

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 13, 1996

Mr. Douglas Toth Corner Cleaners 1377 Beville Road Daytona Beach, Florida 32119

Facility I.D. No. 1270125

Dear Mr. Toth:

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

Decedica Brion

and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

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

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and the second second	
-Spoke W/ Douglas Toth-10/2/96	
Do P. 13 4 add city 6. add title - Owner	ners
6. add title - Owner	
3. Haz	·
P. 14 1. (a) add date control device	_
cin (.lc) mark out "X" and initial 3. Should be new small area	-2119
3. Should be new small area	
P. 15 4 Should be new small area	
Source W/ refrig. con.	
6) Na	
made	
7. Record of the Str. Str. Str. Str. Str.	
Str Cit	32119
8. Re	_
Te	
9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address:	
Street Address:	
City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: () - Fax: () -	

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

1642 Rd Vorden Rd Williamson

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Douglas TOTH DBA Corner Cleaners
2. Site Name (For example, plant name or number):
Daytona store
3. Hazardous Waste Generator Identification Number:
FLD 097 837 983
4. Facility Location: W 12-2-96 Street Address:
City: Day tong Beach County: Zip Code:
1377 Beville 80 VOIUSIG 32119
5. Facility Identification Number (DEP Use):
INTO AS
Responsible Official
6. Name and Title of Responsible Official:
6. Name and Title of Responsible Official: 0
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 1377 Beville (1)
City: County: Zip Code:
Durtong BCh VOIUSIG 32119
8. Responsible Official Telephone Number:
Telephone: (504)788 - 1019 Fax: (504)7576 - 1043
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

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DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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	l	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	,	#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit			DT	12-	2-96				
(1) w/ ref. condenser	±1	7-12-95	7-10-95	ι –	<u> </u>	`		T	T
(2) w/ carbon adsorber	41	7-10 13	7 10-73	 	_				
(3) w/ no controls	 	 			 	 		-	1
Washer Unit		L							
(4) w/ ref. condenser				I		1	Ι		Τ
(5) w/ carbon adsorber				-					
(6) w/ no controls			 -	-			 		
Dryer Unit		L	L	_			<u> </u>		
(7) w/ ref. condenser			T	Γ	_		T	T	Τ
(8) w/ carbon adsorber				-	<u> </u>	-			
(9) w/ no controls	<u> </u>	<u> </u>		-					
Reclaimer Unit		<u> </u>	L						
(10) w/ ref. condenser					T	1	Т		
(11) w/carbon adsorber			-	ļ		-			
(12) w/ no controls		1		-	_			-	
(12) Willo Controls			<u> </u>		1				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the c	are requant	equired to be ity of perchlons	installed	perc)	7 DL		2 moi	nths?	
Check why it is less 3. What is the facility's so (Indicate with an "X". Existing small ar	urce Selec	classificatior	n based of the ication only.)	e defi		nd in section ((3) of	·	
Existing large ar	ea soi	urce []	Ne	ew la:	rge area sou	rce [1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines pursuant to section (Indicate with an "X".) 	on (5) of Part II of this notification form?
Existing large area source Carbon adsorber	ondenser William 1
New small area source Refrigerated condenser	·
New large area source Refrigerated condenser []	
	·
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water generous exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat boiler HP or less), and (2) are fired exclusively by natural gas excep- during which propane or fuel oil containing no more than one percen	t for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
` .	
	·
Equipment Monitoring and Recordkeep	ing Information
Check all logs which are required to be kept on-site in accordance wi	th the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	١X١

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

Surrender of Existing Air Permit(s)

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

#1270125 Corner Cleaners -spoke W/ Douglas Toth-10/2/96 P.13 4 add city 6 add title - Owner date control device mark out "X" and initial 3. Should be new small area P.15 4. Should be now small area. Source W/refny. con.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. F	acility Owner/Company Name (Name of corporation, agency, or individual owner):
	OUGLAS TOTH DBA Corner Cleaners
2. S	ite Name (For example, plant name or number):
	Daytona Store
3. H	lazardous Waste Generator Identification Number:
	FLD 097 837 983
~	acility Location:
_	Street Address: County: Zip Code:
"Ć	acility Identification Number (DEP Use):
.5. F	acility Identification Number (DEP Use):
ALLEGA CONTRACTOR	
	Responsible Official
6) N	lame and Title of Responsible Official:
	Douglas TOPA
	esponsible Official Mailing Address:
S	organization/Firm: treet Address: 1377 Beville (1)
C	
	lesponsible Official Telephone Number: Fax: 904 707 - 1043
•	Fax: 904)758 - 1019 Fax: 904)75% - 1043
	Facility Contact (If different from Responsible Official)
9. N	lame and Title of Facility Contact (For example, plant manager):
10. F	acility Contact Address:
	treet Address:
C	City: County: Zip Code:
11. F	acility Contact Telephone Number:
	Felephone: () - Fax: () -

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SEP 3 1996

Facility Information

Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	7-12-95						_	
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit			•						
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
(Indicate with an "X". Existing small ar	Selec	t one classif	ication only.))	initions foun		3) of 1	Part II?	
Existing small are Existing large ar					rge area sour		, 1		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

What control technology is required on machines purs (Indicate with an "X".)	uant to section (5) of Part II of this notification form?					
Existing large area source Carbon adsorber Re	frigerated condenser [X]					
New small area source Refrigerated condenser []						
New large area source Refrigerated condenser []						
5. A facility which contains non-exempt emissions units to Rule 62-213.300, F.A.C. Verify that all steam and hot 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 l	Recordkeeping Information					
Check all logs which are required to be kept on-site in ac	cordance with the requirements of this general permit:					
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair						
(c) Refrigerated condenser temperature monitoring	[X]					
(d) Carbon adsorber exhaust perc concentration monitori	ng []					
(e) Instrument calibration						
(f) Start-up, shutdown, malfunction plan	ιΧı					

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

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)							
No air permits currently exist for the operation of the facility indicated in this notification form.							
Responsible Official Certification							
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will promptly notify the Department of any changes to the information contained in this notification. 8/30/96							
r.							

PERCHLOROETHYLENE DRY CLEANERS

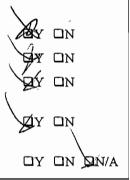
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY D
AIRS ID#: 1270125 FACILITY NAME:	BRNER C	Ille Rd
PART I: NOTIFICATION		
(check appropriate box)	F = 1	
1. Existing facility notified DA	RM by 9/1/96	
2. New facility notified DARM	30 days prior to sta	rtup
3. Facility failed to notify DAR	tM to use general pe	rmit 🗆
PART II: CLASSIFICATION	V	
Facility indicated on notificat (check appropriate box)	ion form that it is:	
A. 1. Existing small area soundry-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 soundry-to-dry only, 140 <x<2, 1="" 200<x<1,800<="" only,="" td="" transfer=""><td>rce 🔲 00 gal/yr gal/yr</td><td>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="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,></td></x<2,>	rce 🔲 00 gal/yr 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="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr="" yr<=""></x<2,>
both types, 140 <x<1,800 ga<br="">(constructed before 12/9/91) This is a correct facility classif</x<1,800>		both types, 140 <x<1,800 (constructed="" 12="" 9="" 91)<="" after="" gal="" on="" or="" td="" yr=""></x<1,800>
If no, please check the appropri	riate classification:	
	ied for a general per ds above limits and	mit as number above s not eligible for a general permit
B. The total quantity of perchl facility was 50 gallons		urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS

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

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



PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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



A/NO NO YÆ



OY ON

N

OY ON

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
	Is the temperature differential equal to or greater than 20° F?	□Y □N
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	□Y □N
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PA		
\perp	ART V: RECORDKEEPING REQUIREMENTS	
H	as the responsible official: heck appropriate boxes)	
H:	as the responsible official:	NO A
H: (cl	as the responsible official: heck appropriate boxes)	MY ON OY ON
H: (ci	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	
Ha (cl	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	
Ha (cl	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	NO YOU
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	NO AG
H: (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	NO AG
H2 (cl 1. 2. 3.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON OY ON
H2 (ch 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	DY ON OY ON OY ON OY ON OY ON OY ON
H2 (cl 1. 2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	DY ON OY ON
H2 (ct) 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? INSTRUCTED R.O. Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	NO YEA OY ON DIN/A OY ON OY ON OY ON OY ON OY ON
H2 (cth 1. 2. 3. 4. 5. 6. 7.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	DY ON OY ON
H2 (ch 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	DY ON OY ON

2.	. Which method of detection is used by the responsible official?								
	Visual examination (condensed	×							
	Physical detection (airflow felt the	\mathfrak{Z}							
	Odor (noticeable perc odor)	A							
	Use of direct-reading instrument								
	If using direct-reading instrum								
	a. Capable of detecting	perc vap	or concenti	rations in a range of 0-500 ppm?	ΠY	□N			
	b. Calibrated against a (PID/FID only)?	standard	gas prior to	o and after each use	ΠY	□N			
	c. Inspected for leaks a	nd obviou	s signs of	wear on a weekly basis?	ПY	□N			
	d. Kept in a clean and	secure are	a when no	t in use?	ПY	□N			
	e. Verified for accuracy	by use o	f duplicate	samples (calorimetric only)?	ΠY	□N			
3.	Has the facility maintained a leak log?)			ПY	□N			
4.	Does the responsible official check the								
	Hose connections, fittings,			0.					
	couplings, and valves	ПY	□N	Muck cookers	ПY	□N			
	Door gaskets and seating	\Box Y	□N	Stills	ПY	□N			
	Filter gaskets and seating	ΠY	□N	Exhaust dampers	ПY	□N			
	Pumps	\Box Y	□N	Diverter valves	ПY	□N			
	Solvent tanks and containers	ΠY	_ U N .	Cartridge filter housing	gs 🗆Y	□N			
	Water separators								
	Doug Toth								
Name of Responsible Official Should Schoelder 12/7-196									
_	<u> </u>		· -	12/2/91	pection				
	Inspector's Name (Please Print) Date of Inspection								

Approximate Date of Next Inspection

Inspector's Signature

ADDITIONAL SITE INFORMATION:			
,		•	
·			
		•	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION: ANNUAL COMP	LAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:35 TIME OUT: 11:00	AIRS ID#: 6270125
TYPE OF FACILITY: Dycleaning.	
FACILITY NAME: Corner Cleaners	DATE: 12/1697
FACILITY LOCATION: 1377 Reville Re	d
Daytona Beach Fl	
RESPONSIBLE OFFICIAL: Doug TOHO	PHONE NUMBER: 788 1019
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	·
·	•
	·
·	
	· 1
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 12/98	
	proximate)
INSPECTION CONDUCTED BY: (Ple	ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER <u>407-893-333</u>
Page	of Revised 10/96

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSP	PECTION	<u> </u>	COMPLAINT/DISCOV	EKY	
AIRS 1D#: 1270125 DATE: 13	116/97	TIME IN:	0.30 TIME	OUT: _/	1,00
FACILITY NAME:	Cleane	215			
FACILITY LOCATION: 137	7 Be1	ville E	2d-		
	_	di	FL. 32119		
RESPONSIBLE OFFICIAL:	Toth	1	PHONE: 788-	1019	
CONTACT NAME:	-	1	PHONE:		
	_				
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 days price	or to startup				
2. Facility failed to notify DARM to use gen	neral permit				
PART II: CLASSIFICATION					
Facility indicated on notification form that (check appropriate box)	at it is:		☐ No notification form ☐ Drop store/out of bus	iness/petr	oleum
Facility indicated on notification form tha	2. Ned dry-to-transfer both ty	w small arc -dry only, x er only, x < ypes, x < 14	□ Drop store/out of bus a source < 1'40 gai/yr 200 gal/yr	iness/petr	oleum
Facility indicated on notification form that (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. Ne dry-to-transfe both ty (construction) 4. Ne dry-to-transfe both ty	w small are dry only, x er only, x < ypes, x < 14 ructed on or w large are dry only, 1 er only, 200 ypes, 140 \(\)	Drop store/out of bus a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91)	(oleum
Facility indicated on notification form that (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	2. Ne dry-to-transfe both ty (construction) 4. Ne dry-to-transfe both ty	w small are dry only, x er only, x < ypes, x < 14 ructed on or w large are dry only, 1 er only, 200 ypes, 140 < ructed on or	Drop store/out of bus a source < 1'40 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$	(oleum
Facility indicated on notification form that (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 facility qualified it	2. New dry-to-transfer both ty (construction) 4. New dry-to-transfer both ty (construction) classification: for a general pe	w small arc dry only, x er only, x < ypes, x < 14 ructed on or w large are dry only, 1- er only, 200 ypes, 140 ≤ ructed on or	Drop store/out of bus a source < 140 gal/yr 200 gal/yr 0 gal/yr after 12/9/91) a source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ after 12/9/91)	(oleum

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/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? 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? AVA UN TYZ 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y 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?

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	N DX
2. Maintained rolling monthly averages of perc consumption?	Ох ои
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	YY 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?	Y ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON KN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON XXVA
6. Maintained startup/shutdown/malfunction plan?	DAL DN
7. Maintained deviation reports?	OY ON KAVA
Problem corrected?	אוא) אל אם צם
8. Maintained compliance plan, if applicable?	DY ON XN/A

PA	ART VI: LEAK DETECTION AND R	EPAL	RS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?				,	XΫ́	□и
2.	Has the facility maintained a leak log?					×	□N
3.	Does the responsible official check the	followi	ng ar	eas for leaks?		•	
	Hose connections, fittings, couplings, and valves	ΔY	□и	□N/A	Muck cookers	ΉΥ	□N □N/A
	Door gaskets and seating	ΔY	ΠИ	□N/A	Stills	ψY	□N □N/A
	Filter gaskets and seating	PY	ΠИ	□N/A	Exhaust dampers	фу	□N □N/A
	Pumps	þΥ	ΠИ	□N/A	Diverter valves	ÞΥ	□N □N/A
	Solvent tanks and containers	фĀ	ΠN	□N/A	Cartridge filter housings	ÞΥ	□N □N/A
	Water separators	ΠY	ΠN	□N/A		•	
4.	Which method of detection is used by the	he resp	onsib	ole official?			
Visual examination (condensed solvent on exterior surfaces)							
Physical detection (airflow felt through gaskets)							
	Odor (noticeable perc odor)				,		
	Use of direct-reading instrumenta	tion (F	ID/P	ID/calorimetric	tubes)		
	Halogen leak detector						
	If using direct-reading instr	ument	ation	, is the equipm	ent:		'A
	a. Capable of detecting p	perc va	por c	concentrations is	n a range of 0-500 ppm?	ΩY	\square N
	b. Calibrated against a s (PID/FID only)?	tandar	d gas	prior to and aft	ter each use	ΟY	□N
	c. Inspected for leaks an	d obvi	ous s	igns of wear on	a weekly basis?	·□Y	\square N
	d. Kept in a clean and so	ecure a	rea v	when not in use?	?	ΩY	\square N
	e. Verified for accuracy	by use	of du	iplicate samples	s (calorimetric only)?	ΩY	□N
	·				·		

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

pan - ges eporg-yes

Forenta mirádean Series (345) (3grs da)

MCF 7 hazardous waste.

In Complance

ATRS 1D#: 1270125

Revised 09/15/97

(1)

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CORNER CLEAVERS DATE: 1	2/16/97
FACILITY LOCATION: 1377 BEVILLERD	
DAYTONA BOH FL 32-119	
	_
Annual Reporting Period: TAIV 1997 TO TAIV	19 <u>98</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP I 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	ule NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period s	ated 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 reporting period s	tated above:
Exact period of non-compliance: from	D
Action(s) taken to achieve compliance: JAN 6 1998	
Method used to demonstrate compliance: Bureau of Air Monitor & Mobile Sources	ing
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solution purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Name (Please Print)	ent, based

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

Page	of .
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all

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

DOUGLAS TOTH
DOUGLAS TOTH
1377 BELLE ROAD
DAYTONA BEACH FL 32119

AIRS ID#1270125

Bureau of Air Monitoring

Do NOT Remove Label

Annual Reporting Period:	Occ	19 <u>C</u>	7 то	Dec 98	19
Based on each term or condition of the 62-213.300, Florida Administrative Co	_	-	-	المسلم	h DEP Rule
If NO, complete the following:				-	
#1. Term or condition of the general pe	ermit that has not b	een in continuc	us complia	nce during the reporting	period stated above:
Exact period of non-compliance: from				to	
Action(s) taken to achieve compliance:		•			
Method used to demonstrate compliance	e:				· .
#2. Term or condition of the general pe	ermit that has not b	een in continuo	us complia	nce during the reporting	period stated above:
Exact period of non-compliance: from				to_	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance	e:				
As the responsible official, I hereby certify notification are true, accurate and comple does not exceed 2,100 gallons per year for	te. Further, my ann	ual consumption	of perchlor	oethylene solvent, based uj	oon purchase receipts,
responsible official: __\	GLAS TOT Name (Please Prin	ht)	Doug	Signature	2/5/58 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.

PERCHLOROETHYLENE DRY CLEANERS

(A 50

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	. X	COMPLAINT/DISCOVERY	′ u
AIRS ID#: <u>1270125</u> D.				
FACILITY NAME:	Corner Cl	eanor	·	
FACILITY LOCATION:	1377	Beville 1	load.	
	Daytona	PL.	32119	
RESPONSIBLE OFFICIAL : _				1019
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)		<u> </u>	-	
1. New facility notified DARM 30	0 days prior to startup)	•	
2. Facility failed to notify DARM	to use general permit	t		۵
D. D. W. Of LOG TVO.				
PART II: CLASSIFICATION				
				. 1
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form ☐ Drop store/out of busines	s/petroleum
(check appropriate box) A.			☐ Drop store/out of busines	s/petroleum
(check appropriate box) A. 1. Existing small area source	. 🗅 2.	- New small a	☐ Drop store/out of busines	s/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	e 🗅 2. dr	ry-to-dry only, ansfer only, x	☐ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr	s/petroleum
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	di bo	ry-to-dry only, ansfer only, x oth types, $x < x$	☐ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr	s/petroleum 4 yrsdd
(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. dr tr bo (c	ry-to-dry only, ransfer only, x oth types, x < constructed on . New large a	□ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	
(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 ≤ 2,10	2. dr bo (c	ry-to-dry only, ransfer only, x oth types, x < constructed on . New large a ry-to-dry only,	□ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800	2. dr dr bo (co	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20	Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	
(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 ≤ 2,10	2. dr tr: bc (c 2. 00 gal/yr dr gal/yr tr	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	□ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types. 140 ≤ x ≤ 1,800 gal	2. dr tr bc (c 2. 00 gal/yr gal/yr tr l/yr (c	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140	Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
(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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class If no, please check the approximate the source dry-to-dry only the source dry-to-dr	di tri bo (c 00 gal/yr gal/yr tr l/yr bo (c) sification	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on	□ Drop store/out of busines rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91) □ Can not determine	
(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 ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 both types. 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91) 5. This is a correct facility clas If no, please check the ap	di di tri bo (c 20 gal/yr di gal/yr tr l/yr bo sification copropriate classification	ry-to-dry only, ransfer only, x oth types, x < constructed on New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on Y	Drop store/out of busines rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DYNA AINE NO YO 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 MY UN UNIA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ANA retriconola 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? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the AND ND YE 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 (ada freon 1, removed coils) condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

(P	Heather and with afficial of an existing large or any large area consider.			
ъ.	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?	QΥ	ПИ	
12.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	QΥ	ПИ	□N/A
I.	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ПN	□N/A
ļ ļ	Is the perc concentration equal to or less than 100 ppm?	ПY	ПИ	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	DИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?		~ <u>_</u>	Jusina	calendar	XX DN	
2. Has the faci	lity maintained a leak log?				AL DN	
3. Does the res	sponsible official check the f	ollowing areas	for leaks?			
lk .	connections, fittings, lings, and valves	מם אם צף	N/A	Muck cookers	TY ON ON/A	
Door	gaskets and seating	ום אם צף	N/A	Stills	DY ON ON/A	
Filter	gaskets and seating	ום אם צם	N/A	Exhaust dampers	אאם אם צם	
Pump	s ·	ם אם צם	N/A	Diverter valves	אוום אם או	
Solver	nt tanks and containers	ם אם אם	N/A	Cartridge filter housings	DY ON ON/A	
Water	separators	מם אם ציף	N/A			
4. Which meth	nod of detection is used by th	e responsible o	official?			
Visual	l examination (condensed so	vent on exteri	or surfaces)		<u> </u>	
Physic	cal detection (airflow felt thro	ough gaskets)			<i>P</i> .	
Odor ((noticeable perc odor)					
Use of	f direct-reading instrumentati	on (FID/PID/o	alorimetric t	tubes)		
Halog	en leak detector				_ ·	
If	using direct-reading instru	mentation, is	the equipme	ent:	□N/A	
	a. Capable of detecting p	erc vapor conc	entrations in	a range of 0-500 ppm?	OY ON	
	b. Calibrated against a sta (PID/FID only)?	andard gas prio	or to and afte	er each use	מם עם	
	c. Inspected for leaks and	l obvious signs	of wear on	a weekly basis?	אם עם	
	d. Kept in a clean and sec	ture area when	not in use?		מט עם	
	e. Verified for accuracy b	y use of dupli	cate samples	(calorimetric only)?	OY ON	
	\cap					
	MDIA GURES	+1	-	1/10/98		
Inspector's Name (Please Print) Date of Inspection						
			<u> </u>	1/00		
	Anspector's Signature			Approximate Date of	Next Inspection	

Using calendar. -OK records (500hor-16/50 gal.)

4 years old.

mcF + Safety kleen takes away haz. waste.

Forenta

pan for machini? YES

epoxy? yes.

neds cover for condensate water.

has pan for hos wast

fait small

IN compliance

Kearser 03/17/3

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Corner Clourers	DATE: 1-8-99
FACILITY LOCATION: 1377 Beville RD	·
Daytone Bouch FZ 32119	
Annual Reporting Period: <u>000</u> 1997 TO	Dec_ 1995
Based on each term or condition of the Title V general air permit, my facility has 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous com	pliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous com	apliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief for made in this notification are true, accurate and complete. Further, my annual upon purchase receipts, does not exceed 2,100 gailons per year for dry-to dry formbination facilities.	consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: DOUGLAS TOTA Name (Please Print)	Signature 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 PERMIT INSPECTION SUMMARY REPORT.

TYPE OF INSPECTION:	ANNUAL 💢	COMPLA	INT/DISCOVERY	RE-INSPE	CTION	
TIME IN: 11:00	TIME OUT:	11:50	AIRS ID#: 12.7	70125°		
TYPE OF FACILITY:	Dry Gearing					
FACILITY NAME: (Corner decener	5	·	DATE:_∭0	199	
FACILITY LOCATION:	1377 Beville	Road.				
	Dujtona FC	32119				
RESPONSIBLE OFFICIAL:	Dong Forh		PHONE NUMBER:_	904-	788-1019	
رکا	of the compliance requirement PRule 62-213.300, Florida Ad		uring this inspection, the facili	ty is found to l	pe in	
Based on the results of discrepancies were no	•	s evaluated d	uring this inspection, the follo	wing complian	ce	
COMPLIANCE REC	QUIREMENT/PROBLE	EM	FOLLOW-UP ACTIO	N REQUI	RED	
		_		· 	.	
	•		_			
· .					.	
COVACENTE			· -			
IN complance, using calendar						
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO						
DATE OF NEXT INSPECTION:						
INSPECTION CONDUCTE	INSPECTION CONDUCTED BY: (Approximate) (Please Print)					
NSPECTOR'S SIGNATURE: 407-893-3333						

Page___of___.

Revised 10/96

PERCHLOROET

🤫 TITLE COMPLIANC

THYLENE DRY CLEANERS	ARMS UPDATED
V GENERAL PERMIT CE INSPECTION CHECKLIST	DATE_/-6-00
\ \	RV PP

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 1270125 DATE: 1-4-00 TIME IN: 1:00 TIME OUT: 1:30
FACILITY NAME: COINER Cleaner
FACILITY LOCATION: 1377 Beville Road
Daytony Beach, FL 32119
RESPONSIBLE OFFICIAL: DESAI PHONE: 904-288-1019
CONTACT NAME:PHONE:

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)	☐ 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) By UN DCan not determine	
facility exceeds above lin	Vac 21. 2 Can Not determine and	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DAVA 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? dy on **Òx**i/a 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AYO NO YA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ANA 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? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y 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?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY	NO	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° E?	$\Box Y$	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟΥ	NO	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY ON
2. Maintained rolling monthly averages of perc consumption?	MA DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or; h. documentation of parts ordered to repair leak and leak repaired w/in 2 days.	AND YOU YO
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY DN ANA
4. Maintained calibration data? (for applicable direct reading instruments)	AMM NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	AWA NO YO
6. Maintained startup/shutdown/malfunction plan?	MAY ON
7. Maintained deviation reports?	AVAN NO YO
Problem corrected?	AVORÉ, NO YO
8. Maintained compliance plan, if applicable?	A/KZD NO YO

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	YY	C	מנ	
2.	Has the facility maintained a leak log?	YY	C	מכ	
3.	Does the responsible official check the following areas for leaks?	,			
	Hose connections, fittings, couplings, and valves TY ON ON/A Muck cookers	фY	DΝ	□N/A	
	Door gaskets and seating DOVA Stills	ф	ПΝ	□N/A	
	Filter gaskets and seating DY DN DN/A Exhaust dampers	фΥ	ПN	□N/A	
-	Pumps	ΦY	ΠN	□N/A	
	Solvent tanks and containers	фұ	ПN	□N/A	
	Water separators TY ON ON/A	ţ			
4.	Which method of detection is used by the responsible official?			ļ	
	Visual examination (condensed solvent on exterior surfaces)	DK2			
	Physical detection (airflow felt through gaskets)				
	Odor (noticeable perc odor)	A			
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector			-	
	If using direct-reading instrumentation, is the equipment:	/ V/	A.	1	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ПΥ	ПИ		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΩY	ПN		
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ПY	ПИ.	ľ	
	d. Kept in a clean and secure area when not in use?	ΩY	ПN		
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΩY	ΠN		
حتيب					

Randall Coningham

Inspector's Name (Please Print)

Date of Inspection

I - 2001

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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Revised 09/15/97

ALKS ID#: _

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: LOINER Clea	int/s	DATE:	1-4-00
facility location: <u>1377 Bev</u>			
Paytona	Beach, FL 32119		
Annual Reporting Period: January	19 <u>60</u> то	January	¥200c
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		<u>~</u> /	P Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit t	hat has not been in continuous compl	iance during the reporting period	d stated above:
Exact period of non-compliance: from _		to	
Action(s) taken to achieve compliance:	·		
Method used to demonstrate compliance:			•
#2. Term or condition of the general permit t	hat has not been in continuous compl	iance during the reporting perio	d stated above:
Exact period of non-compliance: from			
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon purchase receipts, does not exceed 2,10 combination facilities. RESPONSIBLE OFFICIAL:	nd complete. Further, my annual con	sumption of perchloroethylene s	solvent, based

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

Page _____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION	
TIME IN: 1:30	AIRS ID#: 1270125	
TYPE OF FACILITY: Dry Cleaning		
FACILITY NAME: COINER Cleuners	DATE: 1-4-00	
FACILITY LOCATION: 1377 Beville Rd.		
Daytona Beach, FL 3	2119	
RESPONSIBLE OFFICIAL: Dong Toth	PHONE NUMBER: 404-288-1619	
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	The state of the s	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED	
<u> </u>		
COMMENTS:		
In Compliance		
The Annual Compliance Certification form has been properly certification form has been properly certification.	ied and submitted to the inspector. YES NO	
INSPECTION CONDUCTED BY: Randall Conningham		
INSPECTOR'S SIGNATURE: Polall of	ease Print) 407-898-3333	
Page	of Revised 10/96	

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	, P 174 O	52 D&B () () ()
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		AIRS ID # 1270125
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	DOUGLAS TOTH	2111 TOTAL BI ORE
	1377 BELLE ROAD	
	DAYTONA BEACH F	I. 32119
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	Special Delivery Fee	
2	Restricted Delivery Fee	
PS Form 3800 , April 1995	Return Receipt Showing to Whorn & Date Delivered	
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800	TOTAL Postage & Fees	\$
6	Postmark or Date	
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N ADDRESS completed c	AIRS ID # 1270125 CORNER CLEANERS DAYTONA STORE DOUGLAS TOTH 1377 BELLE ROAD DAYTONA BEACH FL 32119	4b. Service Registere Express Return Ref 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addresse and fee is	e's Address (Only if requested paid) Domestic Return Receipt

Z 333 613 454

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 1270125

CORNER CLEANERS DAYTONA STORE

DOUGLAS TOTH

1377 BELLE ROAD

DAYTONA BEACH FL 32119

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom, Date, & Addresse's Address

TOTAL Postage & Fees

Postmark or Date

on the reverse side?	Print your same 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		t also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	see's Address
N ADDRESS completed	AIRS ID # 1270125 CORNER CLEANERS DAYTONA STORE DOUGLAS TOTH 1377 BELLE ROAD DAYTONA BEACH FL 32119	4a. Article N 2 33 4b. Service Registere Express Return Rec 7. Date of De	36/3459 Type ad Mail Delipt for Merchandisc	Contilied COD Cornel Beturn Re
ls your <u>RETUR</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X P Journal PS Form 3811, December 1994	8. Addressee and fee is	's Address (Only paid) Domestic Ret	Thai

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US Postal Service Receipt for Certified Mail

AIRS ID 1270125

DOUGLAS TOTH DOUGLAS TOTH 1377 BELLE ROAD DAYTONA BEACH FL 32119

	Postage	\$
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	Special Delivery Fee	
	Restricted Delivery Fee	-
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800,	TOTAL Postage & Fees	\$
Form 3800 , April 1995	Postmark or Date	

on the reverse side?	 Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write *Return Receipt Requested* on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
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ls your <u>BETURN</u>	Signature: ((Addressée or Agent)	and fee is	

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RST0.	of make the state of	r Instructions	

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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 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: 10 AIRS 1D # 1270125001AG DOUGLAS TOTH CORNER CLEANERS DAYTONA STORE 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
1377 BEVILLE ROAD DAYTONA BEACH FL 32119	3. Service Type Certified Mail
2. Article Number (Copy from service label) 4129 96	17
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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

TOTAL AMOUNT DUE: \$50.00

412351 DEC28 2001

Do NOT Remove Label

AIRS ID # 1270125 CORNER CLEANERS DAYTONA STORE KAI DESAI 1377 BEVILLE RD DAYTONA BEACH FL 32119

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



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

TOTAL AMOUNT DUE: \$50.00

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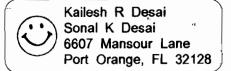
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Obj.: 002273

FOR GOVERNMENTALSE ONLY Org.: 37550101000 EO

Fund: 20-2-035001







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



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 # 1270125 CORNER CLEANERS DAYTONA STORE DOUGLAS TOTH 1377 BELLE ROAD DAYTONA BEACH FL 32119

MAIL ROOM

RECEIVED

FOR GOVERNMENT USE OF 120-2-035001 FOR GOVERNMENT USE ONLY

Corner Cleaners 1377 Beville Rd. Daytona Beach, FL 32119







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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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FOR GOVERNMENT USE ONLY

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Fund: 20-2-03500 Obj.: 002273

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

MAIL ROUN

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 1270125 CORNER CLEANERS DAYTONA STORE DOUGLAS TOTH 1377 BELLE ROAD DAYTONA BEACH FL 32119 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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#1270125

DOUGLAS TOTH
DOUGLAS TOTH
1377 BELLE ROAD
DAYTONA BEACH FL 32119

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273