.	Name and Tit	le of Facility Cont	act (For example, plant m	anager):	
10.	Facility Conta	act Address:			
	Street Addres City:	S:	County:	Zip Code:	
11.	Facility Conta Telephone:	ct Telephone Num () -		Fax: () -	

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
2. Site Name (For example, plant name or number):	,
2. Site Name (For example, plant name or number):	
Classic Jouch Cleaners Inc.	
3. Hazardous Waste Generator Identification Number:	
Not Available At time	
4. Facility Location:	- 1
Street Address: City: Zin Code:	
Street Address: City: Street Address: City: Street Address: County: SemiNOLE County: Zip Code: 3 2 7 08 5.: Facility Identification Number (DEP Use):	
5. Facility Identification Number (DEP Use):	
110360	Ž.
Personaible Official	
Responsible Official	
6. Name and Title of Responsible Official:	
6. Name and Title of Responsible Official: Oran Oran Oran	
7. Responsible Official Mailing Address:	
Organization in in.	
City County: SEMINOLE Zin Code:	
Street Address: City: County: SEMINOLE Zip Code: 434 Winter 195 f. 32708 8. Responsible Official Telephone Number:	۲
8. Responsible Official Telephone Number:	
Telephone: (407) 327-4448	
Facility Contact (If different from Responsible Official)	
0. Nome and Title of Facility Contact (For everyle plant manager):	
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: () -	
	-

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Bureau of Air Monitoring & Mobile Sources

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	ΙD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	lnstalled
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit			•						
(1) w/ ref. condenser	1	12/496	12/06						
(2) w/ carbon adsorber		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12/1/4						
(3) w/ no controls								1	
Washer Unit			1			,	l		
(4) w/ ref. condenser									1
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			I.						
(7) w/ ref. condenser						T	l	T	
(8) w/ carbon adsorber		 						1.	
(9) w/ no controls									
Reclaimer Unit					L		l	,L	
(10) w/ ref. condenser								1	
(11) w/carbon adsorber		1						 	
(12) w/ no controls		 	-						
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchloons	installed [perc)	purchased in				r 1
3. What is the facility's so	v urce	classification	M A based on the	ر e defi	tine	-			
(Indicate with an "X".	Selec	t one classifi	cation only.))				/	
Existing small ar	ea so	urce []	Ne	ew sn	nall area soui	rce [
Existing large are	ea so	urce []	Ne	ew la	rge area sour	ce []		

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 What control technology is required on machines pursuant to section (Indicate with an "X".) 	(5) of Part II of this notification form?
Existing large area source Carbon adsorber Refrigerated cond	denser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be el to Rule 62-213.300, F.A.C. Verify that all steam and hot water generat exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat in 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.	or periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeepin	g Information
Check all logs which are required to be kept on-site in accordance with	the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Ple	ase 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)
	ψ <u> </u>	No air permits currently exist for the operation of the facility indicated in this notification form.
		Responsible Official Certification
	 ,	
	this notifi statemeni maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to 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	lons Joran 11/6/97 Date
		Slave (1500) 1/14/98

1170360

4 1170360
p13 4. Add County
6. Add Title of Responsible official
7. Add Organization / Firm. Add County.
· ·
purchased, then add "O"
purchased, then add "O"
Responsible official sign and date for changes.
for changes.
12/8/97 Spoke to Delores Poronzy and she stated
12/8/97 Spoke to Delores Poronzo and she stated that she is the owner of the facility. She also stated they had fundased 20 gals of Ferc" in past 12 months.
20 gals of 'fere" in fast 12 months.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

l.	
	Classic Jouch Cleaners Inc., Site Name (For example, plant name or number): Classic Jouch Cleaners Inc.
2.	Site Name (For example, plant name or number):
	Classic Touch Cleaners Inc.
3.	Hazardous Waste Generator Identification Number:
	Not Available At time
4.	Facility Location:
	Street Address: City: Zin Code:
	City: Street Address: City: Street Address: City: Street Address: City: Sip Code: S
5.	Facility Identification Number (DEP Use):
	1/40360
	Responsible Official
6.	Name and Title of Responsible Official:
	Dolores Toranzo
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: County: Zip Code:
	City: County: Zip Code: 734 Winter Figs f (* 32748) Responsible Official Telephone Number:
8.	Telephone: ((a) ==================================
	Telephone: (407) 327-4448 Fax: (407), 327-4448
	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: () -

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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		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-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	12/496	12/96						
(2) w/ carbon adsorber			1 / / /					_	
(3) w/ no controls									
Washer Unit						•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			1						
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								P	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of the control of the control	are re	equired to be	installed [_			n the latest 12	2 mor	nths?	
(b) If less than 12 mont Check why it is less	than		New owner:		-,		not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	ource []	Ne	ew sn	nall area sou	rce L			
Existing large are	ea so	urce []	Ne	ew la:	rge area sour	-ce []	. *	

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (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 []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	·
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

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. •	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	omptly notify the Department of any changes to the information contained in this notification.
Signatur	low Joran 11/6/97

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	7 0	COMPLAINTOIS	COVERY	
FACILITY LOCATION: _/B	SSIC TOUC	H CLEA TE ROAD	434 434	ME OUT: _	0135
PART I: NOTIFICATION				_	
(check appropriate box)			<u></u>		
1. Existing facility notified DAR	LM by 9/1/96				
2. New facility notified DARM 3	30 days prior to start	tup			
3. Facility failed to notify DARN	A to use general peri	mit	•		
PART II: CLASSIFICATION		· 			
Facility indicated on notification form that it is: (check appropriate box) WEW MACHINE INSTALLED ABOUT 2 MONTHS AGO					
	on form that it is:		. ,	•	
	ce 🗆	2. New small a dry-to-dry only, transfer only, x both types, x<1	area source x<140 gal/yr <200 gal/yr	•	
(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	ee 🗆 ee 🗀 0 gal/yr al/yr	2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)	\$ 4 G0	
(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="" 140<x<1,800="" 200<x<1,800="" both="" g="" gal="" only,="" td="" transfer="" types,="" yr<=""><td>ce O gal/yr al/yr yr</td><td>2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140</td><td>area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source 140<x<2, 00<x<1,800="" 100="" <x<1,800="" gal="" td="" yr="" yr<=""><td>\$ 4G0</td><td></td></x<2,></td></x<2,>	ce O gal/yr al/yr yr	2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source 140 <x<2, 00<x<1,800="" 100="" <x<1,800="" gal="" td="" yr="" yr<=""><td>\$ 4G0</td><td></td></x<2,>	\$ 4 G0	
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,="" y=""><td>ee O gal/yr al/yr yr</td><td>2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on</td><td>area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source 140<x<2, 00<x<1,800="" 100="" <x<1,800="" gal="" td="" yr="" yr<=""><td>\$ 4G0</td><td></td></x<2,></td></x<2,>	ee O gal/yr al/yr yr	2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on 4. New large a dry-to-dry only, transfer only, 2 both types, 140 (constructed on	area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source 140 <x<2, 00<x<1,800="" 100="" <x<1,800="" gal="" td="" yr="" yr<=""><td>\$ 4G0</td><td></td></x<2,>	\$ 4 G0	
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriation.<="" before="" both="" check="" classification,="" correct="" facility="" g="" gal="" is="" only,="" please="" td="" the="" this="" transfer="" types,=""><td>ee O gal/yr al/yr yr</td><td>ABOUT 2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on Y New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on The state of the stat</td><td>area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source 140<x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td>\$ 4G0</td><td></td></x<2,></td></x<2,>	ee O gal/yr al/yr yr	ABOUT 2. New small a dry-to-dry only, transfer only, x both types, x<1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on Y New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on The state of the stat	area source x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) area source 140 <x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td>\$ 4G0</td><td></td></x<2,>	\$ 4 G0	

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 beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

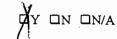
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

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









B. Has the responsible official of an existing large or new large area source also:	·
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?	ОУ ОИ
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ОУ ОИ
Is the temperature differential equal to or greater than 20° F?	OY ON
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
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
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?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	AL ON
2. Maintained rolling monthly averages of perc consumption?	OY KIN
3. Maintained leak detection inspection and repair reports for the following:	٦ .
a. documentation of leaks repaired w/in 24 hrs? or;	MO Y
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY □N
4. Maintained calibration data? (for direct reading instruments only)	AVA K NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	מם עם '
6. Maintained startup/shutdown/malfunction plan?	MAN ON
7. Maintained deviation reports?	XY ON
Problem corrected?	ÅY □N
8. Maintained compliance plan, if applicable?	OY ON WWA

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

2.	2. Which method of detection is used by the responsible official?					
	Visual examination (condensed so	lvent on	exterior su	rfaces)	X	
	Physical detection (airflow felt thr	ough ga	skets)	•	24	
	Odor (noticeable perc odor)				ΑĞ	
	Use of direct-reading instrumenta	tion (FII	D/PID/calor	imetric tubes)		
	If using direct-reading instrume	ntation,	, is the equi	pment:		,
	a. Capable of detecting p	erc vapo	or concentra	ations in a range of 0-500 ppm?	$\Box Y$	□N
	b. Calibrated against a s (PID/FID only)?	tandard	gas prior to	and after each use	ΠY	□N
	c. Inspected for leaks an	d obviou	ıs signs of w	ear on a weekly basis?	\Box Y	□N
	d. Kept in a clean and secure area when not in use?				$\Box Y$	□N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					$\Box Y$	□N
3. Has the facility maintained a leak log?						□N
4. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	*	ПN	Muck cookers	ĮΫ́	ПП
	Door gaskets and seating	YY	□N	Stills	AY.	□N
	Filter gaskets and seating	YY	□N	Exhaust dampers	OY.	□N
	Pumps	YY	□N	Diverter valves	XY	□N
	Solvent tanks and containers	Y	□N	Cartridge filter housings	Y	□N
	Water separators	YY	□N			
	To the same					

Name of Responsible Official

Louis A. Nichols

Inspector's Name (Please Print)

Kous A. Michols

Inspector's Signature

1/17/97 Date of Inspection

Approximate Date of Next Inspection

LAUNDRY • CUSTOM TAILORING • ALTERATIONS • DRAPERY DIVISION



-CLASSIC TOUCH--CLEANERS-

M-F 7 AM-7 PM SAT 8 AM-4 PM PHONE 327-4448 DOLORES TORANZO

180 W. STATE RD. 434
WINTER SPRINGS, FL 32708

ADDITIONAL	SITE INFORMATION:

- . VALORE V. 200, CISSTW 25 LBS
- · HAS CONTAINMENT PAN
- NADVISED OWNER TO CONTACT SMALL BUS. ASSISTANCE FOR GENL PERMYT NOTIFICATION FORM

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1.00 TIME OUT: 1.57	AIRS ID#: NOTE 1170360V
TYPE OF FACILITY: DRY Claping FACILITY NAME: Classic Touch Clear FACILITY LOCATION: 180 W. SR 434	
Winter springs, FL.	22+00
RESPONSIBLE OFFICIAL: DOWES TOYCLOZO	PHONE NUMBER: 407 -307 - 4748
Based on the results of the compliance requirements evaluate 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
NO ALR PERMIT	FLUITD OUT PERHIT FOR SUBHITTAL
NO LOGS, PERC RELEIPTS	GAVE TABLES + RECORDICEEPA BAVE TABLES + RECORDICEEPA PAPERWORK
ND MANUAL FOR MAKUNA	WILL CALL TO GET MANUAL FROM FACTORAL
	,
COMMENTS:	
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION.	proximate)
INSPECTION CONDUCTED BY: AADUA	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-894 7555
Page	of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	i o	COMPLAIN	I/DISCOVERY	
AIRS 1D#: 1140360	1 1			_ TIME OUT:	1.57
FACILITY NAME:	issic Tou			1	
FACILITY LOCATION:	•	St. Ro			
· 	Winter S	prings	FL.	32708	<u> </u>
RESPONSIBLE OFFICIAL :	Dolores	loranzo	PHONE:	407 -32	<u> </u>
CONTACT NAME:	•		PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					N. Control of the Con
New facility notified DARM	_				. 🗅
Facility failed to notify DAR	M to use general perm	nit ——————			
PART II: CLASSIFICATION	1				}
Facility indicated on notificate (check appropriate box)	on form that it is:		□ No notific □ Drop store	eation form e/out of business/p	petroleum
1. Existing small area sour dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	/ут	2. New small a dry-to-dry only, transfer only, x	x < 140 gal/yr	×	
(constructed before 12/9/91)		both types, x < : (constructed on	l40 gal/yr	1)	
	-ce	both types, x < 1	140 gal/yr or after 12/9/9 rea source $140 \le x \le 2,10$ $00 \le x \le 1,800$ $00 \le x \le 1,800$ ga	□ 00 gal/yτ gal/yr ul/yτ	
(constructed before $12/9/91$) 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	rce \[\text{,100 gal/yr} \] 00 gal/yr gal/yr	both types, x < 1 (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	140 gal/yr or after 12/9/9 rea source $140 \le x \le 2,10$ $00 \le x \le 1,800$ $00 \le x \le 1,800$ ga	□ 00 gal/yτ gal/yr al/yτ 91)	
(constructed before 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 f	rce ,100 gal/yr 00 gal/yr gal/yr classification	both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	140 gal/yr or after 12/9/9 rea source $140 \le x \le 2,10$ $00 \le x \le 1,800$ $\le x \le 1,800 \text{ ga}$ or after 12/9/9 $\Box Can \text{ not do}$ umber	00 gal/yr gal/yr il/yr ll) etermineabove	

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 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?	X	□N	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	×	□и	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away condenser upon opening the door?	from the	ИΩ	□n/a
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrecondenser on a weekly/bi-weekly basis?	gerated		

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?

DN ON/A CECPLACE

Revised 8/11/97

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	ПN	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
Is the temperature differential equal to or greater than 20° F?	\Box Y	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,			□N/A
if machines are equipped with a carbon adsorber?			
Is the perc concentration equal to or less than 100 ppm?	QY	ΠN	□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 upsixeam from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПN	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	□и	□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	N DN
2. Maintained rolling monthly averages of perc consumption?	NO YO
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	DY DN MNA
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 notes and parts installed w/in 5 days of receipt?	uks yet Oy on Xava
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MINA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XN/A
6. Maintained startup/shutdown/malfunction plan? WILL Call to + get	ογ χ ίν
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	OY ON AND
8. Maintained compliance plan, if applicable?	OY ON/A

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection a	and repair				
inspection?	MY ON				
2. Has the facility maintained a leak log?	DA DIN				
3. Does the responsible official check the following areas for leaks?	,				
Hose connections, fittings, couplings, and valves $\square Y \square N \square N/A$ Muck cookers	ΦΥ ON ON/A				
Door gaskets and seating DY DN DN/A Stills	DY ON ON/A				
Filter gaskets and seating OY ON ON/A Exhaust dampers	DY ON ON/A				
Pumps DY ON ON/A Diverter valves	DY DN DN/A				
Solvent tanks and containers OY ON ON/A Cartridge filter housings	S DY ON ON/A				
Water separators					
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	ٔ ۵				
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:	ØN/A				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON				
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
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				
Inspector's Name (Please Print) Date of Inspection					
Inspector's Name (Please Print) Date of Insp	pecuon				
5/18					
Inspector's Signature Approximate Date of Next Inspection					

ADDITIONAL SITE INFORMATION:

3 no air permit logs Manual

pot in compliance

gave & explained rules.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170360
CLASSIC TOUCH CLEANERS INC
DELORES TORANZO
180 W ST RD 434
WINTER SPRINGS FL 32708

ale

Do NOT Remove Label

Annual Reporting Period:	19 45	то	1-13	19.98
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		7160	I !!!' —	th DEP Rule
If NO, complete the following:		•		
#1. Term or condition of the general permit	that has not been in continuous co	ompliance du	aring the reporting	period stated above:
Exact period of non-compliance: from	TAN- 1993	to	DEC - 199	26
Action(s) taken to achieve compliance:	CHANGE THE DRY	CLINING	MACHNE	CLOSED SYST
Method used to demonstrate compliance:	·			
#2. Term or condition of the general permit	•		ring the reporting	period stated above:
Exact period of non-compliance: from	RECEIV	to		至 茅稿
Action(s) taken to achieve compliance:	FJAN 2 2 199	98		CEIN L R
Method used to demonstrate compliance:	Bureau of Air Mo & Mobile Sou	nitoring rces		93 93
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fi does not exceed 2,100 gallons per year for dry-to	urther, my annual consumption of p	erchloroethyl	ene solvent, based u	pon purchase receipts,
	ne (Please Print)	Polo	nature volume	

^{*}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 GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY			
AIRS ID#: 170360 DATE: 1/14/98 FACILITY NAME: Classic Touch FACILITY LOCATION: 180 W.SR.	TIME IN: 11:15 TIME OUT: 12:10 10:15 1434 Winter Springs Fl. 32708			
RESPONSIBLE OFFICIAL: Dotors T8	rves phone: 407-327-4448 Phone:			
PART I: NOTIFICATION				
 (check appropriate box) New facility notified DARM 30 days prior to start Facility failed to notify DARM to use general perm 				
PART II: CLASSIFICATION				
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	□ 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 (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) Bureau of Air Monitoring Whobile Sources			
If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.				

Is the responsible official of the dry cleaning facility: (check appropriate boxes) -1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DYN/A □Y □N **Z**AN/A 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 XIY 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? □Y □N **⊠**N/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? \Box Y \Box N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? OY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box Y \Box N$

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
 	Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorbek?	
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	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?	OI ON ONA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A

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; □N □N/A b. documentation of parts ordered to repair leak and leak repaired w/in 2 days YAY ON ON/A and parts installed w/in 5 days of receipt? DY DN BY/A 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? DN DN/A 7. Maintained deviation reports? Problem corrected? DY DN DY/A ØY □N □N/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					
	inspection?			X Y □N	
2.	Has the facility maintained a leak log?	?		- N□ N	
3.	Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	אום אם אם אם	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	dY ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfaces)			
	Physical detection (airflow felt the	hrough 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? □Y □N			□Y □N	
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? □Y □N 				
	•	and obvious signs of wear on	a weekly basis?	OY ON	
	_	secure area when not in use?	-	OY ON	
	e. Verified for accuracy	y by use of duplicate samples	(calorimetric only)?	מם עם	
	Inspector's Name (Please Pr	int)	Date of Inspe	98 ection	
		- -	1/99		
_	henector's Signature		Approximate Date of	Nevt Inspection	

ADDITIONAL SITE INFORMATION:

Revispeites after initial discovery in 11/4/17. The finally got the manual for the machine - is now beeping the appropriate logs (leak, pergete...)

[N-COMPLIANCE].

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:30 TIME OUT: 3715 TYPE OF FACILITY: Dry Cleaning	AIRS ID#: 1170360
FACILITY NAME: Classic Cleaners	DATE: W91
FACILITY LOCATION: 180 W. SR 9437	Winter Spr < 13, 32708
	7-7-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3
RESPONSIBLE OFFICIAL: DO OVES TOWES	PHONE NUMBER:
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 evaluation discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
	Model St. M. S.
	Too to the state of the state o
	· .
ordered - and recel it. Keeper do conden templog - wasn't don	a comple of metho ago. 8her. or the madbuse - 8he had ut no okay logo - had husband no it ught - put fixed after Int
The Annual Compliance Certification form has been properly certification	
DATE OF NEXT INSPECTION: 11/9 (Ap	proximate)
INSPECTION CONDUCTED BY: SAD 10	ease Print)
INSPECTOR'S SIGNATURE:	• PHONE NUMBER: 407-893-88

Page___of__

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

W	The ~	,
	NI'	

TYPE OF INSPECTION:

facility was

__ gallons.

ANNUAL

70/

COMPLAINT/DISCOVERY

RE-INSPECTION

<u> </u>			
AIRS ID#: 1170360 DATE: 11998	TIME IN: $2:30$ TIME OUT: $3:15$		
FACILITY NAME:	leaners		
FACILITY LOCATION: $\frac{180}{100}$ W. S	3R. 434		
_ Wintrg	ogs Fl.		
RESPONSIBLE OFFICIAL: Dilives	Dowes PHONE: Que Co		
CONTACT NAME:	PHONE: PHONE:		
	300		
PART 1: NOTIFICATION	<u> </u>		
(check appropriate box)			
1. New facility notified DARM 30 days prior to star	rtup . 🚨		
2. Facility failed to notify DARM to use general per	rmit 🔲		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
À.			
1. Existing small area source	2. New small area source		
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr		
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr		
both types, x < 140 gal/yr	both types, x < 140 gal/yr		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	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, $200 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
5. This is a correct facility classification	□Y □N □Can not determine		
If no, please check the appropriate classification:			
If no, please check the appropriate classific	eation:		
** ** ** ** ** ** ** ** ** ** ** ** *	eation: neral permit as number above		

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

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

verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
	ls the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	□N	□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?	ΠY	ПИ	□N/A

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: ZY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days My machine & Marie & M DY DN DAY/A and parts installed w/in 5 days of receipt? DY DN PN/A 4. Maintained calibration data? (for applicable direct reading instruments) □N □N/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? □N □N/A ∠DN □N/A Problem corrected? ZÍY ON ON/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					
inspection?	MD DN				
2. Has the facility maintained a leak log?	DY ON				
3. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves \textstyle \text	(that Carlo Carlo				
couprings, and valves are the divia whick cookers	DY ON ON/A				
Door gaskets and seating	DY ON ON/A				
Filter gaskets and seating	אוחם אם עם				
Pumps	DY ON ON/A				
Solvent tanks and containers	OY ON ON/A				
Water separators					
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)	ø ·				
Physical detection (airflow felt through gaskets)	Z Z				
Odor (noticeable perc odor)	乜				
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?	□Y □N				
b. Calibrated against a standard gas prior to and after each use					
(PID/FID only)?	OY ON				
c. Inspected for leaks and obvious signs of wear on a weekly basis?	□Y □N				
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)?					
Sandin Quedi					
Inspector's Name (Please Print) Date of Inspection					
(L-1/2/ 2					
Inspector's Signature 71/99 Approximate Date of N	Jour Ingraption				

ADDITIONAL SITE INFORMATION:			
	The second secon		
	•		

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS UPDATED
DATE 11-24-99
BY RC

TYPE OF INSPECTION:

ANNUAL

×

COMPLAINT/DISCOVERY

RE-INSPECTIO	revist November/Dece
AIRS ID#: 117 0360 DATE: 11-2 4-	99 TIME IN: 1:45 TIME OUT: 2:15
FACILITY NAME: Classic Touch	
FACILITY LOCATION: 180ω , 5 R	
	rins S, FL 32708 0 8 8 19
RESPONSIBLE OFFICIAL: Dula 125 To	PHONE: (40) 327-4448
CONTACT NAME: Dolbies Tr	185 PHONE: 1409) 3 28 - 40 48
DADET, MOTESTOATION	
PART I: NOTIFICATION (check appropriate box)	
(check appropriate box)1. New facility notified DARM 30 days prior to star	tuo 🖸
Facility failed to notify DARM to use general per	
2. I define in include to hour principle to the govern-	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☐N □Can not determine
If no, please check the appropriate classification of acility qualified for a genumber facility exceeds above lim	ation: leral permit as number above its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was gallons.	rchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?

OY ON XVA

2. Examining the containers for leakage?

DY DN MN/A

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?

- ON ON/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?
- OY ON MOYA

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?
- XY ON ON/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?
- AY ON ON/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located DY DN
2. 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?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	n, Oy On On/a
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A Muck cookers couplings, and valves MY ON ON/A AVA DA DAVA Stills Door gaskets and seating AVAD NO YOX AY ON ON/A Filter gaskets and seating Exhaust dampers YÓY ON ON/A AY ON ONA Diverter valves AYNO NO YA Pumps AY ON ON/A Solvent tanks and containers Cartridge filter housings XY DN DN/A DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □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 ND YO (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? 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)? NO YO

Randal (Uningham)
Inspector's Name (Please Print)
Inspector's Signature

| | - 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
, %	
	·
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•	

ATRS ID#:	
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117 0360

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Revised 09/15/97

FACILITY NAME: Clussic	Touch	Cleaners		DATE: 11-24-89
FACILITY LOCATION: 180 W	15R 43	4		
Winter	springs;	FL 3270	04	
Annual Reporting Period: Nove mbe		19 9% TO	Novem	ber 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			- /	_
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been	in continuous com	pliance during the repo	rting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:	<u>.</u>			<u> </u>
Method used to demonstrate compliance:				
#2. Term or condition of the general permit	that has not been	in continuous com	pliance during the repo	rting period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, I made in this notification are true, accurate a upon purchase receipts, does not exceed 2,10 combination facilities. RESPONSIBLE OFFICIAL:	and complete. Fu	rther, my annual c	onsumption of perchlor	oethylene 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.

Page _____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:45 pm TIME OUT: 2!1	5 AIRS ID#: 1170360
TYPE OF FACILITY: Dry Clean	
FACILITY NAME: Classic Touch Cleaner	5 DATE: 1-24-99
FACILITY LOCATION: 140 W, 5R 434	
winter Springs, PL	
RESPONSIBLE OFFICIAL: Dolores Torres	PHONE NUMBER: (407) 327- 4448
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	aluated during this inspection, the facility is found to be in strative Code (F.A.C.).
Based on the results of the compliance requirements evaluation discrepancies were noted:	uluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
-	
	•
	
,	
COMMENTS:	
In Compliance	
	at Sad and submitted to the increator VEST NOT
The Annual Compliance Certification form has been properly cell	timed and subjinition to the inspector.
DATE OF NEXT INSPECTION: 1 1000	Approximate)
INSPECTION CONDUCTED BY: Randall	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-843-3333
Page	of . Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:15	TIME OUT: 2: 0	AIRS ID#: 117	0360
TYPE OF FACILITY:	y Cleaning		
FACILITY NAME: CLA	osic Touch Cle	aners	_DATE:
FACILITY LOCATION:	180 W. State	load 434	·
\\	Vinter Springs,	FL. 32708	
RESPONSIBLE OFFICIAL:	Johnes Torres	PHONE NUMBER:	407-327-4448
	the compliance requirements evalu Rule 62-213.300, Florida Administ		ility is found to be in
Based on the results of discrepancies were not	the compliance requirements evalued:	ated during this inspection, the following	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
•	•		
			-
<u> </u>			
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		'	
		RE	CEIVED
			FEB 7 1998
COMMENTS:			LCO N CONT
		Bur	eau of Air Monitoring & Mobile Sources
		(mailed)	
-	ication form has been properly certification.	illed and submitted to the inspector	YES NOW
DATE OF NEXT INSPECTI	ON	pproximate)	
INSPECTION CONDUCTED	() 00 0 1	URESH1	
		lease Print)	11- 22
INSPECTOR'S SIGNATUR	E:XAM	PHONE NUMBER	407-893-3333
	Page	of .	Destined 10/0

	qot navo anil ts blo7 191 ant to their ant
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 1170060 FANTASTIC CLEANERS MICHONG ADRINGTON 124 WEST 2ND STREET SANFORD FL 32771	A. Received by (Please Print Clearly) B. Date of Delivery 2-26-00 C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

SENDER: COMPLETE T	OF ENVELOPE	PLACE STICKER AT TOP TO THE RIGHT OF RETL	VERY
 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the card. Attach this card to the back or on the front if space permit Article Addressed to: 	desired. on the reverse to you. f the mailpiece,	A. Received by (Please Print Clear C. Signature D. Is delivery address different fro If YES enter delivery address	Agent Addressee m item 1? Yes
AIRS CLASSIC TOUCH CLEANERS INC DELORES TORANZO 180 W ST RD 434 WINTER SPRINGS FL 32708	ID # 1170360 C	3. Service Type Certified Mail	Receipt for Merchandise
2. Article Number (Copy from service 7000 NO 600)	e label) 11'00261	4/21/1 322B	1 1
PS Form 3811, July 1999	Domestic Re	turn Receipt	102595-99-M-1789

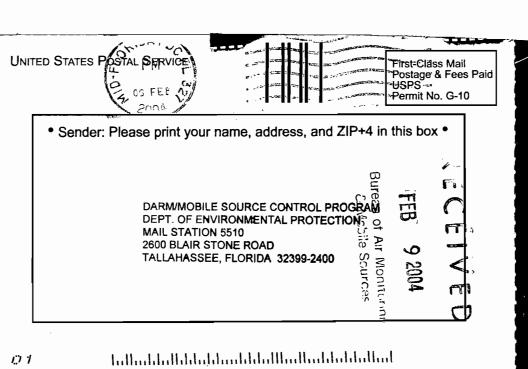
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9200	Restricted Delivery Fee (Endorsement Required)			
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1	180 W ST RD	434		
7000	WINTER SPR	INGS FL 32708	_	
}	PS Form 3800, February	2000	See Reverse for	Instructions

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. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:		
10 AIRS ID # 1170360001AG DOLORES TORANZO CLASSIC TOUCH CLEANERS INC 180 W ST RD 434 WINTER SPRINGS FL 32708	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
O. Antiolo Niverbor	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Transfer, from service label) 190001 1690 00131310816866			
	eturn Receipt 102595-01-M-1424		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic, Mail Only; No Insurance Coverage Provided)		
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1670	Sent To DOLORES TORANZO	٦	
-7	CLASSIC TOUCH CLEANERS INC		
	Street, 180 W ST RD 434 WINTER SPRINGS FL		
7000	City, St. 32708		
	PS Form 3800, May 2000 See Reverse for Instruction	ng.	

U.S. Postal Service™ CERTIFIED MAILT RECEIPT ГU m (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com® 1770 Postage 4000 Certified Fee Return Reciept Fee (Endorsement Required) 500 Restricted Delivery Fee (Endorsement Required) Total ID# 1170360 DOLORES TORANZO 7003 CLASSIC TOUCH CLEANERS INC Sent To Street, 180 W ST RD 434 WINTER SPRINGS, FL 32708 or POB City, Sta PS Form 3800, June 2002

COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ID# 1170360 DOLORES TORANZO ھ CLASSIC TOUCH CLEANERS INC 180 W ST RD 434 WINTER SPRINGS, FL 32708 3. Service Type Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7003 0500 0004 0144 4329 (Transfer from serv PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 437042 FEB272004

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

f170360
DOLORES TORANZO
CLASSIC TOUCH CLEANERS INC
F180 W ST RD 434
WINTER SPRINGS FL 32708

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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#1170360

CLASSIC TOUCH CLEANERS INC DOLORES TORANZO 180 W ST RD 434 WINTER SPRINGS FL 32708

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1170360 CLASSIC TOUCH CLEANERS INC DOLORES TORANZO 180 W ST RD 434 WINTER SPRINGS FL 32708

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

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Classic touch cle aner 180 W. ST Nd. 439 Win ter Spys. El. 32708

No. 1 No.



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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

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AIRS ID # 1170360

CLASSIC TOUCH CLEANERS INC DOLORES TORANZO 180 W ST RD 434 WINTER SPRINGS FL 32708 FEB 1 9 2001

Bureau of Air Menitoring, Mebile Sources

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

CHREIC touch Clemers Inc. 180 W. St Rd 434 Winter Spys FC 32708







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

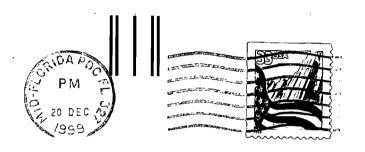
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CLASSIC TOUCH CLEANERS INC DELORES TORANZO 180 W ST RD 434 WINTER SPRINGS FL 32708 DEC 22

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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.

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AIRS ID # 1170360

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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#1170360

CLASSIC TOUCH CLEANERS INC DELORES TORANZO 180 W ST RD 434 WINTER SPRINGS FL 32708 FOR GOVERNMENT USE ONLY

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

Obj.: 002273