

### Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 December 17, 1997

Virginia B. Wetherell Secretary

Mr. David S. Chan Professional Dry Cleaning 700 West SR 434 Longwood, Florida 32750

Facility No.: 1170361

Dear Mr. Chan:

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,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/iw

cc: Mr. Anatoliy Sobolevskiy, Central District

EANERS .	JOONG	КІМ		ORLANDO WINTER SPRINGS LONGWOOD	32708	Does not exist Spoke to owner - same RO	
EANERS	JOONG	КІМ	5275 RED BUG LAKE ROAD #101	WINTER SPRINGS	32708	Spoke to owner - same RO	
							1
CLEANERS	PATRICK	SEBASTIAN	967 W HWY 434	I ONCWOOD	00==0		1
.				LONGWOOD	32750	Facility was sold	***************************************
NAL DRY CLEANING	DAVID	CHAN .	700 W SR 434	LONGWOOD	32750	Drop store	
UE CLEANERS	SEAN	NICHOLS	801 W STATE ROAD 436 STE 1001	ALTAMONTE SPRINGS	32714	Facility was sold	
			715 S NOVA ROAD	ORMOND BEACH			
	EDWIN	CANDELARIA	1382 HOWLAND BLVD	DELTONA	32738	Facility was sold	Inc.
-	AZA COIN-O-MATIC	AZA COIN-O-MATIC NICHOLAS	AZA COIN-O-MATIC NICHOLAS BISSELL	AZA COIN-O-MATIC NICHOLAS BISSELL 715 S NOVA ROAD	AZA COIN-O-MATIC NICHOLAS BISSELL 715 S NOVA ROAD ORMOND BEACH	AZA COIN-O-MATIC NICHOLAS BISSELL 715 S NOVA ROAD ORMOND BEACH 32174	AZA COIN-O-MATIC NICHOLAS BISSELL 715 S NOVA ROAD ORMOND BEACH 32174 Facility was sold

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# 117036/ 1. If incorporated, add "Inc." 2. add site name. (if applicable) 7. Old Organization / Firm. p16

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	<u> </u>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Professional Dry Cleaning.
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: 700 W SR 434 City: Longwood County: SEMINORE Zip Code: 32750.
	City: Longwood County: SEMINORE Zip Code: 32750.
	chy. Lengthere county. SEMINORE Zip code. 3 2 738.
5	Facility Identification Number (DEP Use):
2 121	1/7036
	Decremental Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Mr. David S. Chan Wesident
7.	<b>3</b>
	Organization/Firm:
	Street Address: foow 8K 484
	Organization/Firm: Street Address: Food SR 484 City: Longwood County: SEMINOUE Zip Code: 3276
8.	Responsible Official Telephone Number:
0.	Telephone: (404) (30- 572) - Fax: ( ) -
	Telephone: (467) \$30- 5725 Fax: ()
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
-	
	<u>.                                      </u>
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11	Facility Contact Telephone Number:
11.	Telephone: ( ) - Fax: ( ) -
	i un. ( )

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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	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	7	NOV 92	NOV 92						
(2) w/ carbon adsorber			•						
(3) w/ no controls					_				
Washer Unit		er in si							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1.11							
(7) w/ ref. condenser			,		,				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit								•	
(10) w/ ref. condenser					·				
(11) w/carbon adsorber			, , , , , , , , , , , , , , , , , , ,						
(12) w/ no controls		1				1			
(b) Control devices are required, but not yet installed [									
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	et one classifi	cation only.) Ne	w sn	nall area sou	rce [	3) of	Part II?	
Existing large are	ea so	urce []	Ne	w la	rge area sour	ce [	]		

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Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)								
Existing large area source  Carbon adsorber  []  Refrigerated condenser								
New small area source Refrigerated condenser [X]								
New large area source Refrigerated condenser []								
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units exemption criteria or that no such units exist on-site:								
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.								
All steam and hot water generating units exempt No such units on-site								
Equipment Monitoring and Recordkeeping Inform	ation							
Check all logs which are required to be kept on-site in accordance with the requ	irements 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)

ease indicat	te with an "X" the appropriate selection:							
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in lication. 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	A Schement of any changes to the information contained in this notification. $(1/6/97.$							

				#	11703	C/ BES	T AVAILAB	LE COP	Υ	
		P13	1.	Visco	rforated	, add	"Ine."	RE	CEI	VEC
			2. a	dd site	e nome.	(if opplie			DEC 9	1997
1.	Facili		7 /	1000		90/9-00	ner()	Bure &	au of Air Mobile S	Monitoring Sources
2.	Site	P16				/Finn.				
3.	Haz		/i	espons	ble office onges	cial sig	mond o	late	<del>_</del>	
4.	Fac Str City								275	(o.
5.	Fac								236	
6.	N						J			
7.	R O S				,	,			le: 32	200
8.	F									/30
	-									
9.	Name	and Title o	f Facility (	Contact (For	example, pla	nt manager):				
10.	Facili	ty Contact	Address:			_				
	Street City:	t Address:			County:		Zip C	Code:		
11.		ty Contact				Fax: (	) -			

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Bureau of Air Monitoring & Mobile Sources

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):								
	Professional Dry Cleaning.								
2.	Site Name (For example, plant name or number):								
	Same pr.								
3.	Hazardous Waste Generator Identification Number:								
4.	Facility Location: Street Address: 700 W SR 484 434								
	Facility Location: Street Address: 700 W SR 484 434 City: Longwood County: SEMINORE Zip Code: 32750.								
5.	Facility Identification Number (DEP Use):								
	1/7036/								
1454-1650									
	Responsible Official								
6.	Name and Title of Responsible Official:								
	Mr. David S. Chan President								
7.	Responsible Official Mailing Address: Professional Dry Cleaning Organization/Firm:								
	Mr. David S. Chan President  Responsible Official Mailing Address: Professional Dry Cleaning  Organization/Firm:  Street Address: FOON SR 484  City: Longwood County: SEMINOW Zip Code: 32756								
8.	Responsible Official Telephone Number:								
	Telephone: $(45)$ $(30-5725-Fax: ()$								
	,								
	Facility Contact (If different from Responsible Official)								
-	Facility Contact (If different from Responsible Official)								
9.	Facility Contact (If different from Responsible Official)  Name and Title of Facility Contact (For example, plant manager):								
9.									
	Name and Title of Facility Contact (For example, plant manager):								
	Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:								
10.	Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:  Street Address: City: County: Zip Code:								
10.	Name and Title of Facility Contact (For example, plant manager):  Facility Contact Address:  Street Address:								

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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 Machine Initially	Date Control Device	10	Date Machine Initially	Date Control Device	10	Date Machine Initially	Date Control 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-
Dry-to-Dry Unit									
(1) w/ ref. condenser		NOV 92	NOV 92						
(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					Ţ <u>.</u>	1			
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					· <del>····································</del>		'	·	
(10) w/ ref. condenser			1			I			
(11) w/carbon adsorber									
(12) w/ no controls								<del> </del>	<del>                                     </del>
(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 mont Check why it is less	are re quant gallo	equired to be ity of perchloons ow many? [_	installed [	perc)	_] purchased ir				
3. What is the facility's so (Indicate with an "X".					nitions founc	d in section (	3) of	Part II?	

<ol> <li>What control technology is required on machines pursuant to section (5) o (Indicate with an "X".)</li> </ol>	f Part II of this notification form?
Existing large area source	
Carbon adsorber [] Refrigerated condenses	
New small area source Refrigerated condenser  [X]	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating us exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for per during which propane or fuel oil containing no more than one percent sulfur	iods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	*
Equipment Monitoring and Recordkeeping Info	ormation
Check all logs which are required to be kept on-site in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	$\checkmark$
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[\sqrt{1}.

#### Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:							
ġ <b></b>	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 notific statements maintain t	ersigned, 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 smade 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will pron	Sur have began the Department of any changes to the information contained in this notification.  It began to the information contained in this notification.  Date 12-4-97							

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-	nual inspection / ·117036/	□ COMPLAI	NT/DISCOVERY X			
AIRS ID#: DATE:	N-5-97	TIME IN: 12.	30 TIME OUT: 1 . 14			
FACILITY NAME: Professi	snal Dryc	leaning_				
FACILITY LOCATION: 70	0 W.S	Lea - 43	4			
<u>Lo</u>	namord, 4	1. 3275	0			
RESPONSIBLE OFFICIAL:	ivid Cha	PHONE:	407-830-505			
CONTACT NAME:		PHONE: _	·			
PART I: NOTIFICATION	,					
(check appropriate box)		-				
1. New facility notified DARM 30 day	s prior to startup					
2. Facility failed to notify DARM to use general permit						
D. DELY GY AGGETTON						
PART II: CLASSIFICATION						
Facility indicated on notification form (check appropriate box)	n that it is:		ication form ore/out of business/petroleum			
	□ 2. No dry-to trans: both		ore/out of business/petroleum			
(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	2. No dry-to trans: both (cons	☐ Drop sto w small area source -dry only, x < 140 gal/ er only, x < 200 gal/yr ypes, x < 140 gal/yr	yr  /91)  100 gal/yr 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 (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	2. No dry-to transf both (cons	□ Drop stows small area source -dry only, $x < 140$ gal/yr er only, $x < 200$ gal/yr ypes, $x < 140$ gal/yr ructed on or after 12/9 we large area source -dry only, $140 \le x \le 2$ , er only, $200 \le x \le 1,800$ ypes, $140 \le x \le 1,800$	yr  /91)  100 gal/yr 0 gal/yr gal/yr /91)			
(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 transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification, please check the appropagation of the facility quality of the series of the	2. No dry-to trans: both (cons)  4. No dry-to trans: both (cons)  trans: both (cons)  ation	□ Drop stows small area source -dry only, $x < 140$ gal/yr er only, $x < 200$ gal/yr ypes, $x < 140$ gal/yr ructed on or after 12/9 w large area source -dry only, $140 \le x \le 2$ , er only, $200 \le x \le 1,800$ ypes, $140 \le x \le 1,800$ ructed on or after 12/9	yr  /91)  100 gal/yr gal/yr gal/yr /91)  determine above			

#### 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 AYU UN UN/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? $\square$ Y $\square$ N 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 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? CXPLAINED LAWS 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?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
·	inlet and outlet weekly?	$\Box$ Y	ΠИ	□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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□и	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring			
	perc concentrations is at least 8 duct diameters downstream of any bend, contraction,			
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	ΠY	ПИ	□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) NO YX 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or, AWX NO YO b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN XXVA 4. Maintained calibration data? (for applicable direct reading instruments) A/MIX NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN MNA 6. Maintained startup/shutdown/malfunction plan? ØY □N □N/A 7. Maintained deviation reports? AND NO YO Problem corrected? MY 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 ar	nd repair	
	inspection?	~		1984 C	מנ
2.	Has the facility maintained a leak log?	Explanes		Y E	<b>35</b> h
3.	Does the responsible official check the	following areas for leaks?	•	,	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ok on	□N/A
	Door gaskets and seating	DY ON ONA	Stills	DY DN	□N/A
	Filter gaskets and seating	DY ON ONA	Exhaust dampers	DY ON	□N/A
	Pumps	ava un ava	Diverter valves	DY DN	□N/A
\ 	Solvent tanks and containers	בארם אם אא	Cartridge filter housings	DY DN	□N/A
	Water separators	OY ON ON/A		\	
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surface	s)	Ø	
	Physical detection (airflow felt th	rough gaskets)	/	27	
	Odor (noticeable perc odor)	•	/	(A)	
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric tubes)	- T	
	Halogen leak detector			<u> </u>	
	If using direct-reading instr	umentation, is the equip	ment:	□N/A	
			s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	NO YO	7
	c. Inspected for leaks as	nd obvious signs of wear o	on a weekly basis?	OY ON	
		ecure area when not in us	<b>'</b>	OY ON	
	<u>-</u>	by use of duplicate sample		OY ON	

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Revised 8/11/97

Renzacci Sevena - Sun 260

Explande Laws, ELLLED OUT FORM

## TITLE V AIR QUALITY GENERAL PERMIT TBD 0/555

INSPECTIONS	UMMARY REPORT
TYPE OF INSPECTION: ANNUAL	COMPLAINT DISCOVERY RE-INSPECTION
TIME IN: 12:30 TIME OUT: 1:	14 AIRS ID#: None
TYPE OF FACILITY: Dry Graning	
FACILITY NAME: Professional D.C.	DATE: 11-5-97
FACILITY LOCATION: 700 W. S. R.	434
Longwood Fi	32750
RESPONSIBLE OFFICIAL: Dawra Char	PHONE NUMBER: 407-830-578
compliance with DEP Rule 62-213.300, Florida Admi:	
Based on the results of the compliance requirements en discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO ARPERMIT	GAVE FORM
NO LOGS	EXPLAINED REES
·	,
COMMENTS:	
COMMENTS.	
	· ·
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 5/98	(Ammunimoto)
INSPECTION CONDUCTED BY: SAADIA	(Approximate)
A A A A A A A A A A A A A A A A A A A	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 894-7555
Page	of Revised 10/96

BEST AVAILABLE COPY INSPECTION SUMM	1ARY REPORT
YPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION PROPERTY RE-INSPECTION RE-INSPECTI
IME IN: 1'15 TIME OUT: 1'H5	AIRS ID#: 1170361
YPE OF FACILITY: Drycleaning	
ACILITY NAME: Dogle Caning Profession	al Dydleaner DATE: 3/10/98
ACHITY LOCATION: 7700 W. 434	32750
7 30 01.0	
RESPONSIBLE OFFICIAL: Dand Chan	PHONE NUMBER: 830-5725
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrat	ed during this inspection, the facility is found to be in ive Code (F.A.C.).
Eased on the results of the compliance requirements evaluate discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	B C
	PA CE
	300
	7 1998  7 Northoring Sources
	Cos cos
	me
	1
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/99	
	proximate)
INSPECTION CONDUCTED BY: APTOIA (Ple	ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 89 3-3333
<del></del>	

Revised 10/96

AIRS ID#: 1170361

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY LOCATION:			Lean	mg	DATE	<u>: 3-10-98</u>
FACILITY LOCATION:	00 W S	1204	34 1	ongwe	ood	
	T L	SLT	30.			
Annual Reporting Period:	Nev	-	_19 <u><b>97</b>.</u> T	· o	Märch	10 th 1988.
Based on each term or condition of the 7 62-213.300, Florida Administrative Cod					/	Rule C
If NO, complete the following:						Oplina J
#1. Term or condition of the general pe	rmit that has not	been in co	ontinuous cor	npliance during	the reporting per	iod sartes above.
Exact period of non-compliance: from		_		to		<b></b>
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance	<b>:</b>					
#2. Term or condition of the general pe	rmit that has not	been in c	ontinuous coi	mpliance during	the reporting per	riod stated above:
Exact period of non-compliance: from	-			, to		
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance	e:					
As the responsible official, I hereby cen made in this notification are true, accu upon purchase receipts, does not excee combination facilities.  RESPONSIBLE OFFICIAL:	rate and complet	e. Furthe per year fo	r, my annual	consumption of	perchloroethylen 00 gallons per yed Chan	ne solvent, based

Page \_\_\_\_ of .

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

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY BE OF SELECTION OF SELEC
FACILITY NAME:	fessional 700 W. Longn David Cl	B_ TIME IN: 1:15 TIME OUT: 1:45 32  A 34  COOD, FL. 32750  PHONE: 830-5725  PHONE:
PART I: NOTIFICATION		
(check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM		
PART II: CLASSIFICATION		
Facility indicated on notification (check appropriate box)  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classing large area source (constructed before 12/9/91)	e 00 gal/yr al/yr al/yr al/yr ssification appropriate classific y qualified for a ge	□ 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 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
B. The total quantity of perchlofacility was DS gallons.	roethylene (perc) p	urchased within the preceding 12 months by this dry cleaning

5/2WKS Revised 9/15/97 25/10WKS R.5- 125 l of 5

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing perchloroethylene in tightly sealed and impervious containers? 1. Storing

PART IV: PROCESS VENT CONTROLS	
n Part II-A:	
If classification has been checked, no controls are required. Proceed to Part	v.
If classification 2 has been checked, the machine should be equipped with a reflection (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m installed prior to September 32, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	XY ON ON/A
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AY ON ONA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY OM
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?	

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 lo on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated □Y □N
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° F2	AVAO NO YO
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?	AVA NO YO
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?	QY QN QN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	AVAC NO YO

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	MY ON				
2. Maintained rolling monthly total of perc consumption?	AN ON				
3. Maintained leak detection inspection and repair reports for the following:	, , , , , , , , , , , , , , , , , , ,				
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ONA				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	XY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XVA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PANA				
6. Maintained startup/shutdown/malfunction plan?	× □ν ·				
7. Maintained deviation reports?	ANA UN DNA				
Problem corrected?	DY DN DAWA				
8. Maintained compliance plan, if applicable?	AND ND Y				

#### PART VI: LEAK DETECTION AND REPAIRS

l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				ļ	ŹΫ́Y		N
2.	Has the facility maintained a leak log?					20		N
3.	Does the responsible official check the fo	llowir	ng ar	eas for leaks?		,		
	Hose connections, fittings, couplings, and valves	QY	ΩИ	□N/A	Muck cookers	ФY	םא נ	⊃N/A
	Door gaskets and seating	фY	ИΩ	□N/A	Stills	þΥ	ם א ם	IN/A
	Filter gaskets and seating	dy I	ПN	□N/A	Exhaust dampers	þy	ם אם	⊃N/A
	Pumps	by I	ИΠ	□N/A	Diverter valves	ΩY	□и б	⊃N/A
	Solvent tanks and containers	PY	ПΝ	□N/A	Cartridge filter housings	ΔY	םא נ	⊒N/A
	Water separators	фΥ	ПΝ	□N/A				
4.	Which method of detection is used by the	respo	nsib	le official?				
Visual examination (condensed solvent on exterior surfaces)						Ø		
Physical detection (airflow felt through gaskets)						9		
	Odor (noticeable perc odor)				•			
	Use of direct-reading instrumentati	on (FI	D/P	D/calorimetric	tubes)			
	Halogen leak detector							
	If using direct-reading instru	menta	tion	, is the equipme	ent:		A	
	a. Capable of detecting pe	rc vap	or c	oncentrations in	a range of 0-500 ppm?	$\Box \Upsilon$	ПΝ	
	b. Calibrated against a statement of the control	ındard	l gas	prior to and afte	er each use	ΟY	□и	
c. Inspected for leaks and obvious signs of wear on a weekly basis?						ΩY	ПN	
	d. Kept in a clean and sec	ure ar	ea w	hen not in use?		QΥ	ПΝ	
	e. Verified for accuracy b	y use (	of du	plicate samples	(calorimetric only)?	ΩY	ПΝ	
=								

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

Renacci 260 Using Phenix Supply log, ok rlogs gave calendar

#### PERCHLOROETHYLENE DRY CLEANERS

#### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPI	CTT	ON

ANNUAL

COMPLAINT/DISCOVERY

AS

RE-INSPECTION	
FACILITY NAME:	3_ TIME IN: 1.15_ TIME OUT: 1.45  . Dry cleaning 434  (ODD, FL. 32.750  PHONE: 830-5725
PART I: NOTIFICATION	
(check appropriate box)	KECEIVED
1. New facility notified DARM 30 days prior to star	1161: 1 4 1999
2. Facility failed to notify DARM to use general per	mit
	2 Mobile Sources
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form☐ Drop store/out of business/petroleum☐
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,300$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□N □Can not determine
	neral permit as number above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p facility was 125 gallons.	urchased within the preceding 12 months by this dry cleaning

1 of 5

5/2WKS Revised 9/15/97 26/10WKS R.5 - 125

#### 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? Total

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 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 wilk 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?

UA UM

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?

DY DN DN/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

UN UN

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?		⊒N/A
	Is the temperature differential equal to or greater than 20° F2	OY ON C	AVAC
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?		N/A
]	Is the perc concentration equal to or less than 100 ppm?	OY ON C	⊒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?	ם אם אם	⊒N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אם אם	⊃N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ם אם אם	DN/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	XY ON				
2. Maintained rolling monthly total of perc consumption?	AT DN				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or,	DY ON ON/A				
<ul> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul>	XY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	אואָאַ אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN PANA				
6. Maintained startup/shutdown/malfunction plan?	र्षेद्र □य				
7. Maintained deviation reports?	XX ON ONIA				
Problem corrected?	ON ON DANY				
8. Maintained compliance plan, if applicable?	AND NO Y				

#### PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ý	χ̈́Υ	□и
2.	Has the facility maintained a leak log?				DE CO	Ви
3.	Does the responsible official check the fo	llowing a	reas for leaks?	•		
	Hose connections, fittings, couplings, and valves	OY ON	I □N/A	Muck cookers	da o	AIND N
	Door gaskets and seating	φy αν	I □N/A	Stills	שלים אלים	N DN/A
	Filter gaskets and seating	ΦY ΩΝ	I ON/A	Exhaust dampers	ם צם	A'ND N
	Pumps	אם אם	I □N/A	Diverter valves	DY D	A/ND N
	Solvent tanks and containers	אם אם	I □N/A	Cartridge filter housings	ם צם	N □N/A
	Water separators	PA OV	I □N/A			
4.	Which method of detection is used by the	responsi	ible official?			ļ
	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?   □Y □1				N		
ľ	b. Calibrated against a sta (PID/FID only)?	indard ga	s prior to and afi	ter each use	QY C	N
	c. Inspected for leaks and	obvious	signs of wear on	a weekly basis?	QY C	M
	d. Kept in a clean and sec	ure area	when not in use?	?	QY C	И
	e. Verified for accuracy b	y use of c	luplicate samples	(calorimetric only)?	QY C	M

SAADIA KURFSHI	3/10/92
Inspector's Name (Please Print)	Date of Inspection
`	_
	3199
Inspector's Signature	Approximate Date of Next Inspection

Renacci 260 Using Phenix Supply log, ok thogs gave calendar

#### INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	#PLAINT/DISCOVERY   RE-INSPECTION   X
TIME IN: 1'15 TIME OUT: 1'. H5	AIRS ID#: 1170361
TYPE OF FACILITY: Drycleaning	
FACILITY NAME: DANKERALING DISFESSI	nal Drudeaner DATE: 3110 P18
FACILITY LOCATION: 700 W. 434	120 2119013212
Longwood, Fr	32750
7 50 61.5	
RESPONSIBLE OFFICIAL: Dania CMan	PHONE NUMBER: 830-5725
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	ated during this inspection, the facility is found to be in rative Code (F.A.C.).
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<del> </del>	1
•	
	···
· · · · · · · · · · · · · · · · · · ·	<del></del>
	1
	<u>!</u>
COMMENTS:	<u>:</u>
	` <del>\</del> _/ ;:
The Annual Compliance Certification form has been properly cert	tified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/99	
$\sim$ (A	pproximate)
INSPECTION CONDUCTED BY: APDIA (M.	25H1
	Please Print)
INSPECTOR'S SIGNATURE:	
Page	of Revised 10/96
1 450	

ATRS ID#: 1170361

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Prole	seconal Dry Clear	und	DATE: 3-10-98
facility location: $\frac{0}{7}$	00 W SR 434	Longwood	
	FL 32750.	0	
Annual Reporting Period:	<i>No√</i> 19 <u>97</u> .	то <u>Мё</u>	rh 10 th 19 98
Based on each term or condition of the			
62-213.300, Florida Administrative Co	de (F.A.C.), during the period covered b	by this statement. YE.	s Uno
If NO, complete the following:			
#1. Term or condition of the general pe	ermit that has not been in continuous co	ompliance during the report	ing period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance	e:		
#2. Term or condition of the general po	ermit that has not been in continuous co	ompliance during the repor	ting period stated above:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·	to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance	e:		
As the responsible official, I hereby cemade in this notification are true, accuration purchase receipts, does not exceed combination facilities.  RESPONSIBLE OFFICIAL:	trate and complete. Further, my annua	l consumption of perchloro	pethylene solvent, based
	Name (Please Print)		Date

Page	of	

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

#### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVERY TYPE OF INSPECTION: ANNUAL RE-INSPECTION 4/30/55 TIME IN: 130 TIME OUT: 1330 AIRS ID#: 117035 FACILITY NAME: FACILITY LOCATION: PHONE: 830 - 5725 RESPONSIBLE OFFICIAL: PHONE: CONTACT NAME: \_ PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form ☐ Drop store/out of business/petroleum (check appropriate box) A. 2. New small area source 1. Existing small area source dry-to-dry only, x < 140 gal/vr dry-to-dry only, x < 140 gal/yr Bureau of Air Monitoring transfer only, x < 200 gal/vr transfer only, x < 200 gailyr both types, x < 140 gal/vr both types, x < 140 gal/yr (constructed on or after 12/9/91) Mobile Sources (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only,  $140 \le x \le 2,100 \text{ gal/yr}$ dry-to-dry only, 140 < x < 2,100 gal/vr transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, 200 < x < 1,800 gal/yr both types,  $140 \le x \le 1,800$  gallyt both types,  $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91) (constructed before 12/9/91)  $\square N$ □Can not determine 5. This is a correct facility classification  $\Box$ Y 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

facility was 130 gallons.

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

# 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)

l.	Equipped all machines with the appropriate vent controls?	ΩY	ИΠ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ΩИ	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	ПD	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	□и	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	ПИ	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	ПИ	

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?	ΩY	ND	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	<b>5</b> 11	<b></b>	D. "
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	UY	UN	□N/A
<b>∔</b> .	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.		٠	
	or expansion; and downstream from no other inlet?	ΩY	ИП	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	122Y □N				
2. Maintained rolling monthly total of perc consumption?	<b>X</b> V □N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or,	AIND ND YX				
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 <b>S</b> ava				
4. Maintained califoration data? (for applicable direct reading instruments)	באמצם אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAD ND YD				
6. Maintained startup/shutdown/malfunction plan?	MD AK				
7. Maintained deviation reports?	YOY ON ONA				
Problem corrected?	AN DN DNY				
8. Maintained compliance plan, if applicable?	A/ND ND YM				

	ART VI: LEAR BETECHON AND RETAILS						
1.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			AN ON			
2.	Has the facility maintained a leak log?			ØK. □N			
3.	Does the responsible official check the	following areas for leaks	5?				
	Hose connections, fittings, couplings, and valves	AMO NO YE	Muck cookers	AND NO YO			
	Door gaskets and seating	φλ ση σηγ	Stills	RY ON ONA			
	Filter gaskets and seating	AND ND YEA	Exhaust dampers	אואם אם צפן			
	Pumps	DAY ON ONA	Diverter valves	AND NO ANA			
	Solvent tanks and containers	AND ND YA	Cartridge filter housings	AND ND YE			
	Water separators	DY ON ONIA					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfac	es)	×			
	Physical detection (airflow felt the	rough gaskets)		أ ا			
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading inst	□N/A					
	a. Capable of detecting	QY QN					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON			
	d. Kept in a clean and	OY ON					
	e. Verified for accurac	OY ON					
<u></u>							
_	Inspector's Name (Please Print)  Date of Inspection						
		,					
-	Inspector's Signature		Approximate Date of	Next Inspection			

ADDITIONAL SITE INFOR	iation:	
-		
·		·
		. ·
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	i e	
		3.

MAMS UPDATED TITLE VAIR QUALIT					
TYPE OF INSPECTION: ANNUAL OF COM	1PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 1230 TIME OUT: 13	30 AIRS ID#: 1170361				
TYPE OF FACILITY: Dry John					
FACILITY NAME: Professional Cy	Clarier DATE:				
FACILITY LOCATION: 700 West 5/21	e Pd				
larguod fe					
RESPONSIBLE OFFICIAL: Dau & Chan	PHONE NUMBER: \$30 - 5725				
Based on the results of the compliance requirements evaluate					
TZ) che 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				
Conduers le mater .s stored u.th. out 1.d	mill brokige 1.7 portet				
	Will bring records to				
HZ disposal records nut in	· '				
4. k for last 3 years	facility				
•					
IN					
·					
·	·				
COMMENTS:					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO					
DATE OF NEXT INSPECTION: Apr. \ Z000 (Approximate)					
INSPECTION CONDUCTED BY: EZWWZ Mayus					
INSPECTOR'S SIGNATURE: SIGNATURE: PHONE NUMBER: 893-333					

Revised 10/96

******	Own with the transfer	ALCOIAL .
COMPLIANCE	INSPECTION	CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

**RE-INSPECTION** 

II	-00 TIME IN: 3:30 TIME OUT: 4:00		
FACILITY NAME: Proffessional Dry Cleaning			
facility location: 700 W, SR	434		
Long wood,	FL 32750		
	Chen PHONE: 407-830-5725		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION	- D-P		
(check appropriate box)	RECEIVED		
1. New facility notified DARM 30 days prior to sta	irtin [1]		
2. Facility failed to notify DARM to use general pe			
	Sureau of Air Monitoring  & Mobile Source		
PART II: CLASSIFICATION	& Mobile Sources		
Facility indicated on notification form that it is:	☐ No notification form		
(check appropriate box)	☐ Drop store/out of business/petroleum		
A. Tuisting amall and source	2. New small area source		
1. Existing 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, $x < 140 \text{ gal/yr}$	both types, $x < 140 \text{ gal/yr}$		
(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, $140 \le x \le 2,100$ gal/yr		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, 200≤x≤1,800 gal/yr		
both types, $140 \le x \le 1,800$ 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	N □Can not determine		
If no, please check the appropriate classific	cation;		
☐ facility qualified for a ge	neral permit as number above		
	nits and is not eligible for a general permit		

# 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 egdipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY 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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY UN
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?	□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 adsorber?	
	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 duer diameters downstream of any bend, contraction, or expansion; is at least 2 duer 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) by ON 1. Maintained receipts for perc purchased? by on 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: Y 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 DY DN 🕬 /A and parts installed w/in 5 days of receipt? DY DN ANA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON SX/A 5. Maintained exhaust duct monitoring data on perc concentrations? **Y** ON 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY ON **X**NA AVACS NO YO Problem corrected? DY ON PN/A 8. Maintained compliance plan, if applicable?

Pź	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?					by	, ON
2.	Has the facility maintained a leak log	?				UY	ПN
3.	Does the responsible official check th	e following a	areas for leal	ks?			
	Hose connections, fittings,	4				_)	
	couplings, and valves	GY UN	A/ND 1		Muck cookers	QΥ	DN DN/A
	Door gaskets and seating	dY 🗆	I DN/A		Stills	фY	ON ON/A
1	Filter gaskets and seating	φλ 🗆	A/ND 1		Exhaust dampers	фх	A/NO NO
	Pumps	φλ 🗆	I □N/A		Diverter valves	þΥ	AINO NO
	Solvent tanks and containers	dy O	A/ND I		Cartridge filter housings	ΩY	אואם אם
	Water separators	DY DI	A/ND 1				
4.	Which method of detection is used by	the <b>k</b> esponsi	ible official?				
	Visual examination (condensed	solvent on e	xterior surfa	.ces)		6	
	Physical detection (airflow felt	hrough gask	ets)				
	Odor (noticeable perc odor)					Ø	•
	Use of direct-reading instrumen	tation (FID/	PID/calorime	etric t	rubes)		
	Halogen leak detector				•		
	If using direct-reading ins	trumentatio	n, is the equ	ipme	ent:	JAN.	A
	a. Capable of detecting	g perc vapor	concentratio	ns in	a range of 0-500 ppm?	ПY	ND
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard ga	s prior to an	d afte	r each use	ΟY	ПИ
	c. Inspected for leaks	ınd obvious :	signs of wear	r on a	weekly basis?	ΠY	ON
	d. Kept in a clean and				-,	ΠY	ПN
	e. Verified for accurac				(calorimetric only)?	ΟY	ПN
ı		•	•	•	,		
	Randall Connin	aham	1		5-4-00		
	Inspector's Name (Please Print)  S-9-00  Date of Inspection						
	Polade C-	1	7		5-2001		
_	Inspector's Signature	7			Approximate Date of I	Next I	nspection

ADDITIONAL SITE INFORMATION:	
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AIRS ID#: 1170361

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Revised 01/18/00

### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PROPERTY OF	rotessional	Dby (lease DA	TE: <u>5-4-00</u>
FACILITY LOCATION: 700 UCST SR 4	34		
Longwood ft 327	50	•	
Annual Reporting Period: May	<u>14.49</u> то	May	2000
Based on each term or condition of the Title V general air pe	mit, my facility has remaine	d in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during th	e period covered by this state	ment. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been	in continuous compliance d	uring the reporting pe	riod stated above:
Exact period of non-compliance: from	to_		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	·		
#2. Term or condition of the general permit that has not been	in continuous compliance d	uring the reporting pe	riod stated above:
Exact period of non-compliance: from	to		
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	· · · · · · · · · · · · · · · · · · ·		
As the responsible official, I hereby certify, based on information in this notification are true, accurate and complete. Further, purchase receipts, does not exceed 2,100 gallons per year for combination facilities.	my annual consumption of p	erchloroethylene solv	ent, based upon
RESPONSIBLE OFFICIAL: Name (Please Print)	AN SIS	ignature	

<sup>\*</sup>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:	INNUAL 🔀	COMPL	LAINT/DISC	COVERY _	] .	RE-INSPE	CTION _
TIME IN: 3 130	TIME OUT: 4	1:00		AIRS ID#:	1170	361	·
TYPE OF FACILITY: Dry Cle	41						
FACILITY NAME: Protessio	nd 1 Dry Clea	iners			D	ATE:5	-4-00
FACILITY LOCATION: 200	West SR 43	4					
Longo	rood, FL 3:	2750					
RESPONSIBLE OFFICIAL: Da			F	HONE NUM	BER: 4	<u> 47 - 830</u>	2-5725
Based on the results of the c compliance with DEP Rule	•		_	=	e facility	is found to	be in
Based on the results of the c discrepancies were noted:	ompliance requirement	ts evaluated	d during this	inspection, th	e followii	ng compliar	ice
COMPLIANCE REQUIR	EMENT/PROBL	EM _	FOLI	LOW-UP A	CTION	REQUI	RED
	······································						· · · · · · · · · · · · · · · · · · ·
					,		
							·
			•				
COMMENTS:							
In Compl.	iance			· .			
The Annual Compliance Certification	n form has been proper	ly certified	and submit	ted to the insp	ector.	YES	NO
DATE OF NEXT INSPECTION: 5-2001							
INSPECTION CONDUCTED BY: Randy (Lunn Ingham) (Please Print)							
INSPECTOR'S SIGNATURE:	Wall T	(Fleas	P	HONE NUM	BER:	1/07-8	93-3333

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.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.
N ADDRESS completed of	AIRS ID 1170361 PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750	1b. Service  Registere  Express  Return Rec  7. Date of De	Type  add
ls your RETUR	6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee and fee is	P's Address (Only if requested paid)  Domestic Return Receipt

#### Z 333 613 256 US Postal Service® Receipt for Certified Mail AIRS ID 1170361 PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing with Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Page & Fees PS Form **3800**, \$ Postmark or Date

Fold at line over top of envelope to SENDER: COMPLETE THIS SENTINGING IN GIV DELIVERY ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. B. Date of Delivery A. Received by (Please Print Clearly) ■ Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent ■ Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: AIRS ID # 1170361 PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 2. Article Number (Copy from service label) 4. Restricted Delivery? (Extra Fee) ☐ Yes PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

D. 70	Z 333 L US Postal Service Receipt for Cert ROFESSIONAL DRY AVID S CHAN 90 W SR 434 DNGWOOD FL 32750	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

Fold at line over top of envelope to				
SENDER: COMPLETE	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:  AIRS ID # 1170361  PROFESSIGNAL DRY CLEANING	A. Received by (Please Print Clearly)  B. Date of Delivery  2 - 26 -   C. Signature  X			
DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750  Z 333 667250	3. Service Type Certified Mail			
2. Article Number (Copy from service label)				
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789				

#### Z 333 667 250

## US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.

AIRS ID # 1170361

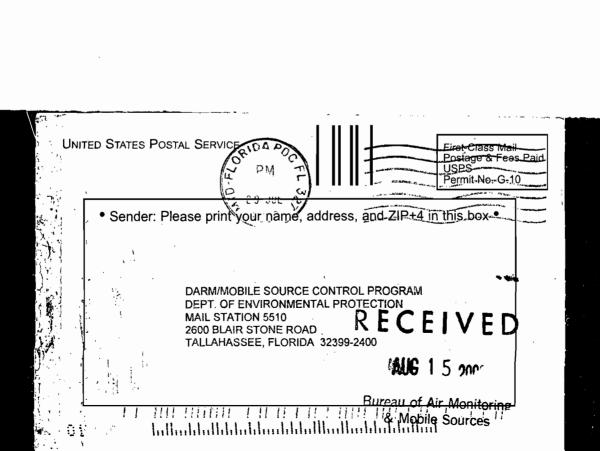
PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750

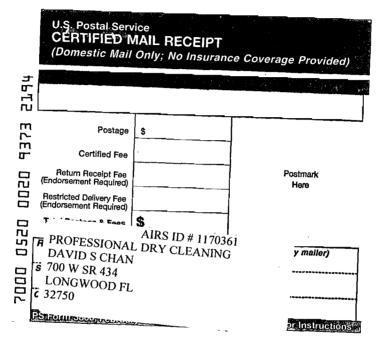
	Postage	<b>ў</b>
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
80 J	TOTAL Postage & Fees	\$
E	Postmark or Date	
PS Form <b>3800</b>		#153°

1	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Prov	(ided)
<b>Ь85</b> 4	CALL TO SECOND TO SECOND ASSESSMENT	
9	the same of the same of the	
3108	Postage \$	1
ΞŢ	Certified Fee	JV
E T O O	Return Receipt Fee (Endorsement Required)	D
	Restricted Delivery Fee (Endorsement Required)	2
1670	Total F 10 AIRS ID # 1170361001AG	
16	Sent To DAVID S CHAN	-
0	Street, A PROFESSIONAL DRY CLEANING	
7000	700 W SR 434	
7	City, Sta LONGWOOD FL 32750	
ŀ	PS Form Severagy zerow See Reverse I	वर मित्रसाम्प्रसावानंड
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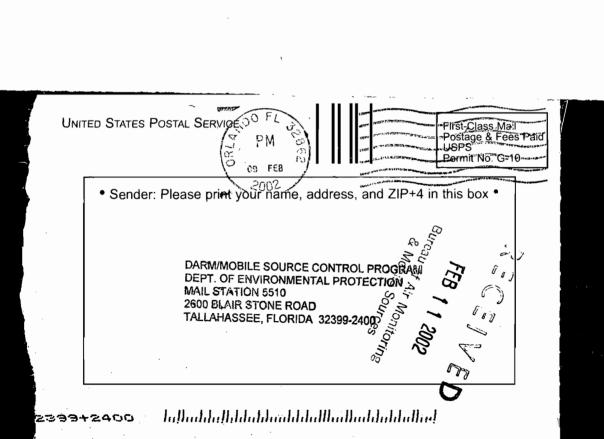
FOCE STICKER VIEWER OF FUNE OFF	d
SENDEN: COMPLETE THIS SECTION	CONTINUE TO A HIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  29-02  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes
Article Addressed to:	If YES, enter delivery address below:
7 10 AIRS ID # 1170361001AG DAVID S CHAN PROFESSIONAL DRY CLEANING	,
700 W SR 434	3. Service Type
LONGWOOD FL	Certified Mail
32750	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
,	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7000 1616	0013 3108 6854
PS Porm 3811, March 2001 Il Dontestic Met	m Recho!

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PLACE STICKER THUS SECTION PLACE STICKER TOP OF ENVELOPE TO THE SIGHT OF RETURN ADDRESS.	- COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> AIRS ID # 1170361 PROFESSIONAL DRY CLEANING	A. Received by (Please Print Clearly)  B. Date of Delivery  - 9-00  C. Signature  X
DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750	3. Service Type    Contified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   Restricted Delivery? (Extra Fee)   Yes
Article Number (Copy from service label)	
7000 0520 0020 19373 2	194111111111
PS Form 3811, July 1999 Domestic Retu	orn Receipt 102595-00-M-0952



PLACE STICKER AT TOP OF ENVELOPE SETURES STICKER AT TOP OF ENVELOPE SETURES SOLUTION SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	A. Received by (Please Phot Clearly)  C. Sigharure 05 MAR  X  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:
PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750	3. Service Type  Gottified Mail
2. Article Number (Copy from service label) 7000 0600 000 (Copy from Service label) PS Form 3811, July 199	Sk.

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8867		ervice MAIL RECI nly, No Insurance C	
4125	Postage Certified Fee	\$	
1 9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here .
7000 0600	F PROFESSIONA DAVID'S CHAN 700 W SR 434 LONGWOOD F	L DRY CLEANING 1	D#1170361
			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:  AIRS ID # 1170361  ROFESSIONAL DRY CLEANING  AVID S CHAN  (0) W SR 434  €)NGWOOD FL 32750	A. Received by (Please Print Clearly)  B. Date of Delivery 2-9-0/  C. Signature  Agent Addressee  D. Is delivery address different from item 1? If YES, enter delivery address below:  No  3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)  Yes
2, Article Number (Copy from service label)	A/QM 133/17/1
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789
<u>.</u>	

1		U.S. Postal S CERTIFIED (Domestic Mail O	Service  MAIL RECE  nly; No Insurance C	EIPT overage Provided)
4	3370			
{	4757	Postage Certified Fee	\$	Postmark
	0 0 2 F	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
	7000 0600	DAVID S	IONAL DRY CLEANI CHAN	
}		PS Form 3800, February	2000	See Reverse for Instructions



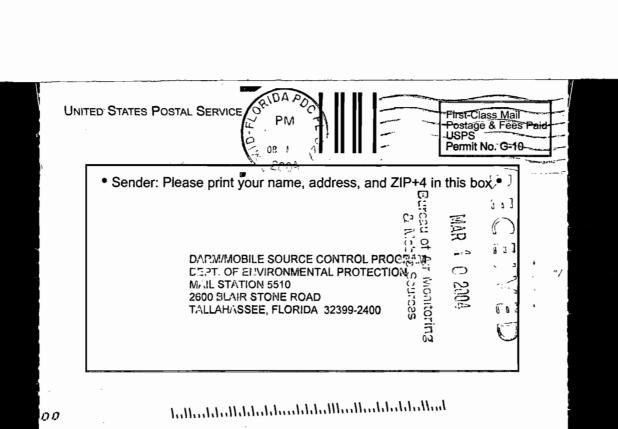
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece,	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
or on the front if space permits.	19-5-04
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
PROFESSIONAL DRY CLEANING DAVID CHAN	
700 W SR 434 LONGWOOD, FL 32750 #1170361	3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 (Transfer, from service label)	0500 0004 0344 4879
PS Form 3811, August 2001	urn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE OA PORTO GREETIN First-Class Mall Rosinge & Fees Paid USES Permit No. 8-10 Permit

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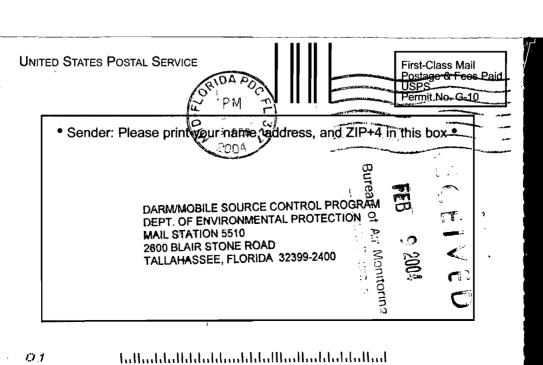
U.S. Postal Service  CERTIFIED MAIL  (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
Postage \$
Certified Fee Return Reclept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 1170361
PS Form 3800, June 2002  DAVID CHAN PROFESSIONAL DRY CLEANING 700 W SR 434 LONGWOOD, FL 32750  See Reverse Togenstructions

	ر در و محمد داده این مداند این محمد مید. این این این این این این این این این این	·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	RY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:	A. Signature  X  B. Fidceived by (Printed Name)  C. 3  D. Is delivery address different from item 17  If YES, enter delivery address below:	Agent Addressee Date of Delivery Yes No
AIRSTOWTT7035T  DAVID CHAN PROFESSIONAL DRY CLEANING 700 W 6R-484 LONGWOOD, FL 32750	3. Service Type  Certified Mail  Express Mail Registered  Return Receipt Insured Mail  C.O.D.	for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from, service label)	ַ , פָסְסְאוּ, פְאָאוּ , פְּסִסְ	
PS Form 3811, August 2001 Domestic Retu	-	102595-02-M-1540



4428	(Domestic Mail Only; No Insurance Coverage Provided)
<b>_</b>	For delivery information visit our website at www.usps.com
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	Postage \$
1000	Certified Fee
	Return Reciept Fee (Endorsement Required)
500	Restricted Delivery Fee (Endorsement Required)
	Total Pos ID# 1170361
7003	Sent To DAVID CHAN PROFESSIONAL DRY CLEANING
<b>L</b> -	Street, Apt. 700 W SR 434
	or PO Box. LONGWOOD, FL 32750
ļ	PS Form 3800, June 2002

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>(ID# 1170361 DAVID CHAN PROFESSIONAL DRY CLEANING 700 W SR 434 LONGWOOD, FL 32750</li> </ul>	A. Signature  X
	3. Service Type  Service Type  Registered
2. A 7003 0500, 000H 0144, 4H2811 III III 1 102595-02-M-1540	





#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421821 JAN15 2803

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

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#1170361

PROFESSIONAL DRY CLEANING
DAVIDS CHAN
700 W SR 434
LONGWOOD FL

32750

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

Obj.: 002273



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414322 FEB20 2002

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#### **TOTAL AMOUNT DUE: \$50.00**

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AIRS ID # 1170361
PROFESSIONAL DRY CLEANING
DAVID S CHAN
700 W SR 434
LONGWOOD FL
32750

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406799 MAR 52001

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#### **TOTAL AMOUNT DUE: \$50.00**

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AIRS ID # 1170361

PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-03 Obj.: 002273



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MAIL ROOM

## TOTAL AMOUNT DUE: \$50.00 AR - 6 00 TRemove Label AIRS ID # 1170361 VAL DRY CLEANING AN OFL 32750 FOR GOVERNA Org.: 375501010 Fund: 20-2-0350 Obj.: 002273

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PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001



0357332

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 # 1170361

PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750 MAIL ROOF

FOR GOVERNMENT USE THE

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

Fund: 20-2-0350 Obj.: 002273



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303151

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**TOTAL AMOUNT DUE: \$50.00** 

FEB 20 98

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AIRS ID#1170361

PROFESSIONAL DRY CLEANING DAVID S CHAN 700 W SR 434 LONGWOOD FL 32750

FOR GOVERNMENT USE ONLY

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

Оыј.: 002273