

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 4, 1996

Mr. John R. Macfarlane Classic Cleaners 1021 South Massachusetts Avenue Deland, Florida 32724

Re: Facility I.D. No. 1270124

Dear Mr. Macfarlane:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 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/jw

cc: Mr. Louis Nichols, Central District

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

Printed on recycled paper.

P.15	n
1. Facility Oy be marked	
2. Site Name	
CLAS. Correction made 11/22/96 Januardous	
FCDC 4. Facility Lod	
Street Add City:	32720
5. Facility Ide	
C New and T	
6. Name and T	
7. Responsible Organization/Firm: CIASCIC CEANESS Street Address: 102151 MASSACITETTS AND City: DELAND County: VOLLSIA	p Code: 32724
8. Responsible Official Telephone Number: Telephone: (904) 734 - 5987 Fax: (904) 943 - 96	206
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	

9. Name and Title of Facility Con	itact (For example, plan	it manager):	
	·		
10. Facility Contact Address:			
Street Address:			• •
City:	County:	Zip Code:	
11. Facility Contact Telephone Nu	mber:		
Telephone: ()	<u>-</u>	Fax: () -	

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SEP 3 1946

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Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company 1	Name (Name of corpora	tion, agency, or indiv	idual owner):
2. Site Name (For example, p	ACFARLANE		
2. Site Name (For example, p	lant name or number):		·
CLASS-C C 3. Hazardous Waste Generato	(EAMERS	•	
3. Hazardous Waste Generato	r Identification Number		
FLOCESQG			
4. Facility Location: Street Address: Z4S	71 8 WODOC	ANU BCVO	
City: DZANO	County:	VOCESIA	Zip Code: 32720
5. Facility Identification Num	ber (DEP Use):		
			1270124
	Responsi	ble Official	
-			
6. Name and Title of Respons			
7. Responsible Official Maili Organization/Firm:	MACPARLAN	10	
Organization/Firm:	ng Address: GS/1C CEAN	EW	
Street Address: /OZ/	IS MASSAG	HUIS HUS	Zin Code: 2-22
DECANO		" Voles i A	Zip Code: 32724
8. Responsible Official Telep Telephone: (904) 7	hone Number: 34 ⁻ 5987	Fax: (9/10)	943-9206
(707)/3	598/		7/5 /20%
Faci	lity Contact (If differen	nt from Responsible	Official)
9. Name and Title of Facility	Contact (For example, p	olant manager):	
10. Facility Contact Address:			
Street Address:			
City:	County:		Zip Code:
11. Facility Contact Telephone	Number:		
Telephone: ()	-	Fax: (
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			RFCF1, -

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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-92
Dry-to-Dry Unit			· · · · · · · · · · · · · · · · · · ·					1, .	
(I) w/ ref. condenser =	41	OIFEB SI	01 FR92						
(2) w/ carbon adsorber			<u> </u>					-	
(3) w/ no controls									
Washer Unit		,			•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					·				<u> </u>
Dryer Unit					1	,		•	l
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls			`						
Reclaimer Unit		. 4			•				
(10) w/ ref. condenser									
(11) w/carbon adsorber			-						
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo	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	Selec	t one classifi	cation only.)		nitions found	. /		Part II?	
Existing large are	ea sou	ırce []	Ne	w lar	ge area sour	ce [l		

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(Indicate with an "X".)
Existing large area source Carbon adsorber New small area source Refrigerated condenser New large 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 pursuant 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

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Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ĹŽĴ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statement maintain	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed a 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 pollutant emissions units and 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.
this notific statement maintain comply w	cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to

#1270124

P.15 4. new small r.c. Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•				
1.	Facility Owner/Company Name (Name of cor	porati	on, agency, or indiv	idual owner):	
	Site Name (For example, plant name or number	区			
2.	Site Name (For example, plant name or number	er):			
,	7/ ASSIC () = ALLTO				
3.	YLASSIC CLEAUERS Hazardous Waste Generator Identification Nur	nber:			
	FLOCESOG				•
4.	Facility Location:	06.4	NIM BOUD		
	Street Address: Z450 8" WOOL	V.	VOCESIA	7in Code	: 32720
	City: DELAND Count	· y •	VOUESTA	Zip code	. 32/20
5.	Facility Identification Number (DEP Use):				
			127	0124	
	Respo	onsibl	e Official		
6.	Name and Title of Responsible Official:				
	JOHN R MACPARLI	4,00			
7.	Responsible Official Mailing Address: Organization/Firm:	0.76	ر در ا		
	Street Address: 1021 S' MASS	ACI	HETTS AUG		
	City: DELAND Co	unty:	Volesca	Zip	Code: 32724
_	DECANO		70000714		, , ,
8.	Responsible Official Telephone Number: Telephone: (904) 734 - 5987		Fax: (904)	942-9	200
	797 590 /		(10)		
	Facility Contact (If diff	ferent	from Responsible (Official)	
	•		-		
9.	Name and Title of Facility Contact (For examp	ole, pla	ant manager):		
	·				
10.	Facility Contact Address:				
	Street Address:				
	City: Cour	nty:		Zip Code	:
11.	Facility Contact Telephone Number:				
	Telephone: () -		Fax: ()	-	
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SEP 3 1996

Bureau of Air Monitoring

& Mobile Sources

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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	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	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					*				. s
(1) w/ ref. condenser = 2	#1	OIFEB 93	01 FEB 93						
(2) w/ carbon adsorber		7, 00 25							
(3) w/ no controls									
Washer Unit	1	1, 100 mm / 1			ı			The state of the s	<u> </u>
(4) w/ ref. condenser		1	1		T			Ī	
(5) w/ carbon adsorber	-			ļ <u> </u>		_			
(6) w/ no controls	 								
Dryer Unit		The second		- 1	Trage and the second			The Farett	· Maraulis 11
(7) w/ ref. condenser		T	T	T				T	
(8) w/ carbon adsorber									
(9) w/ no controls								-	
Reclaimer Unit				L			<u> </u>	∎ elapatan	The second of th
(10) w/ ref. condenser		T		i i	T · · ·			· · ·	T
(11) w/carbon adsorber									
(12) w/ no controls	-		-						
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are r quant gallo	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 are	Selec ea so	et one classifi	cation only.) Ne	ew sn	nitions found nall area sour rge area sour	rce [X		Part II?	
					.g		,		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
•	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	لگ
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	<u> </u>
(f) Start-up, shutdown, malfunction plan	LXI

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Surrender of Existing Air Permit(s)

Ple	ase indicat	e with an "X" the appropriate selection:
		I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	ĽĽ	No air permits currently exist for the operation of the facility indicated in this notification form.
	,	Responsible Official Certification
	this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to 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	Romac Forlance City 30,1996

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPLAINT/DISC	COVERY
		<u> </u>	
II .	, ,	TIME IN: <u>4:50</u> TIM	ie out: 10; 45
FACILITY NAME:C_	ASSIL CLEA	NEAS	
FACILITY LOCATION: 2	450 S. Woo	DOLAND BLUD	
<u> </u>	ELAND FL 3	32720	
PART I: NOTIFICATION			
(check appropriate box)			
1. Existing facility notified DAR	M by 9/1/96		
2. New facility notified DARM 3	30 days prior to startu	ıp	X
3. Facility failed to notify DARN	I to use general perm	uit .	<u>u</u>
PART II: CLASSIFICATION			
Facility indicated on notification (check appropriate box)	n form that it is:		· · · · · ·
A.	•		
1. Existing small area source		2. New small area source	Þ.
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr		dry-to-dry only, x<140 gal/yr cransfer only, x<200 gal/yr	
both types, x<140 gal/yr	· t	ooth types, x<140 gal/yr	
(constructed before 12/9/91)	((constructed on or after 12/9/91)	
3. Existing large area source		4. New large area source	
dry-to-dry only, 140 <x<2, 100<="" td=""><td></td><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""><td></td></x<2,></td></x<2,>		dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""><td></td></x<2,>	
transfer only, 200 <x<1,800 g<br="">both types, 140<x<1,800 <="" gal="" td=""><td></td><td>ransfer only, 200<x<1,800 140<x<1,800="" gal="" ooth="" td="" types,="" yr="" yr<=""><td></td></x<1,800></td></x<1,800></x<1,800>		ransfer only, 200 <x<1,800 140<x<1,800="" gal="" ooth="" td="" types,="" yr="" yr<=""><td></td></x<1,800>	
(constructed before 12/9/91)	•	(constructed on or after 12/9/91)	
This is a correct facility classific	eation j	YY ON	
If no, please check the appropria	ate classification:		
	d for a general permi		
☐ facility exceeds	s above limits and is r	not eligible for a general permit	
B. The total quantity of perchlor facility was 35 gallons.	roethylene (perc) purc	chased within the preceding 12 month	ns by this dry cleaning
ganons.			

Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY DN 1. Storing perchloroethylene in tightly sealed and impervious containers? 15 GAL MD AM 2. Examining the containers for leakage? MZY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? OY ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON MINA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON .
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□У □И
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?	□У □И
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
,	
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	d√y □N
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	MY 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:	
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	XY □N
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?	MY 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? 4. Maintained calibration data? (for direct reading instruments only)	MY ON OY ON ON/A
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?	Y ON OY ON ON/A OY 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 startup/shutdown/malfunction plan?	
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?	Y ON OY ON OY ON OY ON OY ON OY 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 startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	Y ON OY ON OY ON OY ON OY ON YOU OY ON

2. Which method of detection is used by the responsible official?									
	Visual examination (condensed se	Ă							
	Physical detection (airflow felt th		A A A						
	Odor (noticeable perc odor)				×				
	Use of direct-reading instrumenta	'n							
	If using direct-reading instrume	entation,	is the equ	uipment:					
	a. Capable of detecting	·□Y	□N						
	b. Calibrated against a s (PID/FID only)?	ПY	□N						
	c. Inspected for leaks an	d obviou	s signs of	wear on a weekly basis?	ΠY	□N			
	d. Kept in a clean and s	ecure are	a when no	ot in use?	ΠY	□N .			
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	ΠY	□N			
3.	Has the facility maintained a leak log?				XX	□и			
4.	Does the responsible official check the	following	g areas for	leaks?	,				
	Hose connections, fittings, couplings, and valves) (Y	Muck cookers	ÞΥ	□N				
	Door gaskets and seating	YY	□N	Stills	×Υ	□N			
	Filter gaskets and seating	YY	ПИ	Exhaust dampers	ΠY	ПИ			
	Pumps	ŻΥ	□N	Diverter valves	ΠY	□N			
	Solvent tanks and containers	Y	·□N	Cartridge filter housings	Ϋ́Y	□N			
	Water separators	μY	□N						
	Name of Responsible Official Louis A. Nichels Inspector's Name (Please Print) Date of Inspection Vanis Unichels Inspector's Signature Approximate Date of Next Inspection								
		10°	文	TR.					

MENS ILASSIC

Mens Cleaner Connection

SOUTHPOINTE COMMONS

289 S. Woodland Bivd.

DeLand, Fl. 32720

(904) 734-5987

NORTHGATE

283 E. Intl. Speedway Bivd.

DeLend, Fl. 32720

(904) 735-6951

DUPONT LAKES CTR.

2160 Howland Bivd.

Deltona, Fl. 32738

(904) 532-1484

ADDITIONAL SITE INFORMATION:

- · THREE LOCATIONS DIHER TWO ARE DROP STORES.
- · CARTRIDGE FILTERS DRAINED FRIDAY EVENING OVER WEEKEND, PUT IN STILL TO RECOVER PERC, THEN TO SEALED DRUM. EVERY 3 MONTHS PICKED UP BY MCF SYSTEMS OF ALLANTA.
- SUPREMA MOL 850 52 35 LB MACHINE
- · GALVANIZED CONTAINMENT PAN CAN BE PULLED OUT FOR CLEANING.

de

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
	97 TIME IN: 210 TIME OUT: 2150
FACILITY NAME:	Cleaner
FACILITY LOCATION: 2450 .5	Windland Blvd.
Deland,	
	Patel PHONE: 904-734-5987
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
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 □N □Can not determine
If no, please check the appropriate classific facility qualified for a ge	

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

1 of 5

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

M □N

YOY ON ON/A

MY ON ON/A

DY BX

DY DY DN/A

DY ZN

) Texple-

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	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?	ŪΥ	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	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?	ПY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?					DXY		JN _.
2.	Has the facility maintained a leak log?					ΠY	<u>}</u>	x √
3.	Does the responsible official check the following areas for leaks?						•	•
	Hose connections, fittings, couplings, and valves	фу	N	□N/A	Muck cookers	фY	ПΝ	□N/A
	Door gaskets and seating					dY	□N	□N/A
	Filter gaskets and seating	by c	ИГ	□N/A	Exhaust dampers	by	□N	□N/A
ı	Pumps	OY C	N	□N/A	Diverter valves	bY	□N	□N/A
	Solvent tanks and containers	OY C	אב	□N/A	Cartridge filter housings	фΥ	□N	□N/A
	Water separators		N	□N/A				
4.	Which method of detection is used by the	respo	nsib	le official?		,		
	Visual examination (condensed solu	vent or	n ext	erior surfaces)		Z	_	
	Physical detection (airflow felt thro	ugh ga	asket	s)				
	Odor (noticeable perc odor)							
	Use of direct-reading instrumentation	on (FII	D/PI	D/calorimetric t	tubes)			
	Halogen leak detector							
	If using direct-reading instru	menta	tion,	is the equipme	ent:		'A	
	a. Capable of detecting pe	rc vap	or co	oncentrations in	a range of 0-500 ppm?	ΠY	□N	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					er each use	ΠY	□N	
	c. Inspected for leaks and	obviou	us si	gns of wear on a	a weekly basis?	ПY	□N	
	d. Kept in a clean and sec	ure are	ea w	hen not in use?		ПY	□N	
	e. Verified for accuracy by	y use o	of du	plicate samples	(calorimetric only)?	ПY	ΠN	

Inspector's Name (Please Print)

Inspector's Signature

698

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATIO	N:
æt.	
·	
	Sugar
	SupreEMA Super 85052
	Syper 85052
	•
	MCI - Mazardonsa waste
	Maria Maria Company
	·

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	annual 🔀	COM	PLAINT/DISCOVE	ERY	RE-INSPEC	NOIT
TIME IN: 2:10	TIME OUT:	2:50	AI	RS ID#: 12	70124	
TYPE OF FACILITY:, Dn	Filzaning	····				
FACILITY NAME: CLO		ane			DATE:]=	13/97
FACILITY LOCATION:	2450 5.W	00010	end Blue	1 ·		
	Land 1+2	Falc	PITON	ie number: 9	DH - 724	-5987
RESPONSIBLE OFFICIAL:	carona	tare	Z PHON			
Based on the results of to compliance with DEP R	he compliance requirem ule 62-213.300, Florida	nents evalua Administr	ated during this inspative Code (F.A.C.)	pection, the facil	ity is found to b	e in
Based on the results of t discrepancies were note	_	nents evalua	ated during this insp	pection, the follo	wing complian	:
COMPLIANCE REQU	TREMENT/PROB	BLEM	FOLLQV	V-UP ACTIO	N REQUIR	ED
no logo kept or 1	perc receipts	5	Explained	d, gave	logs	
			٠,			٠.
						-
•						
COMMENTS:						
New Owner						
					K3	
The Annual Compliance Certification DATE OF NEXT INSPECTION	5	operly certi 198	fied and submitted	to the inspector.	YES	мо[]
	0	1	proximate)			
INSPECTION CONDUCTED	BY: JAAD		YURESHI ease Print)			
INSPECTOR'S SIGNATURE	: Judia		PHO	ne number:	407-899	1-7555

Page___of_

Revised 10/96

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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: (1) A	SSIC CLZANE	R	NATE: 12 2 97
	150, 3,000DE		
^	DELAND, &		
Annual Reporting Period:	C(, _ =	5 TO DEC	1997
· ·	the Title V general air permit, my facilie Code (F.A.C.), during the period cover	· <u>-</u>	vith DEP Rule
If NO, complete the following:			
	al permit that has not been in continuou		g period stated above:
Exact period of non-compliance: f	rom Dec. 96	to Dec	. 9 <u>.</u>
Action(s) taken to achieve complia	nce: we will	becp Tem.	log, per
Method used to demonstrate compl		, leela lo	U
#2. Term or condition of the general	ral permit that has not been in continuou	s compliance during the reporting	ng period stated above:
Exact period of non-compliance: f	rom	to_ RECE	IVED
Action(s) taken to achieve complia	nce:	JAN	6 1008
Method used to demonstrate comp	iance:		Air Monitoring
made in this notification are true,	y certify, based on information and belie accurate and complete. Further, my ann xceed 2,100 gallons per year for dry-to	nual consumption of perchloroet	hylene solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	Signature	$\frac{12[3]97}{\text{Date}}$
 -			

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

AIRS ID#: 12 70124

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Acc/

CACHELL NAME.	à deanes	DA	TE: 7/27/88
FACILITY LOCATION: 32450	5. Wordland Blod	<u> </u>	· · ·
Deta	nd Fli		
	·		
Annual Reporting Period: July	19 <i>97</i> T	July 2	19_ E g
Based on each term or condition of the Title V 62-213.300, Fiorida Administrative Code (F.			h DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit to REPV			period stated above: ¬INO PENL VERYPTS
Exact period of non-compliance: from	APRIL 28	to July	98
Action(s) taken to achieve compliance:	<u> </u>		
Method used to demonstrate compliance:	:		
#2. Term or condition of the general permit	that has not been in continuous con	mpliance during the reporting	period stated above:
Exact period of non-compliance: from		to & E	III F
Action(s) taken to achieve compliance:		bile.	P. O.Z.
Method used to demonstrate compliance:		· · ·	ources of
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2,1 combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, my annual	consumption of perchloroeth	o, that the statements viene 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

•		
_	1	•
7.		P
TITLE V	HYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST	Burg Mich
TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINTADISCOVERY	A Sull Sull Sull Sull Sull Sull Sull Sul
AIRS ID#: 1270124 DATE: 7/2	·	2:30
FACILITY NAME: Classiz (leaners	
FACILITY LOCATION: <u>2450</u> J.	Woodland Blud.	
_ Deland_	PL. 32728	
RESPONSIBLE OFFICIAL: Janguta	PHONE: 904-734	- 5987
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)	TOTTIN.	
1. New facility notified DARM 30 days prior to s		
2. Facility failed to notify DARM to use general r	erinit	
TARREST CT ASSESSED ATION		
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	2. New small area source dry-to-dry only, x < 140 gal/vr	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr	
both types, x < 140 gal/yr	both types, x < 140 gal/yr	
(constructed before 12/9/91)	(constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	D PERC PECE 195
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, 200 ≤ x ≤ 1,800 gal/yr	10 70 05
both types, $140 \le x \le 1,800$ gailyt (constructed before $12/9/91$)	both types, $140 \le x \le 1,300 \text{ gal/yr}$ (constructed on or after $12/9/91$)	OSCE IFIT
5. This is a correct facility classification	DY DN (Can not determine	
If no, please check the appropriate class	sification: general permit as numberabove	
	limits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perchange) facility was 120 gallons.	c) purchased within the preceding 12 months by th	is dry cleaning
1		II.

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?

אואם אם ציש

2. Examining the containers for leakage?

AND ND YE

3. Closing and securing machine doors except during loading/unloading?

Y □N

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

DY ON ON/A

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beeds according to the manufacturer's specifications?

DY ON MINA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

.

If classification I 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?

12Y ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY ON ONIA

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

OY ON ONA

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/oi-weekly basis?

 $\mathbb{R}!$

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

ZY ON ONA

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

AZ □N

R	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?	QY QX	ľ
2.	Measured and recorded the washer exhaust temperature at the condenser		ļ
	inlet and outlet weekly?	OY ON ON	'A
	Is the temperature differential equal to or greater than 20° F?	עאם אם אם	'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	Ά.
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON	'A.
1			
÷.	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,		
1	or expansion; is at least 2 duct diameters upstream from any bead, contraction,		
	or expansion; and downstream from no other inlet?	CA CM CM	/A.
	Facing to the continue (down malaiment and maches) with in this of		
3.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY QN QN/	/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	CY CH CH	/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased? wot on Site	oy g n				
2. Maintained rolling monthly total of perc consumption?	e y on				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or,	NA DN DN/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?	VZY ON ONIA				
4. Maintained calibration data? for applicable direct reading instruments)	אגם אם צם				
5. Maintained exhaust duct monitoring data on perc concentrations?	אאס אם צם				
6. Maintained startup/shutdown/malfunction plan?	AT ON				
7. Maintained deviation reports?	MY ON CHIA				
Problem corrected?	DY DN DNIA				
8. Maintained compliance plan, if applicable?	OY ON E MA				

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. Eas the facility maintained a leak log? NOT been down 80 for last 125

3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DAND NO YED Muck cookers QY ON ONA couplings, and valves DY ON ONA Stills DIY ON ONA Door gaskets and seating DY ON ONA dy on ona Exhaust dampers Filter gaskets and seating DY ON ONA Diverter valves DY ON ONA Pumos DY ON ONA Cartridge filter housings QY QN QN/A Solvent tanks and containers DY ON ONA Water separators

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:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? $\Box Y \Box N$

b. Calibrated against a standard gas prior to and after each use (PID/FiD only)?

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

d. Kept in a clean and secure area when not in use?

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Instector's Name (Please Print)

Insterior's Signature

7/27/90

Date of Inspection

Approximate Date of Next Inspection

y were log

D 1 - 1 0/15/07

4 of 5

Supremer Super

pan? yes

Stores perc on site neds pan for pure.

has pan for has eard wer waste

hasht been kuping up w) records

for sina April. >

asked to have records fayed it 2 with

no perc receipts on site

MNOR OUT

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT



TYPE OF INSPECTION:	ANNUAL [COMPLA	INT/DISCOVERY		RE-INSPECTION	
TIME IN: 1:45	TIME OUT:	.3D	AIRS I	D#: 12	70/24	
TYPE OF FACILITY:						
FACILITY NAME:	2450 5. UDDa	lland	BWd.	D	DATE: 7-12+9	8
		327				
RESPONSIBLE OFFICIAL:	Sangin	Patel	PHONE N	JMBER:	904-734	<u>~9</u>
	the compliance requireme Rule 62-213.300, Florida A			n, the facility	is found to be in	
Based on the results of discrepancies were not	the compliance requireme	nts evaluated d	uring this inspection	n, the followi	ing compliance	
COMPLIANCE REQ		LEM	FOLLOW-UI	ACTION	REQUIRED	
NO PERC RECEIPTS	ON SITE		THOU ST	END (COPY OF	
			REC	ELPIS	TO LASP.	
NO LOS CLEAN	e + TOTUP)		SEND (NYT	E 106	
FOR LAST	_			18 IN		
NEEDS PAN FOR	PERC/STORE	P			4	
ONS					7	
	· .			Bureau & Mo	CE	
				Dife o	Pir Nomitori	
					ing	
COMMENTS:						
						
The Annual Compliance Certifi	cation form has been prope	erly certified ar	nd submitted to the i	nspector.	YES NO	
DATE OF NEXT INSPECTIO	ON:	7/99 Approx	imate)	_		
INSPECTION CONDUCTED	BY: SAA	(Please	WEES HT			
INSPECTOR'S SIGNATURE			PHONE NU	JMBER:	893-333-	3

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Revised 10/96

FLORIDA SECTION AIR AND WASTE MANAGEMENT ASSOCIATION 1998 ANNUAL MEETING

September 20 - 22, 1998

ADVANCED REGISTRATION

Name	SCHEDULE OF FEES		
		Advanced	 Late
Spouse		(by 8/31/98)	(after 8/31/98)
	FL AWMA Member	\$ 160	\$ 175
Affiliation	Non-member	175	190
	Spouse	125	135
Address	Student	25	35
	Exhibitors*	325	350
TelephoneFax	TOTAL REMITTAN	ICE \$	
E-mail	Please indicate the activity(s) you would like to participate in:		
[] By checking this box, non-members will be	Golf	Tenni	s
extended a 1 year membership to the FL Section			
AWMA at no additional charge.	18 Hole Putting Tour	nament	

Registration includes Sunday evening reception, Monday's President's Reception, Monday's Luncheon, breakfast on Monday and Tuesday, and all refreshment breaks.

Make checks payable to: FL Section AWMA	Mail to: Sandi Assidy c/o RESD
• FL Section Tax ID #: 58-12-148394-59C	117 West Duval Street, Ste. 225
• Full refund deadline is 9/11/98	Jacksonville, Florida 32202
Only Government purchase orders accepted	Phone - 904/630-3484

^{*}Exhibitors & Sponsors, please contact Karen Mort at (941) 646-8526

QEP Training - Saturday, 9/19/98	OEP Exam	Teachers Workshop
Registrants - FREE, Others - \$50.00	Sunday, 9/20/98	Monday, 9/21/98, 9 - 3

(For additional information, contact Jim Manning, Conference Chair, at (904) 630-3484)

Hotel Reserv	<u>vations</u>	Rates Per Night (plus tax)
Radisson Ponce De	Leon Golf &	(Single/Double Occupancy)
Conference Resort		\$89.00 - Regular rate
4000 US Highway 1	North	\$65.00 - Federal Goverment
St. Augustine, Florie	da 32095	\$79.00 - State and Local Government
Telephone (904) 824	I-2 821	\$20.00 - Upgrade for Florida Rooms
Fax (904) 82	4-8254	\$30.00 - Upgrade for Full Suite

FLORIDA SECTION AIR & WASTE MANAGEMENT ASSOCIATION 36TH ANNUAL CONFERENCE

Ponce De Leon Resort - September 20 - 22, 1998

KEYNOTE SPEAKER - Paul King, President, AWMA

TECHNICAL SESSIONS - AIR

Permit Simplification - FDEP

Title V Update - Scott Sheplak

Update on MACT Standards - Cindy Phillips

Overview of EPA's Accidental Release Prevention Program - Doug Dean

Regulatory Impact of Florida's 112(r) Program - Steve Sykes

Electronic Submission of Risk Management Plans - Beth Hardin

Florida Implementation of Section 112(r) - Eve Rainey

Update on Risk Management Plans and Off-Site Consequence Analyses Methods - Bob McCann

Distribution of Ambient Air PM 10 Concentrations in the Tampa Bay Airshed - Noreen Poor

Deposition of Nitrogen Oxides, Nitric Acid and Nitrale to Sarasota Bay - Renee Montplaisir

Particulate Matter (PM) in Palm Beach County, FL - Dr. Wolfgang Rogge

Evaluation of Dry Scrubbers for MACT Compliance - Joseph Tessitore/Jordan Haywood

Savannah Electric Plant, McIntosh, Unit #1 Precipitator Rebuild Project - John Caine

Odor Study - Dr. Bill Zegel

Oxidation and Removal of Nitrous Oxide from Boiler Flue Gases Using Hydrogen Peroxide - Dr. David Cooper

Estimating the Lower Values of Hazardous and Solid Wastes - Brian Kim

Are Citrus Processing Plants Title V Sources? - Steve Smallwood/Jerry Kissel

Prescribed Burning - It's Not Just for Foresters Anymore! - Michael Arrants

TECHNICAL SESSIONS - WASTE

Investigation of One of Florida's Largest Petroleum Contaminated Sites - Bob Lunardini

Managing a Benzene Plume at the Naval Training Center, Orlando, FL - Richard Allen

Xenorene Bioremediation of DDT and Associated Compounds - Jesse Tremaine

Environmental Enforcement Actions and Natural Resource Damage Assessment and Restoration Under Federal and Florida Law - Richard W. Moore

Bio-Fuels - Dr. Gary Zeller

CERCLA Site Clean-up: Remedial Investigation through Long-Term Remedial Actions
- Don Haumann

Overview of Revised Tank Regulations - Tim Dohaney

Risk Management's Role in Business Decisions - Robert Stephens





FLORIDA SECTION

August 4, 1998

Re: Florida AWMA Annual Section Conference, September 20-22, St. Augustine -- BE THERE!

Dear Members, Friends, and Colleagues,

Don't miss this conference! As Conference Chair and Chair of the Florida Section of the Air & Waste Management Association, we extend this invitation to, and urge you to attend, the Annual Conference of the Florida Section of the Air and Waste Management Association.

The AWMA is the oldest and best international organization of environmental professionals. Indeed, our own Florida Section, for the second year in a row, was judged to be one of the best Sections of the entire organization out of numerous sections worldwide! And its no wonder:

Our Annual Conference has traditionally been affordable and at the same time second to none;

First rate conference facilities in St. Augustine at the Radisson Ponce de Leon Resort;

The technical sessions, as usual, should be excellent and informative;

The cost of conference attendance and even hotel accommodations are reasonable compared to other events of this type.

On top of that, there will be various exhibits, golf, tennis, and other sports events, receptions, and other social opportunities.

More information about registration for the conference is enclosed. See you there!

Paul Amundsen. Section Chair

Jim Manning Conference Chair

Enclosures

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL 19-Aug-1998 04:36pm Date: Saadia Oureshi ORL From:

QURESHI S@A1@ORL1

Central District Office Dept:

Tel No: 407/894-7555

Sandy Bowman To: TAT. (BOWMAN S@A1@DER)

Subject: Re: Classic Cleaners

Hey Sandy!

Yeah, I don't think I received that email. As for Classic Cleaners, I mistake when I checked it as a discovery inspection when the most recent inspection was a reinspection. I believe John Macfarlane works at the facility, he does not own it. There is also enforcement action against her facility, because she has not been in complete. against her facility, because she has not been in compliance both times that I have visited.

I just looked at my paperwork, and in the Dec. 1997 insepction I had indicated that she is a new owner. Perhaps I did not give her a notification form to complete? Or maybe I cannot find a copy of the I will have her fill out another notification form, completed form? if it is deemed necessary.

Hope this helps, sorry for the confusion. Thanks, saadia.

->Hi Saadia!

-> A couple of weeks ago I started an e-mail message to you -> regarding

->Classic Cleaners. I'm not sure if I sent it to you.

-> In the event that I did not send it, I will ask my question -> again. If

->you did receive it, just disregard this message.

-> -> We noticed the inspection report for Classic Cleaners

identified the ->inspection as a Discovery. We have the facility in ARMS with an

->Number; however, the RO is different. Is Sangrita Patel the new owner of

->Classic Cleaners? If not, is he a new RO? We have nothing in our files to

->indicate there has been in this facility.

-> I appreciate your help in solving this for us. Thanks. ->

->Sandy

->

INTEROFFICE MEMORANDUM

Date:

07-Aug-1998 12:13pm EST

From:

Sandy Bowman

BOWMĀN S

Dept:

Air Resources Management 850/921-9583

Tel No:

SUNCOM: 278-6140

Saadia Qureshi ORL

TO:

CC:

(QURESHI S @ A1 @ ORL1)

Patricia Grant TAL

(GRANT P)

Subject: Classic Cleaners

Hi Saadia,

We received the inspection reports for Classic Cleaners and noticed this inspection is a Discovery. We also noticed that the AIRS ID# listed has a different RO. Is Sangrita Patel the new owner of Classic Cleaners? If so, we do not have a notification form for this facility with Sangrita Patel as the RO.

When

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗹 (COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1270124	TIME OUT:	_12:05 AIRS ID#: 12:35
TYPE OF FACILITY:	Dryceaners	
FACILITY NAME:	Classizs C	Jeaners DATE: 11/17/98
FACILITY LOCATION:	2450 5. WO 80	tland Blvd
	Deland, Fr.	
RESPONSIBLE OFFICIAL:	ngita fetel	PHONE NUMBER: 407-734-587
L	compliance requirements ev e 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the discrepancies were noted:	compliance requirements ev	valuated during this inspection, the following compliance
COMPLIANCE REQUI	REMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
		P
·		
		Se Man is O
		Etces litoring
		· · · · · · · · · · · · · · · · · · ·
COMMENTS: Calend	ar voisdo	ek.
10 10 6	1, T.	ok. notification form. She
reeds 7.	compere "	
The Annual Compliance Certification	on form has been properly co	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:		(Approximate)
INSPECTION CONDUCTED BY	i: SA	ADIA Puredu (Plasse Print)
INSPECTOR'S SIGNATURE:	1/h	PHONE NUMBER: 407-893-333

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE	INSPECTION	CHEC

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: 1270124 DATE: 11/17/98 FACILITY NAME: Classizs FACILITY LOCATION: 2450. Son Deland: RESPONSIBLE OFFICIAL: Jangua CONTACT NAME: Travis Son	The Woodland Blod. Fr. Patel PHONE: 407-734	2:350 E V E DEC \$ 1998 E D S 98 E M Distoring
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per		a a
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	☐ No notification form ☐ Drop store/out of business/p 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	etroleum 1992
	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$)	

IN ARMS 11/18/98

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

facility was 50 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

AY ON ON/A

Storing perchloroethylene in tightly sealed and impervious containers?
 Examining the containers for leakage?
 Closing and securing machine doors except during loading/perchloroethylene.

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 ZN/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

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

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

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПX	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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?	QΥ	\Box N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПΝ	□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	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	2 7 ON
2. Maintained rolling monthly total of perc consumption?	og on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	AND ND YE
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 DNA
4. Maintained calibration data? (for applicable direct reading instruments)	AMED NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AIMOD NO YO
6. Maintained startup/shutdown/malfunction plan?	ON ON
7. Maintained deviation reports?	AND NO PE
Problem corrected?	בא מש אם אם
8. Maintained compliance plan, if applicable?	DY ON ON/A

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	nd repair	
inspection?	· / .		DY ON	
2. Has the facility maintained a leak log?	noteni.		NO YOU	
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	אואם אם צלין.	Muck cookers	אואם אוש באוא	
Door gaskets and seating	אומם מם אף	Stills	אואם אם אא	
Filter gaskets and seating	אואם אם צף	Exhaust dampers	אואם אם צף	
Pumps	dy on ona	Diverter valves	DY DN DN/A	
Solvent tanks and containers	dy on ona	Cartridge filter housings	DY ON ONA	
Water separators	באמם מם אס			
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed solvent on exterior surfaces)				
Physical detection (airflow felt through gaskets)			Ø	
Odor (noticeable perc odor)			Ø	
Use of direct-reading instrumen	tation (FID/PID/calorimetr	ric tubes)	a	
Halogen leak detector			a	
If using direct-reading inst	trumentation, is the equip	oment:	□N/A	
a. Capable of detecting	g perc vapor concentrations	s in a range of 0-500 ppm?	DY DN	
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	QY QN	
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 us	se?	OY ON	
e Verified for accurac	y by use of duplicate samp	les (calorimetric only)?		

Inspector's Name (Please Print)

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspector's Approximate Date of Next Inspection

epopy? yes

pan? yes

hat waste labelled

Condensate water needed top-explained

Using Calendar - 6 K records.

perc receipts - yes

perc not stored but empty cans kept

in pan.

no perc on spotting board

Condenser on machine? yes., closed loop machine Wrote up compliance plan (list of lineagency #)

INSPECTION REPORT FORM AIR POLLUTION EMISSION SOURCES

EACH PTV.		DICTRICT.		COLINEY		
FACILITY:		DISTRICT:		COUNTY:		
Classic's Cleaners		Central		Volusia		
ADDRESS:		CONTACT.	:			
2450 South Woodland Blvd. Deland FL		Travis Smi	th, Store Manager	407-734-5987		
ARMS #: 1270124	PERMIT #:	EXPIRATIO	ON DATE:			
SOURCE DESCRIPTION:						
Dry Cleaning Facility						
INSPECTION DATE:	AUDIT TYPE:	I	COMPLIANCE S'	TATUS:		
Nov. 17, 1998	Level II		In-Compliance			
INSPECTION COMMENTS/RECO			т соприанес			
S. Qureshi arrived at the facility to conduct her yearly inspection. She met with Mr. Travis Smith, the plant manager and operator of the dry cleaning machine. Mr. Smith showed the dry cleaning machine. He had receipts and a rolling perc log that showed that the facility used 50 gal/year. The machine was initially purchased in 1992. The facility did not store any perc on site, it was put into the machine as soon as it was purchased. Empty cans of perc were on the facility, they were placed in the secondary containment bin. The machine's door is always closed except upon loading/unloading, according to Mr. Smith. The filters were drained over the weekend after they were changed, this fulfilled the 24 hour requirement. The machine was a closed loop, dry-to-dry machine, with a refrigerated condenser. Mr. Smith measured the condenser temperature every two weeks, and recorded it on the DEP calendar. He has not had any exceedances. Mr. Smith kept the receipts for the perc and recorded the amounts purchased on the DEP calendar. He had the start up/shut down/malfunction plan, this was the trouble shooting guide for the dry cleaning machine. There have been no deviations. Mr. Smith had the emergency numbers noted. Mr. Smith completes the weekly leak detection, he fulfills the record log using the DEP calendar. There have been no leaks. Mr. Smith						
conducts this using visual examination, physical detection, and odor.						
Upon inspecting this facility, all th	e requirements pursuant to Rule 62-213.3	300 have bee	n completed. The	facility is in compliance.		
INSPECTOR(S) NAME(S):						
Saadia J. Qureshi, EST						
SIGNATURE(S):	С		DAT	E:		
	\		Nove	mber 18, 1998		
DEBMEORA NO 85			1 11010	11001 10, 1770		

PERCHLOROETHYLENE DRY CLEANERSATE

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVDT	$\Delta \mathcal{L}$	יוסטיאו	CTION:
1112	Ox.	THAT	CIIUI

ANNUAL

× □ COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 12 7012 4 DATE: 11-4-99 TIME IN: 3700 TIME OUT: 3130 PA
FACILITY NAME: Classic (leaners
FACILITY LOCATION: 2450 S. Woodland Blad. E. E.
DeLand, FL 32720 30 3
RESPONSIBLE OFFICIAL: Sangita Pale Se Pate PHONE: 847-3734-5987
CONTACT NAME: PHONE: SEM (

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

PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (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)	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 □N □Can 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) pure facility was 25 gallons.	rchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) YOU ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? ON ON/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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) XY DN 1. Equipped all machines with the appropriate vent controls? **∕Ò**Y □N □N/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 AVA UN UN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $N \square Y \square N$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the XY 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? MD YX

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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ted OY ON
	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
	3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
	4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
l	or expansion; and downstream from no other inlet?	OY ON ON/A
	5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
	6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS

1.	l. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	Mechanic L	comes once a	MD YEX		
2.	Has the facility maintained a leak log?	monthwill	mailcalendar	ØY □N		
3.	Does the responsible official check the	following areas for leal	cs?			
	Hose connections, fittings, couplings, and valves	DAY ON ONIA	Muck cookers	AND NO TAS		
	Door gaskets and seating	AND NO XE	Stills	MY ON ON/A		
	Filter gaskets and seating	ANO NO YE	Exhaust dampers	אומם מם צבל		
	Pumps	AVA NO Y X	Diverter valves	AVO NO YA		
	Solvent tanks and containers	AINO NO YA	Cartridge filter housings	AND NO YA		
	Water separators	AVID ND Y	·			
4.	Which method of detection is used by t	the responsible official?		_		
Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt th	*				
	Odor (noticeable perc odor)			8÷		
	Use of direct-reading instrumenta	ation (FID/PID/calorime	etric tubes)			
	Halogen leak detector					
	If using direct-reading instr	rumentation, is the equ	ipment:	· □N/A		
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	ОУ ОИ		
	b. Calibrated against a s (PID/FID only)?	OY ON				
	c. Inspected for leaks an	nd obvious signs of wear	on a weekly basis?	DY DN		
	d. Kept in a clean and so	ecure area when not in	use?	OY ON		
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON		

Inspector's Signature

2000

Approximate Date of Next Inspection

ADDITIONAL SITE	INFORMATION:		
	•		
		٠.	
	·		

1270124

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Classic Cleaners	DATE: 1/-4-99
FACILITY LOCATION: 2450 S. Woodland Blog	
Pe Land, FL 32720	
Annual Reporting Period: April 1991 TO November	1999
Based on each term or condition of the Title V general air permit, my facility has remained in compliant 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 repo	rting period stated above:
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 repo	rting period stated above:
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 in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	oethylene solvent, based

Page ____ of ____.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

. . . .

TYPE OF INSPECTION:	ANNUAL COM	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 3100	тіме оит: 3/30)AIRS ID#: 127	20124
TYPE OF FACILITY: Dry	Cleaning		
FACILITY NAME: (1455	Te lleaners		DATE: 11-4-99
FACILITY LOCATION: 24	150 S. Woodland	Blvd.	
De L	and FL 32720		
RESPONSIBLE OFFICIAL:	Sent dans se	Pate PHONE NUMBER:	407-734-5487
, 923	the compliance requirements evalu Rule 62-213.300, Florida Administ	nated during this inspection, the facilerative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were note	•	ated during this inspection, the follo	wing compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		_	·
COMMENTS:			
In Con	npliance		
The Annual Compliance Certific		fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	V		
INSPECTION CONDUCTED	BY: Randall (pproximate) <u>UNN ÎNG ha:M</u> Icase Print)	
INSPECTOR'S SIGNATURE	10 1 11 1	PHONE NUMBER:_	417-893-3333
	Page	of	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL	5
RE-INSPECTI	ON

COMPLAINTA
 COLUETATIVE

NAPAY HON B

4-8

•	198 TIME IN: 1.'45 TIME OUT: 2:30
FACILITY NAME: Classic Cl	eapers
FACILITY LOCATION: 2450 S. L	Dondland Blud
Teland.	PL 32728
	Patel PHONE: 904-734-5987
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	RECEIVED
(cieck appropriate box)	
1. New facility notified DARM 30 days prior to sta	DEC 1 4 1999
2. Facility failed to notify DARM to use general pe	ermit
	& Mobile Sources
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
(check appropriate box) A. 1. Existing small area source	2. New small area source
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	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
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	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	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
(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	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
(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 both types, 140 \le x \le 1,800 gal/yr	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
(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	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)
(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 both types, 140 \le x \le 1,800 gal/yr	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
(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	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) The state of the state

PART III: GENERAL CONTROL REQUIREMENTS

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

I. Storing perchloroethylene in tightly sealed and impervious containers?

MA ON ONIA

2. Examining the containers for leakage?

DA ON ONY

3. Closing and securing machine doors except during loading/unloading?

Y ON

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

Y ON ONA

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

OY ON XINA

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?

12Y 01

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY ON ONA

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

DY ON ONIA

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/oi-weekly basis?

-/---

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

OY ON ONIA

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

eγ Ων

B	. Has the responsible official of an existing large or new large area source also:			***************************************
-	The same series of the same of			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
Ħ	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΠN	
H			_•	
32	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩŸ	Π'n	\Box N/ A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
1				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3	. Measured and recorded the perc concentration in the exhaust stream weekly			
1	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	$\Box Y$	ДΝ	N/A□
1	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
8				
4	. Assured that the sampling port on the carbon adsorber exhaust for measuring			
l	pero concentrations is at least 8 duct diameters downstream of any bend, contraction,			
Ĭ.	or expansion; is at least 2 duct diameters upstream from any bead, contraction,			
1	or expansion; and downstream from no other inlet?	\Box Y	\Box X	
1.				
13	. Equipped transfer machines (dryers, reclaimers, and washers) with individual			_
	condenser coils?	QΥ	ПN	AVND
1	. Routed airflow to the carbon adsorber (if used) at all times?	O36		C) 7/4
	. Produces an mow to the caroon amoroce (in user) at an unites:	L Y	מיט	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased? Wot on SW	OY ZX			
2. Maintained rolling monthly total of perc consumption?	ey on			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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? 	VZY ON ON/A			
4. Maintained califoration data? yor applicable direct reading instruments)	AKO NO YO			
5. Maintained exhaust duct monitoring data on perc concentrations?				
6. Maintained startup/shutdown/malfunction plan?				
7. Maintained deviation reports?	NOY ON CONTA			
Problem corrected?	OY ON PANA			
8. Maintained compliance plan, if applicable?	OY ON ENIA			

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. Eas the facility maintained a leak log? NOT 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON OWA Muck cookers DY ON ONA couplings, and vaives DY ON ONA Stills DAND ND YD Door gaskets and seating DY ON ONA dy on on/a Exhaust dampers Filter gaskets and seating DY ON ONA Diverter valves OK ON ONY Pumps DY ON ONA Cartridge filter housings QY QN QN/A Solvent tanks and containers DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeble percodor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: QN/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? CY CN b. Caliorated against a standard gas prior to and after each use DY DN (PD/FID only)?

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

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

d. Kept in a clean and secure area when not in use?

Instector's Signature

Date of Inspection

 $\Box Y \Box N$

DY DN

OY ON

Approximate Date of Next Inspection

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Revised 9/15/97

Supremer Super

pan? yes

Stores per on site ned panfor pure has pan for hasardors waste

hasht been kuping up w) records

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MINOR OUT

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

				
FACILITY NAME: Cash	à cleanes		DATE: _	7/27/88
facility location:	S. Wordland Blue	a		
Deta	S. Worsland Blue			
	·		·	
Annual Reporting Period: July	19 <u>9</u> 7	TO July	<u> </u>	19_ \te
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			_	Rule
If NO, complete the following:				No.
#1. Term or condition of the general permit	· ·	•	,	
Exact period of non-compliance: from	NG (None SI	ree April	98) =	reapts
Exact period of non-compliance: from	APRIL 28	to <u><</u>	Tuly 98	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·			
Method used to demonstrate compliance:		· · · · · · · · · · · · · · · · · · ·		
#2. Term or condition of the general permi	that has not been in continuous o	ompliance during the	e reporting perio	i 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, combination facilities.	and complete. Further, my annu 100 gailons per year for dry-to dr	al consumption of pe.	rchlorge:hylene	solvent, based
RESPONSIBLE OFFICIAL: ANThum	ame (Please Print)	Signature	tradeci	Date

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

Page _____ of ____.

TITLE V AIR QUALITY GENERAL PER. AT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT/DISCOVERY [RE-INSPECTION
TIME IN: 1:45	TIME OUT: 2.	D AIRS ID	#:
TYPE OF FACILITY:			
FACILITY NAME: 2			DATE: 7-10+98
FACILITY LOCATION:		32724	
RESPONSIBLE OFFICIAL:	Sangita	rtel PHONE NUM	MBER: 904 -734 -09
	he compliance requiremen ule 62-213.300, Florida Ad	valuated during this inspection, nistrative Code (F.A.C.).	the facility is found to be in
Based on the results of t discrepancies were noted	• • • • • • • • • • • • • • • • • • • •	valuated during this inspection,	the following compliance
COMPLIANCE REQU		follow-up	ACTION REQUIRED
NO PERE RECEIPTS	ON SITE	FOR SE	ND COPY OF
			ELPTS TO LASP,
NO LOS CLEANE		-> SEND C	NY05 LO6
FOR LAST -	2 mms		D LNSP.
NEEDS PAN FOR			
	1.0		
COMMENTS:			
The Annual Compliance Certifica	ation form has been proper	certified and submitted to the ins	spector. YES NOT
DATE OF NEXT INSPECTION	N:	7/99	·
INSPECTION CONDUCTED	BY: SAN	(Approximate) AUCEST 7	
INSPECTOR'S SIGNATURE:	6/	(Please Print) PHONE NUM	MBER: 893 -3333

Page___of___.

Revised 10/96

.. P₂ 265 302 462

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID#: 1270124 JOHN R MACFARLANE JOHN R MACFARLANE 1021 S MASSACHUSETTS AVE DELAND FL 32720

	Certified Fee	
	Special Delivery Fee	
S.	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
3800	TOTAL Postage & Fees	\$
Form 3	Postmark or Date	
띠		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to rece following services extra fee): 1. Addresse 2. Restricted Consult postmast	e's Address
ADDRESS completed	AIRS ID#: 1270124 JOHN R MACFARLANE JOHN R MACFARLANE 1021 S MASSACHUSETTS AVE DELAND FL 32720	4a. Article N 4b. Service Registere Express I Retum Ret	Type od Mail ceipt for Merchandise	COD Contified COD Con los using Return
Is your RETURN	5. Received By: (Print Name) 6. S PS F	8. Addressee and fee is	e's Address (Only/ii paid)	

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US Postal Service Receipt for Certified Mail

AIRS ID 1270124

JOHN R MACFARLANE JOHN R MACFARLANE 1021 S MASSACHUSETTS AVE DELAND FL 32720

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	Special Delivery Fee	
ار	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800	Postmark or Date	

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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 mallpiece, or on the back if space does not permit.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
_	3. Article Addressed to:	4a. Article N	umber
<u> N ADDRESS</u> completed	AIRS ID 1270124 JOHN R MACFARLANE JOHN R MACFARLANE 1021 S MASSACHUSETTS AVE DELAND FL 32720	4b. Service 1 Registere Express I Return Rec	Type ad Certified Mail Insured ceipt for Merchandise COD ceilivery
ETU,	5. Received By: (Print Name)	8. Addressee and fee is	FEB 14 1958 e's Address (Only if requested paid)
	6. Signature: (Addressee or Agent)		-
s your	Reball Mar Fallane		
_	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt

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Receipt for Certified Mail

No Insurance Coverage Provided.

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Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date Form S

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 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 delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: AIRS ID # 1270124 CLASSIC CLEANERS JOHN R MACFARLANE 1021 S MASSACHUSETTS AVE DELAND FL 32720	4b. Service Registere Express Retum Re 7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)		e's Address (Only if requested

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the reverse side	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and	e does not e number.	2. □ Restric	es (for an ssee's Address sted Delivery
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Domestic Return Receipt

SENDER:

PS Form **3811**, December 1994

UNITED STATES POSTAL SERVICE



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 \bullet Print your name, address, and ZIP Code in this box \bullet

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

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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	A. Received by (Please Print Clearly) B. Date of Delivery 2-/2-00
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.	C. Signature X Branch Could Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 1270124	
CLASSIC CLEANERS SANGRITA PATEL	· _
2450 S WOODLAND BLVD DELAND FL 32728	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) Z 333 667 256	
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789

United States Postal Service



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DARWMOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MALE STATION 5510

200 BLAIR STONE ROAD LARASSEE, FLORIDA 32399-2400 Bureau of Air Monitorine

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τ	P, 174 05	52 553
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	Postage	\$
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	Special Delivery Fee	
	Restricted Delivery Fee	
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800,	TOTAL Postage & Fees	\$
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AI CLASSIC CLEANERS SANGRITA PATEL 2450 S WOODLAND BLVD	RS ID # 1270124	MAR 1 1 2000
DELAND FL 32728		3. Service Type
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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

BILE SOURCE CONTROL PR OF ENVIRONMENTAL PROTECTI MAIL STATION 5510

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 Bureau of Air Monitoring Bureau of Air Sources

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J 1	CLASSIC CLEANERS OHN R MACFARLAN 021 S MASSACHUSE DELAND FL 32720	NE
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
ıo	Restricted Delivery Fee	
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, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
900	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?	SENDER: Complete items 1 at wor 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 mailplece, or on the back if space permit. Write "Return Receipt Requested" on the mailplece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e can return this te does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	elpt Service.
	AIRS ID # 1270124 CLASSIC CLEANERS JOHN R MACFARLANE 1021 S MASSACHUSETTS AVE DELAND FL 32720 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	4a. Article Number Ab. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery 8. Addressee's Address (Only if requeste and fee is paid)		Thank you for using Return Rec
-	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt	

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DELAND FL 32728			D R	ice Type ertified Mail egistered esured Mail ricted Delivery	☐ C.O.D.	ipt for Merchandise	
2. Article Number (Copy from service label) 1000 0520 0020 9373 2095 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789							

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID#1270124 CLASSIC CLEANERS SANGREA PATEL 2450 S®WOODLAND BLVD DELAND FL 32728 	A. Received by (Please Print Clearly) C. Signature X			
2. Article Number 7001 032	0 0001 7975 5823			
PS Form 3811, March 2001 Domes	tic Return Receipt 102595-01-M-1424			



THIS PORTION MUST BE ATTACHED TO REMITTANCE 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

Do NOT Remove Label

AIRS ID # 1270124

CLASSIC CLEANERS JOHN R MACFARLANE 1021 S MASSACHUSETTS AVE DELAND FL 32720

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392539

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

Do NOT Remove Label

CLASSIC CLEANERS SANGRITA PATEL 2450 S WOODLAND BLVD DELAND FL 32728

70 TOTAL AMOUNT DUE: \$50.00

[Remove Label

AIRS ID # 1270124]

BLVD

FOR GOVERNMENT USE ONLY Org.: 3755010101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
3755

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

AIRS ID 1270124

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AIRS ID 1270124

JOHN R MACFARLANE
JOHN

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262489/

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#: 1270124

JOHN R MACFARLANE MUKESH MARKET COMPORTED

JOHN R MACFARLANE

1021 S MASSACHUSETTS AVE

DELAND FL 32720

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414261 FEB182002、

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 # 1270124

CLASSIC CLEANERS SANGRITA PATEL 2450 S WOODLAND BLVD

DELAND FL 32728 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

407106 MAR122001

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

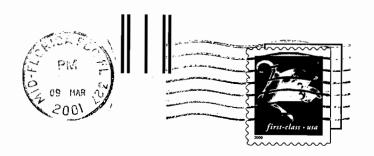
AIRS ID # 1270124

CLASSIC CLEANERS SANGRIFA PATEL KINTESH PATEL 2450 S WOODLAND BLVD DELAND FL 32728

FOR GOVERNMENT USE OLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



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

32315N3070



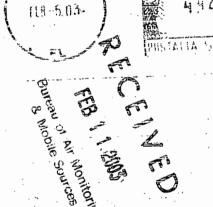
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MC Acct#

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Department of Environmental Protection 2600 Blair Stone Rd Tallahassee FL 32399-2400





CLASSIC CLEANERS
SANGRITA PATEL
2450'S WOODLAND BLVD
DELAND FL
32728

ECZBER Hillionskillininininininininininininininininini

Postage S
Certified Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total

Total

Total

Total

Total

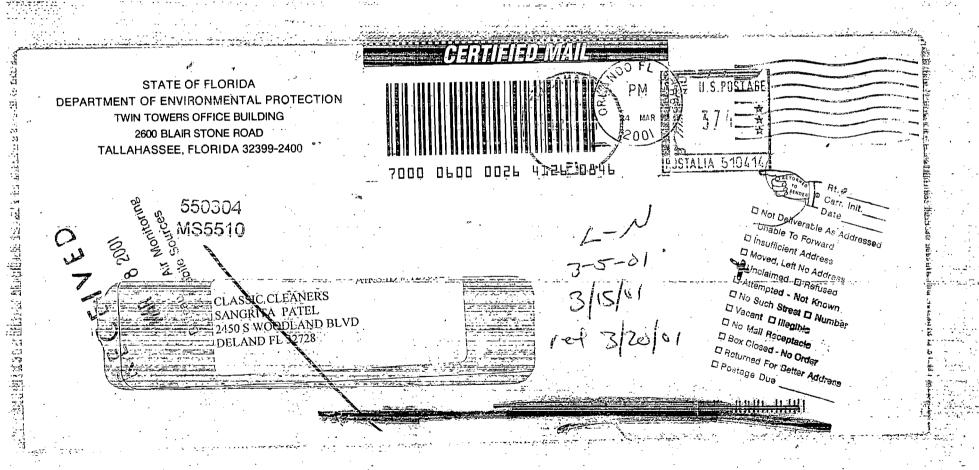
Total

Total

Total

Sent CLASSIC CLEANERS
SANGRITA PATEL
Sireet or PO
DELAND FL
32728

DELAND FL
32728



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. Is delivery address different from item 1?
AIRS ID # 1270124	
CLASSIC CLEANERS	
SANGRITA PATEL 2450 S WOODLAND BLVD	
DELAND FL 32728	3. Service Type
·	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) . 7000 (COP) 0026 4126 C	816
PS Form 38/11, July 1999, Domestic Ret	urn Receipt 102595-99-M-1789

Postage \$
Certified Fee Postmark
Here

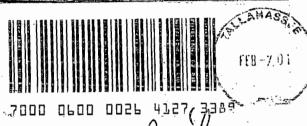
Return Receipt Fee (Endorsement Required)

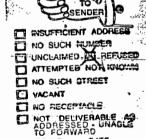
Restricted Delivery Fee (Endorsement Required)

Total

Recip CLASSIC CLEANERS
SANGRITA PATEL
Street 2450 S WOODLAND BLVD
City, DELAND FL 32728

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION TWIN TOWERS OFFICE BUILDING 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400





CARRICHTIALS

CLASSIC CLEANERS
SANGRITA PATEL
2450 S WOODLAND BLVD
DELAND FL 32728

SENDER: COMPL	A. Received by (Please Print Clearly) B. Date of Delivery
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.	C. Signature X
AIRS ID # 1270124 CLASSIC CLEANERS SANGRITA PATEL 2450.5.WOODLAND BLVD DELAND FL 32728	
	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 000 0000 0000 412 PS Form 3811, July 1999 Domestic	77 3389 Return Receipt 102595-99-M-1789

Postage
Certified Fee
Cendrement Required)
Restricted Delivery Fee
(Endorsement Required)
Recipient's A SANGRITA PATEL
Street, Apt. N. 2450 S WOODLAND BLVD
DELAND FL 32728
City, State, Zi

Postage S
Postmark
Here

Postmark
Here

AIRS ID # 1270124

City, State, Zi
Postage Postmark
Here

Postmark
Here

Postmark
Here

CLASSIC CLEANERS
SANGRITA PATEL
Street, Apt. N. 2450 S WOODLAND BLVD
DELAND FL 32728

City, State, Zi
Postage S
Postmark
Here

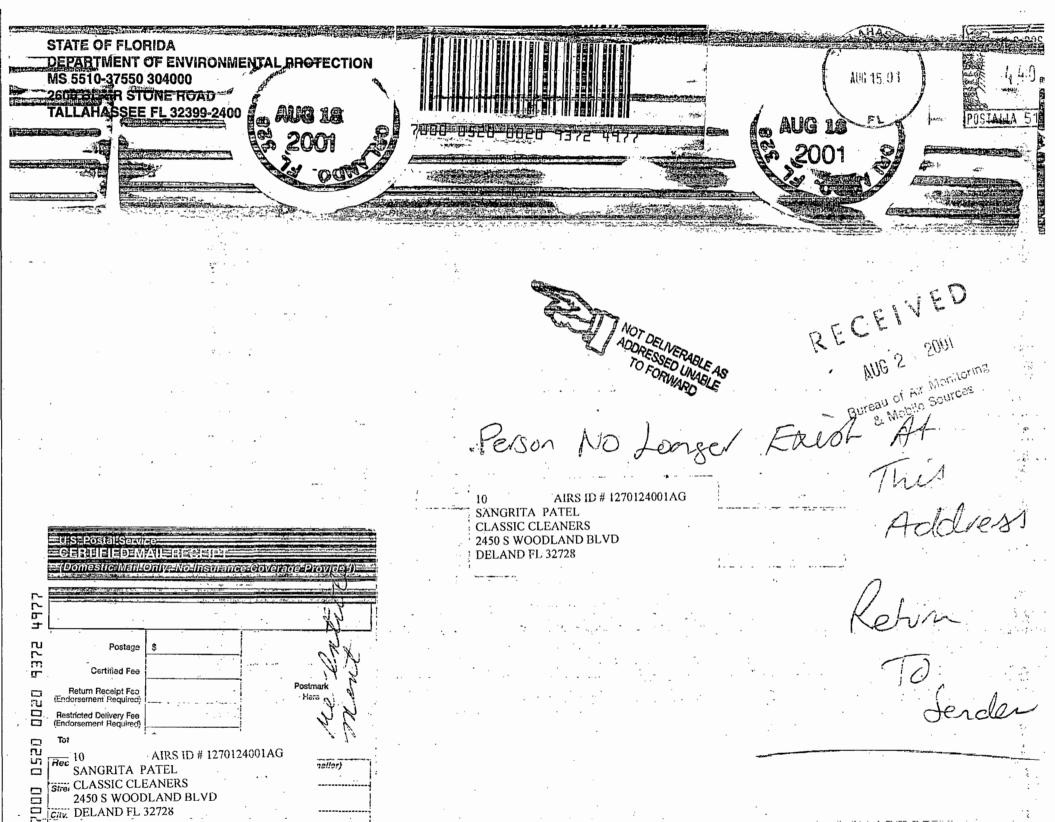
Sangrita Patel

Street, Apt. N. 2450 S WOODLAND BLVD

DELAND FL 32728

City, State, Zi
Postage Postmary/2000

See Reverse for Instructions



Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired.

Phint your name and address on the reverse so that we can return the card to you.

If Attach this said to the back-of the mall black or on the front if space permits. C. Signature D. Is delivery address different from item 1? 1. 'Article Addressed to: If YES, enter delivery address below: AIRS ID # 1270124001AG SANGRITA PATEL CLASSIC CLEANERS 2450 S WOODLAND BLVD 3. Service Type

Gertified Mail DELAND FL 32728 ☐ Express Mail Registered Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label)

Domestic Return Receipt

102595-99-M-1789

PS Form 3811, July 1999