

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 23, 1996

Mr. Dick Wall President Tupin & U.S. Corp. d/b/a/ South Woodland Boulevard Deland, Florida 32720

Facility I.D. No. 1270121 Re:

Dear Mr. Wall:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title  $\mbox{\it V}$ 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.

Dotty Diltz, Chief Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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



# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. Dick Wall President Tupin & U.S. Corp. d.b.a. Personal Touch Cleaners 2601 South Woodland Boulevard Deland, Florida 32720

Re: Facility I.D. No. 1270121

Dear Mr. Wall:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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.

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

# #1276/21 Personal Touch Cleaners P.14 1.(c) add "X"

## Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):  TUPIN FUS CORP DAA PERSONAL TOUCH CLEANERS
2.	
	2601 SOUTH WOODLAND BLUD DELAND FL
3.	Hazardous Waste Generator Identification Number:
	FLD 984 187088
4.	Facility Location:
	Street Address: 2601 SOUTH WOODLAND BLUD City: DELAND FL County: UOLUSIA Zip Code: 32780
	City. OPHIND PL County. OOLUSIA Zip couc. 32750
5.	Facility Identification Number (DEP Use):
	1270121
	Responsible Official
	·
6.	Name and Title of Responsible Official:
	DICK WALL PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm:
	Street Address: 2601 50 474 WOODLAND BLUD City: DELAND PL County: VOI 451A Zip Code: 32720
	City: DELAND FL County: VOLUSIA Zip Code: 32720
8.	Responsible Official Telephone Number:
	Telephone: (904) 738 - 9784 Fax: ( ) -
	Facility Contact (If different from Responsible Official)
	Tuentey Contact (It different from Nessponsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
	City. Zip Code.
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
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Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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## **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	ΙD	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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									j
(1) w/ ref. condenser		32-JUN 88	02-544-88				_		
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	+ 1						1.00		1.5
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit							1.4		No. 1
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1. 1.					<u> </u>			1.50
(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 gallo	equired to be ity of perchlons ow many? [_	installed [_ proethylene (	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small are Existing large are	Selec ea so	t one classifi	cation only.) Ne	w sn	nall area sour	ce [	3) of 	Part II?	
Existing large are	ea soi	urce	Ne	w lai	rge area sour	ce [	1		

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(Indicate with an "X".)	nes pursuant to section (3) 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	
	ons units shall not be eligible to use the general permit pursuant and hot water generating units on-site meet the following site:
	(1) have a total heat input of 10 million BTU/hr or less (298 by natural gas except for periods of natural gas curtailment more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitori	ng 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 monitori	ng []
(d) Carbon adsorber exhaust perc concentration	monitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[*]
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## Surrender of Existing Air Permit(s)

	Surrender of Existing III Terming)							
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)								
ι <u>X</u> )	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 pro	I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	2 S-26-96 Date							

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

# #1270121 BEST AVAILABLE COPY

	Personal Touch Cleaners 1	)
	P.14 1.(c) add "X"	
1. F	P.17 1.(0) 200 \(\Lambda\)	
2. S		ERS
	Correction made	
3. H	11/22/96 Lanicholo	
4. Fa		
S		
5. Fa		1720
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6. Na		,
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7. Re	I and the second	
Str		
		*32720 -
8. Re Te		
0 3		
9. Na	me and Title of Facility Contact (For example, plant manager):	
10. Fac	cility Contact Address:	
	eet Address:	
Cit	Elp Code.	
ll. Fac Tel	ility Contact Telephone Number: ephone: ( ) - Fax: ( ) -	

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Bureau of Air Monitoring & Mobile Sources

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## Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1.	TUPIN YUS CORP DAA PERSONAL TOUCH CLEANERS
2.	Site Name (For example, plant name or number):
	2601 SOUTH WOODLAND BLUD DELAND FL
3.	Hazardous Waste Generator Identification Number:
	FLD 984 187088
4.	Facility Location:
	Street Address: 2601 SOUTH WOODLAND BLUD City: DELAND FL County: UOLUSIA Zip Code: 32720
5	Facility Identification Number (DEP Use):
	1270121
	Responsible Official
6.	Name and Title of Responsible Official:
	DICK WALL PRESIDENT
7.	
	Organization/Firm: Street Address: 7/0// 6/2000 (1/2000) #1/0// 4: 1/0
	Street Address: 2601 50 47H WOODLAND BLUD City: DELAND FL County: VOLUSIA Zip Code: 32720
8.	Responsible Official Telephone Number:
	Telephone: $(964)735 - 9784$ Fax: ( ) -
	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: ( ) -
	RECEN

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## **Facility Information**

I.(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
4		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		lnitially	Device		lnitially	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		33-544-88	02-542-88						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber		_							
(6) w/ no controls									
Dryer Unit		<b>1</b>							``
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1.4.							<u> </u>	
(10) w/ ref. condenser							_		
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [									
	шап	12 months:	New owner:	<u> </u>	] New Store	: [] Did	not k	eep records:	

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(Indicate with an "X".)	equired on machines	s pursuant to section (3) or	Part II of this notification form?
Existing large area sou Carbon adsorber	<u>                                     </u>	Refrigerated condenser	
New small area source Refrigerated condense			
New large area source Refrigerated condense	•		
5. A facility which contains no to Rule 62-213.300, F.A.C. Ve exemption criteria or that no sur All steam and hot water general boiler HP or less), and (2) are j	erify that all steam as ch units exist on-site atting units on-site (1)	nd hot water generating uni e: ) have a total heat input of	10 million BTU/hr or less (298
during which propane or fuel o			
All steam and hot water general No such units on-site	ting units exempt	<u>×</u>	
•			
		•	
Equi	pment Monitoring	and Recordkeeping Infor	mation
Check all logs which are require	ed to be kept on-site	e in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solver	nt purchases		[ <b>X</b> ]
(b) Leak detection inspection ar	nd repair		
(c) Refrigerated condenser temp	perature monitoring		
(d) Carbon adsorber exhaust pe	rc concentration mo	onitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfund	ction plan		

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## Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
X	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
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Signature	S-26-96 Mall Dall Date 1/-22-96								



## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY
	196 TIME IN: 10:55 TIME OUT: 11:45
FACILITY LOCATION: 2601 SOUTH	
DELAWD F	2. 32720
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	<b>/</b>
2. New facility notified DARM 30 days prior to sta	artup
3. Facility failed to notify DARM to use general po	ermit . $\square$
	200
PART II: CLASSIFICATION	<u> </u>
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)	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)
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	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,></td></x<2,>	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="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
A.  1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" above="" and<="" appropriate="" before="" both="" check="" classification="" classification:="" correct="" exceeds="" facility="" for="" gal="" general="" if="" is="" limits="" no,="" only,="" pe="" please="" qualified="" td="" the="" this="" transfer="" types,="" yr=""><td>dry-to-dry only, x&lt;140 gal/yr transfer only, x&lt;200 gal/yr both types, x&lt;140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>

## 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? DY DN DN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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) 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 basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the □Y □N 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:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	□Y □N
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?	□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?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
INADTA, DECADRIZERINC DECILIDEMENTE	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	X(Y □N
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	Y ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	MY ON
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:	MY ON
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:  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	YY DN
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:  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?	MA DN
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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:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON OY ON ANA
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:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	AY ON OY ON AN/A OY ON AY ON
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:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained deviation reports?	YY ON OY ON OY ON YY ON OY YN
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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:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	A ON ANIVA

				·			
2.	Which method of detection is used by	he respo	nsible offici	al?			
	Visual examination (condensed s	Ħ.					
	Physical detection (airflow felt th	Þ	,				
	Odor (noticeable perc odor)				*		
	Use of direct-reading instrument	imetric tubes)	Ò				
	If using direct-reading instrum	ipment:					
	a. Capable of detecting	perc vap	or concentra	ations in a range of 0-500 ppm?	ПY	□N	
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	and after each use	ΠY	□N	
	c. Inspected for leaks as	ıd obvioı	ıs signs of v	vear on a weekly basis?	ΠY	□N	
	d. Kept in a clean and s	ecure are	ea when not	in use?	ΠY	□N	
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ПY	□N	
3.	Has the facility maintained a leak log?				Y	ח□	
4.	Does the responsible official check the	followin	g areas for	leaks?	,		
	Hose connections, fittings, couplings, and valves	XY	□N	Muck cookers	XY	חם	
	Door gaskets and seating	<b>M</b> Y	ПΝ	Stills	XY	□N	
	Filter gaskets and seating	ÞΥ	□N	Exhaust dampers	Y	□N	
	Pumps	Y	□N	Diverter valves	#Y	ПN	
	Solvent tanks and containers	Y	ΠN	Cartridge filter housings	XΥ	ПN	
	Water separators	XY	ΠN				
	DICK WALL  Name of Responsible Official						
	Louis A, NICHOL	5		11/22/98	5		
	Inspector's Name (Please Pri			Date of Inspe	ection		
	Louis Whishols			11/21/9	7		
	Inspector's Signature			Approximate Date of	Next I	nspection	

## PERSONAL TOUCH DRY CLEANERS

W. Volusia Regional Mall 2601 S. Woodland Blvd. DeLand, Florida 32720

Inspector's Signature

Dick Wall (904) 738-9786

## ADDITIONAL SITE INFORMATION:

- · FILTERS CHANGES TWICE/YR, DRAINED IN HOUSING
- · MULTIMATIC SHOP STAR 300 35 LB MARAINE · CONTAINMENT PANS WILL BE INSTALLED IN DAZ, \* 1500 CONSTRUCT\* 1500 INSTALL.
  - 3 PANS -

    - MACHINE STORAGE FILTERS, MUCK.
- ° (212) 967-3002 BILL SEITZ

ATRS 1D#: 1270121

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Acc

FACILITY NAME: PERS COND	Touch DRY	Mean ens	DATE: /2 -3-97
FACILITY LOCATION: 260 / S-	(100d/pag	/ RIJJ	
01			
Peland	FC: 327	20	
		<u> </u>	
Annual Reporting Period:	19 <u>7C</u>	TO <u>Dec</u>	19 <u>\( \sigma \)                                   </u>
Based on each term or condition of the Title V go 62-213.300, Florida Administrative Code (F.A.C			_
If NO, complete the following:			
#1. Term or condition of the general permit that	has not been in continuous	compliance during the repo	rting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that	t has not been in continuous	compliance during the repo	rting period stated above:
Exact period of non-compliance: from		toREC	EIVED
Action(s) taken to achieve compliance:		JA	N A
Method used to demonstrate compliance:		Bureau	of Air Manderine
			,,oo,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
As the responsible official, I hereby certify, base made in this notification are true, accurate and upon purchase receipts, does not exceed 2,100 g combination facilities.	complete. Further, my anni	al consumption of perchlor y facilities or 1,800 gallons	oethylene solvent, based s per year for transfer or
RESPONSIBLE OFFICIAL:	Place Print)		WALL 12-3-97
Name (	Please Print)	Signature	Date

<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

RE-INSPECTIO	N   COMPLAINI/DISCOVERY
FACILITY NAME: Personal FACILITY LOCATION: 260 5.  Deland, RESPONSIBLE OFFICIAL: Dick M.	J
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to state.  2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ 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)
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	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)
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification facility qualified for a gear facility exceeds above line	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 both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  ΔΥ □Ν □Can not determine

## 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 **S**Y ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:			
ļ	<u> </u>			
1	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
١.		<b>D3</b> 7		
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ЦY	ПN	
Ì				
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	DΥ	$\square N$	□N/A
1				
ļ	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
2	Measured and recorded the perc concentration in the exhaust stream weekly			
٠.				
	at the end of the final drying cycle while the machine is venting to the adsorber,			
l	if machines are equipped with a carbon adsorber?	$\Box$ Y	$\square N$	$\square$ N/A
				<b></b>
1	Is the perc concentration equal to or less than 100 ppm?	ЦY	UN	$\Box$ 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,			
ŀ	or expansion; and downstream from no other inlet?	$\Box$ Y	$\square N$	$\square$ N/A
	·			
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
∥ ~ .	condenser coils?	$\Box v$		□N/A
	Condense: Cons!	ЦΙ	□1N	UNA
	•			
6.	Routed airflow to the carbon adsorber (if used) at all times?	$\square_{\mathrm{Y}}$	$\square$ N	$\square N/A$
<u> </u>				

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	A ON		
2. Maintained rolling monthly averages of perc consumption?	JXY □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or,	ANA DA DANA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	SX ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN XN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ZWA		
6. Maintained startup/shutdown/malfunction plan?	ND AN		
7. Maintained deviation reports?	AY ON ON/A		
Problem corrected?	איא <b>א</b> אם צם		
8. Maintained compliance plan, if applicable?	AND NO YA		

## PART VI: LEAK DETECTION AND REPAIRS

1	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			NO YX	
2.	Has the facility maintained a leak log?	,		YY □N	
3.	Does the responsible official check the	following areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	DY ON ON	'A Muck cookers	DY ON ON/A	
	Door gaskets and seating	אם אם אם	'A Stills	CY ON ON/A	
	Filter gaskets and seating	אם מם אל	'A Exhaust dampers	באמם מם צם	
	Pumps	אם אם אם	'A Diverter valves	אאם אם אם	
	Solvent tanks and containers	אם אם אף	'A Cartridge filter housi	ngs OY ON ON/A	
	Water separators	שט מט אם אף	'A		
4.	Which method of detection is used by	the responsible off	ficial?		
	Visual examination (condensed s	solvent on exterior	surfaces)		
	Physical detection (airflow felt the	hrough gaskets)		A	
	Odor (noticeable perc odor)			A	
	Use of direct-reading instrument	ation (FID/PID/ca	lorimetric tubes) .	□ .	
	Halogen leak detector			а	
	If using direct-reading inst	rumentation, is th	ne equipment:	□N/A	
	a. Capable of detecting	perc vapor concer	ntrations in a range of 0-500 ppm	n? OY ON	
	b. Calibrated against a (PID/FID only)?	standard gas prior	to and after each use	UV UN	
	c. Inspected for leaks a	nd obvious signs o	of wear on a weekly basis?	OY ON	
	d. Kept in a clean and	secure area when i	not in use?	NO YO	
	e. Verified for accuracy	y by use of duplica	te samples (calorimetric only)?	מצ םא	

Inspector's Name (Please Print)

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

Bood record leeping. In compliance.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL $\square$ CON	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 2.55 TIME OUT: 3,20	AIRS 1D#: 1270121			
TYPE OF FACILITY: Dry Eleaning				
FACILITY NAME: PERSONAL Touch D.	C. DATE: 13197			
FACILITY LOCATION: 2601 5. WORDIG	and Blad			
Deland FC.				
RESPONSIBLE OFFICIAL: DVK WALL	PHONE NUMBER: <u>904</u> -738-9786			
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administ				
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			
•				
	. 1			
	!			
COMMENTS: GOOD Record Keep	ping			
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: De- 998				
DATE OF REAL INSPECTION. 120 110	pproximate)			
INSPECTION CONDUCTED BY: SAADLA	OUNTSHI			
	lease Print)			
INSPECTOR'S SIGNATURE:	рноме мимвек: ЦБ) -874- 755			
Page	_of Revised 10/96			

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

AIRS ID#1270121 **TUPIN & US CORP** DICK WALL 2601 SOUTH WOODLAND BLVD

DELAND FL 32720

Do NOT Remove Label

Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period:		_19	то			19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-	-		<u> </u>		Rule INO
If NO, complete the following:						
#1. Term or condition of the general permit	that has not been in co	ontinuous (	compliance d	uring the reporti	ng period s	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			compliance d	uring the reporting	ng period s	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, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	urther, my annual consu	mption of	perchloroethy	lene solvent, based	d upon pure	
RESPONSIBLE OFFICIAL:	Dalc (Please Print)	_ K	Chard Si	E.Wall (	(Pers)	1-21-98 Date

<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 O
AIRS ID#: 1270121 DATE: 1214/9  FACILITY NAME: PERSONAL	TOUCH CLEANERS
FACILITY LOCATION: <u>2601</u> S. , <u>DELAND,</u>	MODPLAND BLVD. FL. 32720
·	PHONE: 904-738-9786  PHONE:
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to state.  2. Facility failed to notify DARM to use general personal	Or A
	7.7.
	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
PART II: CLASSIFICATION	
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	
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 \(\leq x \leq 2,100\) gal/yr transfer only, 200 \(\leq x \leq 1,800\) gal/yr both types, 140 \(\leq x \leq 1,800\) 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 ≤ 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)  5. This is a correct facility classification  If no, please check the appropriate classification gally qualified for a general source.	□ Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )  □Y □N □Can not determine

## 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? DY DN DN/A DY DN DNA A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/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? DY DN QN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V/ If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser of a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? $\Box$ Y $\Box$ N 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condeaser 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/bi-weekly basis? 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? DY DN

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?	ΩY	ПN	
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	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	_	_	_
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ON ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON DAN/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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MYA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DWA
6. Maintained startup/shutdown/malfunction plan?	NO YES
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	OY ON PA/A
8. Maintained compliance plan, if applicable?	DY DN DN/A

## PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? ŪΝ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A couplings, and valves Muck cookers □Y □N □N/A DY ON ON/A Stills DY ON ON/A Door gaskets and seating dy on on/a אומם מם צם Filter gaskets and seating Exhaust dampers dy on on/a Pumps Diverter valves DY ON ON/A DY ON ON/A Solvent tanks and containers Cartridge filter housings DY ON ON/A TY 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: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

_SAADIA QUEESHI	12/4/98
Inspector's Name (Please Print)	Date of Inspection
(Chair	12/27
Inspector's Signature	Approximate Date of Next Inspection

Meltinatic machine other Has the pan for the machine

Buys - 2 x's agear Last 4rme bought (1/2018. (20 galon)

KEEPING PERC LOGS

/ IN Arms

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL [V] COMPI	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:45 TIME OUT: 12:30	AIRS ID#: 1270121
TYPE OF FACILITY: PERSINAL TOUCH ) B	
FACILITY NAME: DRYCLEAN IN	DATE: 12/4 FOR
FACILITY LOCATION: 2601 S. WOOLAND BIVE	
RESPONSIBLE OFFICIAL: DICK WALL	PHONE NUMBER: 904 - 738-9786
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	d during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	<u> </u>
COMMENTS:	
	n C
FACILITY CITAN, OR RECORD	0.5
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12/9'	9
	oximate)
INSPECTION CONDUCTED BY:	
	se Print) PHONE NUMBER: 407-893-333
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407-893-333
Pagec	of Revised 10/96

Revised 09/15/97

1270121

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

m	ARMS
---	------

FACILITY NAME: TERSONA	1 Touch D	OV Chenella	- 17-Vat
FACILITY NAME: ) E 12 30 17 -9	Colonell	1 2 ( . (	1E: 12 - 9-70
FACILITY LOCATION: 2601	1 WOODLA	and 15/2,	
D-19~	I FLA.	32720	
Annual Reporting Period: Nov -	195	7 TO Dec	1998
Based on each term or condition of the Title	V general air permit, my fac	ility has remained in compliance wit	h DEP Rule
62-213 300, Florida Administrative Code (F.	A.C.), during the period cov	ered by this statement. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continue	ous compliance during the reporting	period <sup>"</sup> 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 continu	ous 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:			
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2,1 combination facilities.  RESPONSIBLE OFFICIAL:  Na	and complete. Further, my	annual consumption of perchloroeth	ylene solvent, based

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

Page \_\_\_\_ of \_\_\_\_

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

V
ARMS UPDATED
DATE 11-2-94
BY

TYPE OF INSPECTION:

ANNUAL

B

COMPLAINT/DISCOVE

RE-INSPECTION

AIRS ID#: 1270121 DATE: 11-2-99 TIME IN: 11:00 a MITIME OUT: [11304
FACILITY NAME: Personal Touch Cleaners
FACILITY LOCATION: 26015, Woodland Blvd. & & & &
De Land, FL 32720 30 20 12 12
RESPONSIBLE OFFICIAL: Dich Wall PHONE: 9843,738-9286
CONTACT NAME:PHONE:

PART I: NOTIFICATION	
(check appropriate box)	
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: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum				
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)	2. New small area source  dry-to-dry only, x < 140 gal/yr  transfer only, x < 200 gal/yr  both types, x < 140 gal/yr  (constructed on or after 12/9/91)				
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )				
5. This is a correct facility classification	Y ON OCan not determine				
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) purfacility was 60 gallons.	urchased within the preceding 12 months by this dry cleaning				

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON MONIA		
2. Examining the containers for leakage?	DY ON PANA		
3. Closing and securing machine doors except during loading/unloading?	AX ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DWA		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification 1 has been checked, no controls are required. Proceed to Part V	1.		
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?	מם צם		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מאַח או מס אַמ		
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?	סץ סא		
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?	אם צם		

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?	ΩY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	□и	□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?	ΠV	□N	□n'/a
	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?	ΟY	ОИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

## PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? CRY ON 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ANA 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? DY DN XXNA ANA RO YO 4. Maintained calibration data? (for applicable direct reading instruments) 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN DNA 6. Maintained startup/shutdown/malfunction plan? AND VA DY ON PANA 7. Maintained deviation reports? DY DN BNA Problem corrected? DY DN DANA 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? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, X ON ON/A XY ON ON/A Muck cookers couplings, and valves XY ON ON/A ANNO NO YES Stills Door gaskets and seating AVAC NO YES AVA ON ON/A Filter gaskets and seating Exhaust dampers MY ON ON/A XIY ON ON/A Diverter valves Pumps Cartridge filter housings . **\( \Omega Y \Big N \Big N \A**\) AY ON ON/A Solvent tanks and containers AVID ND YED Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Rundall Conningham

Inspector's Name (Please Print)

Add Conningham

Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION	ON:	
·		
·		
		·

ATRS ID#: \_\_\_\_\_

Revised 09/15/97

1270121

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Annual Reporting Period: November 1998 To November 1998 T	FACILITY NAME: Personal Touch Clauses DATE: 11-2-49
Annual Reporting Period: November 19 48 To November 19 49  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. YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	FACILITY LOCATION: 260   5 Woodland Blud,
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.  YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from to  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  **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:  Method used to demonstrate 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 his notification are true, accurate and complete. Further, my annual consumption of perchloreshylene 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: Charact Exact.  **RESPONSIBLE OFFICIAL: Charact Exact.**  **Character of the period covered by this statement.  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of	Peland FL 32720
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.  YES NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from to  Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  **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:  Method used to demonstrate 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 his notification are true, accurate and complete. Further, my annual consumption of perchloreshylene 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: Charact Exact.  **RESPONSIBLE OFFICIAL: Charact Exact.**  **Character of the period covered by this statement.  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  **Term or condition of	
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO  If NO, complete the following:  #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  to  Notion(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from  to  Notion(s) taken to achieve compliance:  Method used to demonstrate compliance:  Metho	Annual Reporting Period: November 1994 TO November 1999
#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	$\dot{-}$ / $-$
Exact period of non-compliance: from	If NO, complete the following:
Action(s) taken to achieve compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Method used to demonstrate compliance:  #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	Exact period of non-compliance: fromtoto
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:  Exact period of non-compliance: from	Action(s) taken to achieve compliance:
Exact period of non-compliance: from	Method used to demonstrate compliance:
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: Richard EWAI	#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
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: Richard EWAII	Exact period of non-compliance: from
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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: Conseded WAI	Method used to demonstrate compliance:
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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.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🛱 COM	MPLAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 11:00 am	тіме оит: // ; 302	amairs id#: 1270	0121	
TYPE OF FACILITY: $D_{r_{\gamma}}$	<i>faning</i>			
FACILITY NAME: Persona	1 Touch Cleaners		DATE: 11-2-99	
FACILITY LOCATION: 260	15. Woodland B	lvd	<u> </u>	
PeLa	nd JFL 32720			
RESPONSIBLE OFFICIAL: 0,7		PHONE NUMBER: 4	104-738-9786	
L_Z_	compliance requirements evalu e 62-213.300, Florida Administr	ated during this inspection, the facilitative Code (F.A.C.).	ty is found to be in	
Based on the results of the discrepancies were noted:	compliance requirements evalu	ated during this inspection, the follow	wing compliance	
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED	
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-		<u> </u>		
		•		
COMMENTS:	<u> </u>			
COMMEN 15:				
In Comp	liance			
The Annual Compliance Certification	on form has been properly certi	fied and submitted to the inspector.	YES NO	
DATE OF NEXT INSPECTION: $11-2000$				
•	D , $A$ , $A$	pproximate)	_	
INSPECTION CONDUCTED BY		LUNIINGHAM		
INSPECTOR'S SIGNATURE:	Phall C	PHONE NUMBER:_	407-893-333	
	Page <u>/</u>	of	Revised 10/96	



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 # 1270121
PERSONAL TOUCH CLEANERS
DICK WALL
2601 SOUTH WOODLAND BLVD
DELAND FL
32720

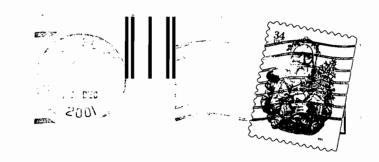
41238**6** DEC31 280:

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

W. Volusia Shopping Center 2601 S. Woodland Blvc Deland FL 32720



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

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at line over top of envelope to	
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 # 1270121001AG	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
DICK WALL PERSONAL TOUCH CLEANERS 2601 SOUTH WOODLAND BLVD DELAND FL 32720	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.
Z210662890	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) PS Form 3811, July 1999	m Receipt 111111111111111111111111111111111111

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ļ	JS Postal Service	· e·1 = 0 _ ·1	
1	10 AIRS I DICK WALL PERSONAL TOUCH ( 2601 SOUTH WOODL DELAND FL 32720	D# 1270121001AG CLEANERS AND BLVD	
	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		į į
800	TOTAL Postage & Fees	\$	
PS Form <b>3800</b> , April 1995	Postmark or Date		



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

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

### TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 1270121

PERSONAL TOUCH CLEANERS DICK WALL 2601 SOUTH WOODLAND BLVD DELAND FL 32720 BEC 2

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

Obj.: 002273

## W. Volusia Shopping Center 2501 S. Woodland Blvc Defand FL 32720



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

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ANCE FOR PROPER HANDLING

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Fund: 20-2-035001 Obj.: 002273

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**TOTAL AMOUNT DUE: \$50.00** 

JAN 15 97

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AIRS ID# 1270121

**TUPIN & US CORP** DICK WALL 2601 SOUTH WOODLAND BLVD DELAND FL 32720

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 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.

**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#1270121

TUPIN & US CORP
DICK WALL
2601 SOUTH WOODLAND BLVD
DELAND FL 32720

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273