

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Larry Creel Crown Cleaners 2562 Enterprise Road Orange City, Florida 32763

Dear Mr. Creel:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 29, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Louis Nichols, Central District

1270120

p. 13 6. add title- owner

4. fill in

p. 14

1.(c) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·			
1.	1) (individual owner):	
	LARRY CREEL CROWN C	LEANERS		
2.	Site Name (For example, plant name or number	:		
	2562 ENTERPRISE R	uad ora	YGE CITY	FL 32763
3.	Hazardous Waste Generator Identification Num	er:		
	CONDITIONAL EXPENT SMA	LL QUAPITY	GENERATOR	_
4.	3			
	Street Address: City: County		Zip Code:	
	City.		Zip code.	
5.	Facility Identification Number (DEP Use):	Sed S		
			1270	120
				The second secon
	Respon	sible Official		
6.	Name and Title of Responsible Official: LAPRY CREEL			
7.	Organization/Firm: CROWN CLEANER Street Address: 2562 ENTERPRISE	EDAD hty: UOLUSIA	Zip C	Code: 32763
8.	Responsible Official Telephone Number:			
	Telephone: (904) 775 - 1322	Fax: (9	04) 175 - 292	71
	Facility Contact (If diffe	ent from Respons	ible Official)	
9.	Name and Title of Facility Contact (For example	, plant manager):		
10.	Facility Contact Address:			
	0			
	Street Address: City: Count	<i>,</i> •	Zip Code:	
	Count	, .	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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		•		_				1.5	1 1 - 1
(1) w/ ref. condenser	#/	0 1 MAY 90	U MAY 9U						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	·						7 :		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	4		Nagrafa at		in the state			4.01	m, es P. D.
(7) w/ ref. condenser			1						
(8) w/ carbon adsorber									_
(9) w/ no controls									
Reclaimer Unit				M	*			ing Balance	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls	<u> </u>								
(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 of the control	are roquant	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large ar	Selec ea so	et one classifi	cation only.)	ew sn	nitions found nall area sour	ce [3) of]	Part II?	

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(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 Manitoring	and Recordkeeping Information
	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	
(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)

Please indicate	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)						
[X]	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will prof	mptly notify the Department of any changes to the information contained in this notification. $\frac{8/37/96}{\text{Date}}$						

Bowman, Sandy

From:

Rice. Rodell

Sent:

Friday, March 21, 2003 3:53 PM

To:

Shine, Caroline

Cc:

Turner, John B.; Bowman, Sandy

Subject:

Crown Cleaners

Hello,

I visited Crown Cleaners (facility ID 1270120) today. I was informed by one of the workers there that Mr. Larry Creel has another Dry Cleaner facility in Deltona. I went to this facility attempting to get the hand delivered letter sign by him. He wasn't there. The cashier there called him on his cell phone. He arrived about 15 minutes later.

He read the cover letter and signed for it. He informed me that he mailed an application in last month along with his annual emission fee check to Tally. I informed him that his application has not been received/processed when I left the office this morning. He didn't have a copy of the application that he mailed in. I told him that I would look into this matter.

Mr. Creel told me that the facility (1270120) has been converted to only a drop off store. He removed all the equipment and transferred it to the new facility at 201 Saxon Blvd., Deltona, FL. He said that he would fill out the new application for the new facility ASAP and mail it to Tally.

I revisited the other facility (1270120) to confirm that the equipment has been remove. The perc machine has been removed. I made a note of this in ARMS.

11.5	A. S. Certific Control (Sec.)	BEST AVAILABLE CO	OPY
		· = 1270120	
	·	p. 13 6 add title-owner 4 fill in	l
1.	Facility Ow LARRY	p 14	
	Site Name ()	1. (c) should be marked	EL 32763
3.	Hazardous V	conection de 12/2/96	•
4.	Facility Loca Street Addre City:	Com mod 12/2/40	
5.	Facility Iden		
6.	Name and Ti	i C	
7.	Street Addre	/Firm: CROWN CLEANER ss: 2562 ENTERPLISE ROAD	Zip Code: 32763
8.	Responsible Telephone:	Official Telephone Number: (904) 775 - 1322 Fax: (904) 175 -	2921
		Facility Contact (If different from Responsible Official)	
9.	Name and Ti	tle of Facility Contact (For example, plant manager):	.

County:

Fax: (

Zip Code:

10. Facility Contact Address:

11. Facility Contact Telephone Number:

Street Address:

Telephone:

City:

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	LARRY CREEL CROWN CLEANERS
2.	Site Name (For example, plant name or number):
	2562 ENTERPRISE ROAD OILANGE CITY FL 32763
3.	Hazardous Waste Generator Identification Number:
	CONDITIONAL EXPENT SMALL QUANTTY GENERATUR
4.	Facility Location: 2562 Enterprise Rel- Street Address:
	City: Orange City County: Volusia Zip Code: 32763 10,
5.	Facility Identification Number (DEP Use):
	Responsible Official
	Name and Title of December 11 of Spirit
Ο.	Name and Title of Responsible Official: LAPRY CREEL - Owner - 12/2/94
7.	Responsible Official Mailing Address: Organization/Firm: CROWN CLEANER Street Address: 2562 ENTERPRISE ROAD City: ORANGE CITY FL County: UDLUSIA Zip Code: 32763
8.	Responsible Official Telephone Number: Telephone: (904) 775 - 1322 Fax: (904) 175 - 2921
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -

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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								•	11.4
(1) w/ ref. condenser	#/	0; MAY-90	W MAY 90	<u> </u>					
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		•			•			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber						_			
(6) w/ no controls									
Dryer Unit					•			•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	- 1								
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the second of the secon	are requant	equired to be ity of perchlo ons ow many? [_	installed [X perc)	purchased in		! mor		[]
3. What is the facility's so (Indicate with an "X".	Selec	et one classifi	cation only.)				3) of	Part II?	
Existing small ar	ea so	urce [X	Ne	w sn	nall area sour	-ce [
Existing large are	ea so	urce []	Ne	w lai	rge area sour	ce [1		

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(Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser]
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuar to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following 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 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)

Please indicat	e with an "X" the appropriate selection:									
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)										
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.									
	Responsible Official Certification									
this notifi statement maintain	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 s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.									
I will pro	mptly notify the Department of any changes to the information contained in this notification.									
Signature	my (ref 8/27/94									



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISCO	OVERY
AIRS ID#: 1270120 D. FACILITY NAME:	D Cleaner	0	n: <u>10 : 30</u> tim 32763	е оит: <u>10 '.50</u>
PART I: NOTIFICATION				
(check appropriate box)		-		
Existing facility notified DARM	<i>A</i> by 9/1/96			X
2. New facility notified DARM 30	days prior to startup) _
3. Facility failed to notify DARM	to use general permit			
PART II: CLASSIFICATION				
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source	2. dry trai bot (co	nsfer only, x h types, x<1	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91)	
dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>gal/yr dry l/yr trai r bot (co</td><td>-to-dry only, nsfer only, 20 h types, 140 nstructed on</td><td>140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>,</td></x<2,>	gal/yr dry l/yr trai r bot (co	-to-dry only, nsfer only, 20 h types, 140 nstructed on	140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>	,
This is a correct facility classification	tion ST	Y DN		
If no, please check the appropriat	e classification:			
· · · · · · · · · · · · · · · · · ·	for a general permit a above limits and is not		above a general permit	
B. The total quantity of perchloro facility was 20 gallons.	oethylene (perc) purcha	sed within t	he preceding 12 months	s 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) 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? OY ON ON/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 \Box Y \Box N condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

PART III: GENERAL CONTROL REQUIREMENTS

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?	bd Y DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם עם
Is the temperature differential equal to or greater than 20° F?	UA DN
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)	
	DA ON
(check appropriate boxes)	
(check appropriate boxes) 1. Maintained receipts for perc purchased?	NO NO NO
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	A ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OA OM
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	MY ON ON ANA
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	NO YEAR
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	MY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	OY ON OYON OY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	DY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	DY ON OY ON

2.	Which method of detection is used by t	the respon	nsible off	icial?	`				
	Visual examination (condensed s	olvent on	exterior	surfaces)	X				
	Physical detection (airflow felt th	ırough ga	skets)		Þ				
	Odor (noticeable perc odor)				Ą				
	Use of direct-reading instruments	ation (FII	D/PID/ca	lorimetric tubes)					
	If using direct-reading instrum	entation,	is the ed	quipment:					
	a. Capable of detecting	perc vapo	or concer	strations in a range of 0-500 ppm?	ΠY	\square N			
	to and after each use	ΩY	ПN						
	c. Inspected for leaks ar	nd obviou	ıs signs o	f wear on a weekly basis?	ПY	□N			
	d. Kept in a clean and s	secure are	a when r	not in use?	ПY	□N			
	e. Verified for accuracy	by use of	f duplicat	te samples (calorimetric only)?	ΠY	□N			
3.	Has the facility maintained a leak log?				ПY	□N			
4.	Does the responsible official check the	following	g areas fo	or leaks? (New to All					
	Hose connections, fittings,			0.					
	couplings, and valves	ΠY	ПИ	Muck cookers	ПY	ПИ			
	Door gaskets and seating	ПY	ПN	Stills	ПY	□N			
	Filter gaskets and seating	$\Box Y$	\square N	Exhaust dampers	ПY	□N			
	Pumps	ΠY	□И	Diverter valves	ΠY	□и			
	Solvent tanks and containers	ПY	□и	Cartridge filter housings	ΠY	ПN			
	Water separators	ПY	ПN						
	LARRY Chee Name of Responsible Official								
STI SI WILLIAM				12/2/91					
_	Inspector's Name (Please Pri	nt)		Date of Inspec	ction				
		, 0		.)					

12/97
Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:		
	•	
·		
	:	
,		
·		



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

) #

AIRS ID#: 1270/20 DATE: 2/7/97 TIME IN: 1:55 TIME OUT: 2:15

FACILITY NAME: CROWN CLRANERS

FACILITY LOCATION: 2562 ENTERRISE RO

CROWN CENTRE PLAZA - ORANGE CATY Fz., 32763

PART I: NOTIFICATION (check appropriate box) 1. Existing facility notified DARM by 9/1/96 2. New facility notified DARM 30 days prior to startup 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 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 on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 63 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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 prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 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 DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 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: φy □N a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y 🗆 N DY DN **X**N/A 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? $\square N$ 7. Maintained deviation reports? $\square N$ Problem corrected? пр Чп 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

2. Which method of detection is used by	the respo	nsible offic	cial?	14	
Visual examination (condensed s	solvent o	n exterior s	surfaces)	À	
Physical detection (airflow felt the	uough ga	askets)	•	A	
Odor (noticeable perc odor)				A T	
Use of direct-reading instrument	ation (FI	D/PID/calo	primetric tubes)	à	
If using direct-reading instrum	entation	, is the equ	ipment:		
a. Capable of detecting	perc vap	or concent	rations in a range of 0-500 ppm?	OY O	N
b. Calibrated against a (PID/FID only)?	standard	gas prior t	o and after each use	OY O	N
c. Inspected for leaks a	nd obvio	us signs of	wear on a weekly basis?		N.
d. Kept in a clean and s	secure ar	ea when no	ot in use?	OY O	N
e. Verified for accuracy	by use o	of duplicate	samples (calorimetric only)?	OY O	N
3. Has the facility maintained a leak log?				XY □	N
4. Does the responsible official check the	followin	ng areas for	leaks?	/ \	
Hose connections, fittings, couplings, and valves	XΥ	ΩΝ	Muck cookers	∦ Y	□N
Door gaskets and seating	χY	N□	Stills	ÞΥ	□и
Filter gaskets and seating	YY	ПΝ	Exhaust dampers	ŪΥ	□N
Pumps	XY	. DN	Diverter valves	ΩY	ПИ
Solvent tanks and containers	Y	ПN	Cartridge filter housing	s XY	□N
Water separators	ΑÝY	ПN		·	
LARRY CREEL Name of Responsible Offici	al				
Louis A. Nicas	065		2/7/	97	
Inspector's Name (Please Pri	int)		Date of Insp	pection	
Donis a Mich	reli				
Inspector's Signature			Approximate Date of	f Next Ins	pection
30000 PIECES	M	т v _ф	W Th F S		
INITIAL	CBOV	NN CENTRE	eaners E PLAZA Y, FL LARRY CREEL		

- VERY BUSY LOCATION - SUPREMA 750 52 25 LB WITH CONTAINMENT AND SECONDARY CONTAINMENT

- ZERO WASTR FOR WATER.
- EPONY AROUND SPOTTING BUARD
- SAFETY KLEEN PICKS UP WASTR

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

ACC

TYPE OF INSPECTION:	ANNUAL COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 12:00	TIME OUT: /200	AIRS ID#: 12	70120
TYPE OF FACILITY:	In Cleaning	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME:	own Cleanes	•	DATE: 12/18/97
FACILITY LOCATION:	2562 Enterprise K	Codd	
	Drange City II	. 32763	011
RESPONSIBLE OFFICIAL:	Carry Creek	PHONE NUMBER:	94-7-1322
	the compliance requirements evaluate tule 62-213.300, Florida Administrat		ity is found to be in
Based on the results of discrepancies were note	he compliance requirements evaluated:	ed during this inspection, the follo	wing compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
			-
		· · · · · · · · · · · · · · · · · · ·	·
			,
•			
		}	
	·		
	.		
COMMENTS:			
-	cation form has been properly certific	ed and submitted to the inspector.	YES NO NO
DATE OF NEXT INSPECTIO)N: /d/90	roximate)	
INSPECTION CONDUCTED	70000	QUEBAT	
= .D. ZOTION CONDUCTED		ase Print)	20
INSPECTOR'S SIGNATURE	: X / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PHONE NUMBER:	843-3333
	Page o	f	Revised 10/96

in April

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	AC

		PECTION CHECKLIST	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT	T/DISCOVERY 🗅
AIRS 10#: 1270120	· / .		_ TIME OUT: _/
FACILITY NAME:	rown cleanes	S	
FACILITY LOCATION:	2562 PM	terpus Roa	-l
		ty FL- 327	
_		77	
RESPONSIBLE OFFICIAL	: Larry Cre	PHONE: 9	04-775-1322
CONTACT NAME:		PHONE:	·
DART I. NOTIFICATION			
PART I: NOTIFICATION			
(check appropriate box)	£20 dans union to stanton		
1. New facility notified DARN	-		ū
2. Facility failed to notify DA	RM to use general permit		
PART II: CLASSIFICATIO	N		
Facility indicated on notifica	tion form that it is:	☐ No notifica	
(check appropriate box) A.	. ,	in Drop store	out of business/petroleum
1. Existing small area sou	, ,	New small area source	
dry-to-dry only, $x < 140$ ga transfer only, $x < 200$ gal/y		y-to-dry only, $x < 140$ gal/yr nsfer only, $x < 200$ gal/yr	1990
both types, $x < 140$ gal/yr		th types, $x < 140$ gal/yr	P40 1.10
	bot .	ar types, a vivo gabyr	
(constructed before 12/9/91		onstructed on or after 12/9/91	1)
(constructed before 12/9/91	.) (co	onstructed on or after 12/9/91	l)
	(co	•••	
 (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,8 transfer only, 200 ≤ x ≤ 1,8 	(co erce □ 4. 2,100 gal/yr dry 300 gal/yr tra	New large area source y-to-dry only, $140 \le x \le 2,10$ nsfer only, $200 \le x \le 1,800$ g	□ 0 gal/yr gal/yr
 (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,80 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,80 	(co erce	New large area source y-to-dry only, $140 \le x \le 2,10$ insfer only, $200 \le x \le 1,800$ gal th types, $140 \le x \le 1,800$ gal	□ 0 gal/yr gal/yr /yr
 (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,8 transfer only, 200 ≤ x ≤ 1,8 	(co erce	New large area source y-to-dry only, $140 \le x \le 2,10$ nsfer only, $200 \le x \le 1,800$ g	□ 0 gal/yr gal/yr /yr
 (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,80 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,80 	(co	New large area source y-to-dry only, $140 \le x \le 2,10$ insfer only, $200 \le x \le 1,800$ gal th types, $140 \le x \le 1,800$ gal	O gal/yr gal/yr /yr
 (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,80 transfer only, 200 ≤ x ≤ 1,80 (constructed before 12/9/91 5. This is a correct facility 	(co	New large area source y-to-dry only, $140 \le x \le 2,10$ insfer only, $200 \le x \le 1,800$ galonstructed on or after $12/9/9$ instructed on or after $12/9/9$ in \square	O gal/yr gal/yr /yr
 (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,80 transfer only, 200 ≤ x ≤ 1,80 to types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91 5. This is a correct facility If no, please check the facility 	control (control (con	New large area source y-to-dry only, $140 \le x \le 2,10$ insfer only, $200 \le x \le 1,800$ galonstructed on or after $12/9/9$ in DN \square Can not define the permit as number	© gal/yr gal/yr /yr l) termine _ above
 (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,80 th types, 140 ≤ x ≤ 1,80 (constructed before 12/9/91 5. This is a correct facility If no, please check the facility 	control (control (con	New large area source y-to-dry only, $140 \le x \le 2,10$ insfer only, $200 \le x \le 1,800$ galonstructed on or after $12/9/9$ instructed on or after $12/9/9$ in \square Can not define	© gal/yr gal/yr /yr l) termine _ above

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) -ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? UN UN/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? 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? OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY MN 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 condenser exceeded 45°F? DY DN DN/A 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?	OY ON	
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?	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?		A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/	Α
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)

(Check appropriate boxes)	
Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly total of perc consumption?	ØŶ □N
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
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DONA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DOMA
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	OY ON KN/A
Problem corrected?	OY ON DAVA
8. Maintained compliance plan, if applicable?	OY ON ENVIA

PART VI: LEAK DETECTION AND REPAIRS

-							
1.	Does the responsible official conduct a v	veekly (fo	or small sources, b	oi-weekly) leak detection an	d repa	air	
	inspection?			· ·)SEC		אנ
2.	Has the facility maintained a leak log?				X		N
3.	Does the responsible official check the fe	ollowing	areas for leaks?				
	Hose connections, fittings,	. _			4		
	couplings, and valves		N □N/A	Muck cookers	ЧY	ПN	□N/A
	Door gaskets and seating	dy 🗆	N □N/A	Stills	Т	ПN	□N/A
	Filter gaskets and seating	φy 🗅	N □N/A	Exhaust dampers	Y	ΠN	□N/A
	Pumps	dy o	N □N/A	Diverter valves	Y	ПП	□N/A
	Solvent tanks and containers	фу	N □N/A	Cartridge filter housings	ф	ПN	□N/A
	Water separators	dy o	N □N/A		ı		
4.	Which method of detection is used by the	e respons	sible official?				
	Visual examination (condensed so	lvent on	exterior surfaces)			,	
	Physical detection (airflow felt three	ough gasl	kets)	•			
	Odor (noticeable perc odor)					•	
	Use of direct-reading instrumentat	ion (FID	PID/calorimetric	tubes)			
	Halogen leak detector			•			
	If using direct-reading instru	ımentatio	on, is the equipm	ent:	□N/	A	
	a. Capable of detecting p	erc vapoi	concentrations in	n a range of 0-500 ppm?	\Box Y	ΠN	
	b. Calibrated against a st (PID/FID only)?	andard g	as prior to and aft	er each use	ΠY	ПN	
	c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	ΠY	ΠN	
	d. Kept in a clean and se	cure area	when not in use?		ΠY	ПN	
	e. Verified for accuracy t	y use of	duplicate samples	(calorimetric only)?	ΠY	ΠN	
		,					

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
-	
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	in clean is
	Salah clean-
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	l l
	52
Suprema 1990	750 52

ATRS ID#: 1270/20

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

^	1
Ace	

facility name: <u>Crown Cleaners</u>	DATE: 12/18/9
FACILITY LOCATION: 2562 Enterpri	ise Rel.
, ' /	F1. 32763
<u> </u>	
Annual Reporting Period: December 1	19 <u>96</u> to <u>December</u> 19 <u>9</u>
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period	· · · · · · · · · · · · · · · · · · ·
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in conti	tinuous compliance during the reporting period stated above:
•	
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in cont	tinuous compliance during the reporting period stated above: RECEIVED
Exact period of non-compliance: from	toto
Action(s) taken to achieve compliance:	Bureau of A.t Manitorin
Method used to demonstrate compliance:	& Mobile Sources
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, mupon purchase receipts, does not exceed 2,100 gallons per year for decombination facilities.	my annual consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: <u>arry</u> (ree/ Name/Please Print)	Signature Date
*This form is made available to you as an aid in order to meet your as	

Page _____ of ____.

4.5

PERCHLOROETHYLENE DRY CLEANERS DATE 5-19

COMPLIANCE INSPECTION CHECKLIST

TVPF	OF	INCPR	CTION

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1270120 DATE: 4-16.	-99 TIME IN: 2:45 MTIME OUT: 315		
FACILITY NAME: Crown Cleane	15		
FACILITY LOCATION: 2562 Ent.	erprise Rd,		
Orange City, FL 32763			
	reed PHONE: 904-775-1322		
CONTACT NAME:	***		
	P		
Dimer Nomero mon	<u> </u>		
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to sta	rtup 800 Z C		
2. Facility failed to notify DARM to use general pe	rmit of the state		
PART II: CLASSIFICATION	\(\frac{1}{2}\)		
THE H. CEMBONICHIAON			
Facility indicated on notification form that it is:	☐ No notification form		
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum		
Facility indicated on notification form that it is:			
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	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		
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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	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		
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \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) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a gen	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) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		

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? gumpedin 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? DY DN **B**ANA PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. Relassification 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 ox a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY ON 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 & a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after UY UN 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?		ПN	
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΠN	□N/A
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,			
if machines are equipped with a carbon adsorber?	ΩY	\square N	□N/A
Is the perc concentration equal to or less than 100 ppm?	ΠY	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 upstream from any bend, contraction, or expansion; and downstream from no other inlet?	. DA	מם	□N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			□N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) did tena will be now 1. Maintained receipts for perc purchased? □Y **Z**Ñ 2. Maintained rolling monthly averages of perc consumption? Shiw how DY BN 3. Maintained leak detection inspection and repair reports for the following: 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 AS/A and parts installed w/in 5 days of receipt? DY DN XXNA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DY ON 6. Maintained startup/shutdown/malfunction plan? DY ON SANA 7. Maintained deviation reports? DY DN **Ø**N/A Problem corrected? □Y □N XXNA 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? 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A Muck cookers couplings, and valves

DY ON ON/A Stills Y ON ONA Door gaskets and seating מאט אט אא ON ON/A Exhaust dampers Filter gaskets and seating KY ON ONIA ON ON/A Diverter valves Pumps MY ON ON/A ON ON/A Cartridge filter housings Solvent tanks and containers

MY ON ON/A Water separators

4.	Which method of detection is used by the responsible official?	
	Visual examination (condensed solvent on exterior surfaces)	

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

□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 DY DN (PID/FID only)?

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

DY DN 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)?

Inspector's Signature

8-16-99
Date of Inspection
8-2000

Approximate Date of Next Inspection

 $\square N$

 $\square N$

ON ON/A

ADDITIONAL SITE INFORMATION:	
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BEST AVAILABLE COPY

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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Crown (1891815 DATE: 46-16-	19
FACILITY LOCATION: 2562 Enterprise Rd. Urange Lity, FL 32763	
Annual Reporting Period: Avgust 1998 to Avgust 19	99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about	ve:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about	ve:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date	ed

*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 🔀	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		70120
TYPE OF FACILITY: Dr	y Ulean		
FACILITY NAME: Cro	in Cleaners		_DATE:
FACILITY LOCATION: 2	562 Enterpris	e Rd.	
		32763	
RESPONSIBLE OFFICIAL:_	Larry Creed	PHONE NUMBER:	904-775-1322
	f the compliance requirements Rule 62-213.300, Florida Adn	evaluated during this inspection, the facininistrative Code (F.A.C.).	lity is found to be in
Based on the results o discrepancies were no	•	evaluated during this inspection, the following	owing compliance
COMPLIANCE REC	QUIREMENT/PROBLE	M FOLLOW-UP ACTI	ON REQUIRED
	•		
	•••		
	-		
			
			•
COMMENTS:			
In complia	ince (waiting	stortax of Perc.	reciepts
The Annual Compliance Certif	fication form has been properly	certified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTI	ON: 8-2000		
INSPECTION CONDUCTE	D BY: Randall	(Approximate) Conningham	
INSPECTOR'S SIGNATUR	E: Phall C	(Please Print) PHONE NUMBER:	(407)893-3333
·	P	age of .	Revised 10/96

Y2K Questions for Inspectors

Inspectors, during normal visits/inspections of regulated facilities, need to verify that the facility is Y2 K ready vis a vis environmental concerns. The following questions should be asked:

- 1. Are you aware of any potential Y2K problems? NO
- 2. What have you done to prepare for Y2K? W/A-
- 3. Are your computer systems and equipment with embedded chips Y2K compliant?
- 4. If not, what are you plans to correct Y2K problems?

We need to track those facilities that will not be Y2K ready and whose lack of readiness will impact the environment. While the number of such facility is anticipated to be minimal, the name of the facility, a brief description of the potential Y2K problem and the planned corrective action is needed. Each Program should establish a "data base" for this information.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	2-2-00
ВҮ	Re

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 12 70120 DATE: 2-2-00 TIME IN: 11:30 TIME OUT: 12:00
FACILITY NAME: Crown Clouners
FACILITY LOCATION: 2562 Enterprise Rd.
Orange, FC 32763
RESPONSIBLE OFFICIAL: Larry Creed PHONE: 904-775-1322
CONTACT NAME:PHONE:

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PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (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 $12/9/91$) 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 $12/9/91$) 1. Can not determine
5. This is a correct facility classification	DN DCan not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lim	
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	rchased 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 eggipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN 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? DY DN 5. Repaired of adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:		•	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	_DY	-ON	
2.	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?	ΠY	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, if machines are equipped with a carbon adsorber?	ПΥ	Πĸ	□N/A
ļ	Is the perc concentration equal to or less than 100 ppm?			□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?	ΩY	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	AN DM				
2. Maintained rolling monthly averages of perc consumption?	DX ON				
3. Maintained leak detection inspection and repair reports for the following:	′				
a. documentation of leaks repaired w/in 24 hrs? or;	AVO NO YA				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	DY ON PANA				
4. Maintained calibration data? (for applicable direct reading instruments)	אואָם אם אַם				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DANA				
6. Maintained startup/shutdown/malfunction plan?	SY ON				
7. Maintained deviation reports?	OY ON XV/A				
Problem corrected?	A'M ja no yo				
8. Maintained compliance plan, if applicable?	OY ON ANA				

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection? =: \square N						
2.	Has the facility maintained a leak log		DY ON				
3.	Does the responsible official check th	e following areas for leak	s?				
	Hose connections, fittings,	4		4			
	couplings, and valves	DY DN DN/A	Muck cookers	TY ON ONA			
	Door gaskets and seating	DY ON ON/A	Stills	אוחם אם צים			
	Filter gaskets and seating	אואם אם אוא	Exhaust dampers	אואם אם צב			
	Pumps	מאס אס אס	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	אומם אם צם			
	Water separators	DY ON ON/A	·	1			
4.	Which method of detection is used by	the responsible official?		./			
	Visual examination (condensed	solvent on exterior surfac	ces)	6			
	Physical detection (airflow felt t	hrough gaskets)					
	Odor (noticeable perc odor)	•					
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)				
	Halogen leak detector						
	If using direct-reading inst	rumentation, is the equi	pment:	□N/A			
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	I after each use	מם צם			
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	מם עם			
		secure area when not in u	•	OY ON			
	e. Verified for accurac	y by use of duplicate samp	ples (calorimetric only)?	OY- ON			
_							
	Kandall (unningloum) 2-2-2000						
_	Inspector's Name (Please Print) Date of Inspection						
	DANI A		2-2001				
	Inspector's Signature	•	Approximate Date of I	Next Inspection			

ADDITIONAL SITE INFORMATION:		
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM ------

ACILITY NAME: Crown Cleaners DATE: 9-2-200
Orange City, FL 32763
annual Reporting Period: February 1949 TO February 3900
sased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
f NO, complete the following:
1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
22. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromtoto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Name (Please Print)

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

Page _____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL D	COMPL	AINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:38	TIME OUT:	200	AIRS ID#:	170120
TYPE OF FACILITY: Dry	•		·	
FACILITY NAME: Crown	1 Cleantrs			DATE: 2-2-00
FACILITY LOCATION: 25	562 Enterpri	Je Rd.		
<u> </u>	range City FL	32763		
RESPONSIBLE OFFICIAL:	Lally Ciled		PHONE NUMBER	: 904-775-1322
— `	the compliance requireme Rule 62-213.300, Florida A		during this inspection, the face Code (F.A.C.).	cility is found to be in
Based on the results of discrepancies were not	· · · · · · · · · · · · · · · · · · ·	nts evaluated	during this inspection, the fol	lowing compliance
COMPLIANCE REQ	UIREMENT/PROBI	LEM	FOLLOW-UP ACT	ION REQUIRED
				•
		ľ		
,				
COMMENTS:			<u> </u>	
In Com	pliance	» —	<u> </u>	
The Annual Compliance Certifi	/ cation form has been prope	erly certified	and submitted to the inspector	YES NO
DATE OF NEXT INSPECTION	DN: 2-2001			
INSPECTION CONDUCTED	n I	(Appro	nimate)	
INSPECTOR'S SIGNATURE	Maul C	£,	PHONE NUMBER	. (407) 893-3333
	· .	Page o		Revised 10/96

_	Sec.				
erse 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		I also wish to receive the following services (for an extra fee):		
on the reverse	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 number.	 Addressee's Address Restricted Delivery Consult postmaster for fee. 		
ADDRESS completed	AIRS ID#: 1270120 LARRY CREEL LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763	4a. Article N 4b. Service 1 Registere Express 1 Retum Re 7. Date of De	302 Type ed Mail ceipt for Meychandise	ter for fee. Cod Contified Cod Cod Con Cod Cod	
s your <u>RETURN</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X X	8. Addressee's Address (Only if requested and fee is paid)			
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PS Form 3800 , April 1995	Postmar	k or Da	te			

on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date 		I also wish to refollowing service extra fee): 1.	ces (for an ssee's Address sted Delivery
Is your RETURN ADDRESS completed o	AIRS ID#: 1210020 HARVEY CARROLL JR HARVEY CARROLL JR 10898 HWY 129 SOUTH LIVE OAK FL 32060	4a. Article N 4b. Service Registere Express Return Re 7. Date of De	302 467 e Type ered	
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994		ddressee's Address (Only if requested nd fee is paid) Domestic Return Recei	

P 265 302 467 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID#: 1210020 HARVEY CARROLL JR HARVEY CARROLL JR 10898 HWY 129 SOUTH LIVE OAK FL 32060 rostage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ TOTAL Postage & Fees Postmark or Date

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N ADC	ORANGE CITY FL 32763	7. Date of De	17/00	you fo
RETUR	5. Received By: (Print Name) 8. Addressee's and fee is pa		e's Address (Only if requested paid)	 Thank you
ls your !	6. Signature: (Addressee or Agent)	111 1 11	11 111 11	_
your RETURN ADDRESS	LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763 5. Received By: (Print Name)	Express No. 1 Return Record 7. Date of Decord 8. Addressed	Mail ☐ Insured Depipt for Merchandise ☐ COD ☐ C	

Domestic Return Receipt

6. Signature: (Addressee or Agent)

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PS Form **3811**, December 1994

United States Postal Service



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

And and distributed and dealth and and dealth

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2; and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee
Article Addressed to:	D\s@livety address efficient from item 12 Yes If VaS, bater delivery alidrevs be ow: No
10 AIRS ID # 1270120001AG LARRY CREEL CROWN CLEANERS	JUN 1 2 2001 3. Service Type 1 1 Air Monitoring
2562 ENTERPRISE ROAD ORANGE CITY FL 32763	Certified Man bile Sourcessail Registered Return Receipt for Merchandise Insured Mail C.O.D.
Z210 662 893	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789
•	

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US Postal Service Receipt for Certified Mail

10 AIRS ID # 1270120001AG LARRY CREEL CROWN CLEANERS 2562 ENTERPRISE ROAD ORANGE CITY FL 32763

	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	
8	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

5	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
F 48	OFFICIADOUSE
7976	Postage \$ Certified Fee
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
7001 0320	Total Posta CROWN CLEANERS LARRY CREEL Street, Apt. N 2562 ENTERPRISE ROAD or PO Box Nc ORANGE CITY FL City, State, 21 32763
	PS Form 3800, Jahuary 2001 See lite yerse for instructions.

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SENDER: COMPLETE THIS	SECTION	COMPLETE THIS SECTION ON DELIVE	ERY
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2562 ENTERPRISE ROAD ORANGE CITY FL 32763	3. Service Type Certified Mail Registered Insured Mail C.O.D.	t for Merchandise	
		4. Restricted Delivery? (Extra Fee)	☐ Yes
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UNITED STATES POSTAL SERVICE

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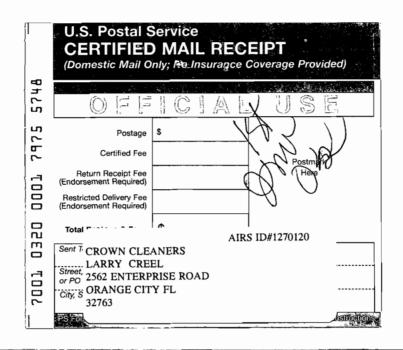


First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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

DARM/MOBILE SOURCE CONTROL PROGRAM OF AIR MODERN OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

Inflationalistation described and added and a second and



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. AIRS ID#1270120 CROWN CLEANERS LARRY CREEL.	A. Received by (Please Print Clearly) B. Date of Delivery 2 7 3 C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
2562 ENTERPRISE ROAD		
ORANGE CITY FL 32763	3. Septice Type	
32/03	☐ Certified Mail ☐ Express Mail	
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number		
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United States Postal Service



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

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

BUR. OF AIR MONITORING & BURE SOURCES
DEPT. OF ENVIRONMENTA PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD STALLAHASSEE, FLORIDA 3239224003

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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

425228 MAR10 2003

Do NOT Remove Label

AIRS 1D#1270120

CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763

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



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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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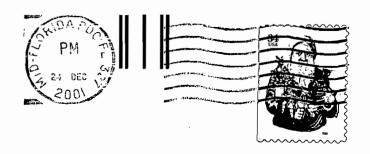
Do NOT Remove Label

AIRS ID # 1270120 CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763

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

92315+3070 99



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400771

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

TOTAL AMOUNT DUE: \$50.00 /

Do NOT Remove Label

AIRS ID # 1270120

CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD **ORANGE CITY FL 32763**

FOR GOVERNMENT USE ONLY Org.: 37550101000 EOA1 Fund: 20-2-035001

Obj.: 002273



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

Do NOT Remove Label

AIRS ID # 1270120

CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763

FOR GOVERNMENT (SE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001

Fund: 20-2-03500 Obj.: 002273

This portion must be attached to remittance for proper handling $<\!<\!300014$

TOTAL AMOUNT DUE: \$50.00 Jan 15 Sa

Do NOT Remove Label

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AIRS ID#1270120

LARRY CREEL LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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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.

RECEIVED

MAIL ROOM TOTAL AMOUNT DUE: \$50.00

FEB 20 97

Do NOT Remove Label

AIRS ID# 1270120

CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD **ORANGE CITY FL 32763**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

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

RECEIVED FAIL ROOM FC 31 98

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763

AIRS ID # 1270120

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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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CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Öbj.: 002273

Z 333 667 280

US Postal Sorvice

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 1270120

CROWN CLEANERS LARRY CREEL 2562 ENTERPRISE ROAD ORANGE CITY FL 32763

	Certified Fee	
	Special Delivery Fee	
•	Restricted Delivery Fee	
Sec. 1114	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
0 - OIIII 0000	TOTAL Postage & Fees	\$
3	Postmark or Date	
5		
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