

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 14, 1996

Mr. Narendra A. Kapadia A Touch of Class Cleaners 160 S. Nova Road Ormond Beach, Florida 32174

Re: Facility I.D. No. 1270126

Dear Mr. Kapadia:

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"

.4. . 0

1270126

9-30 Spoke to Narendra Kapadia - he is President.

P.13 6. add title - President 9. add title

P.14 1. (c) should be marked P.15 4. should not be marked

(c) is not required to be marked

(f) Should

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SENKAY ENTERPRISES INC
2. Site Name (For example, plant name or number):
A TOUCH OF CLASS CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 039386768
4. Facility Location: A TOUCH OF CLASS CLEANERS
Street Address: 160 S. NOVA ROAD City: Zip Code: 32174 ORMONDBEACH VOLUSIA
City: County: Zip Code: 32174 ORMONDBEACH VOLUSIA
5. Facility Identification Number (DEP Use):
1240126
Responsible Official
6. Name and Title of Responsible Official:
MARENDRA A. KAPADIA
7. Responsible Official Mailing Address:
Organization/Firm: 160 S. NWA ROAD
Street Address:
City: ORMOND BEACH County: VOLUSIA Zip Code: 32174
8. Responsible Official Telephone Number:
Telephone: (904) 673 -4611 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
MARENDRA A. KAPADIA
10. Facility Contact Address:
Street Address: 160 S. NWA ROAD
City: County: 1/0/1/1/2 Zip Code: 32174
City: ORMONDBEACH County: VOLUSIA Zip Code: 32174
11. Facility Contact Telephone Number:
Telephone: $(904) \in 73 - 461/$ Fax: ()
·
RECEIVED

RECEIVED SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

		Date Machine Initially	Date Control Device		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		SEPT 10	1978						
(1) w/ ref. condenser		A461	54. 1991						
(2) w/ carbon adsorber			, ,						
(3) w/ no controls									
Washer Unit			•		•	•			1 14
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		La esta la						- F 24	installer in the
(7) w/ ref. condenser		1							T .
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit					1	:		1 41	
(10) w/ ref. condenser									Ì
(11) w/carbon adsorber								-	
(12) w/ no controls									
(b) Control devices are (c) No control devices a 2.(a) What was the total q [// S] (b) If less than 12 montl Check why it is less	uanti gallo	equired to be ity of perchlo ins ow many? [_	installed [_ proethylene (perc)	purchased in				· []
3. What is the facility's sou (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi urce [メー]	cation only.) Ne	w sn	nitions found nall area sour	ce [3) of	Part II?	

DEP Form No. 62-213.900(2).

Effective: 6-25-96

 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 [X]
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	<u>×</u>
·	
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	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
(<u>X</u>)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air 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 pron	Aug. 29 th 1996 Date

		1
	# 1270126	BEST AVAILABLE COPY
	9-30 Spoke to Narendra Kapadia - he is	
l	S'ENKA	
2.	A To 6. add fittle-tresident	<u> </u>
3.	Hazardous 9. add title	
4.	Facility Lo P. 14 Street Add 1. (c) should be marked City: ORT P. 15	32174
5.	Facility Id 4. Should not be marke	d 126
D.Newson.	(c) is not required to be marked	The state of the s
6.	Name and (f) Should carections made NAR (f) Should carections made	<u>`</u>
7.	Responsible Official Mailing Address: Organization/Firm: 160 S. NWA ROAD Street Address: City: ORMOND BEACH County: VoluSia	Zip Code: 32 <i>174</i>
8.	Responsible Official Telephone Number: Telephone: (904) 673 -4-611 Fax: ()	-
	Facility Contact (If different from Responsible Official	al)

9. Name and Title of Facility Contact (For example, plant ma	<u> </u>
MARENDRA A. KAPADI	A
10. Facility Contact Address:	
Street Address: 160 S. NWA ROA City: ORMONDBEACH County: VOL	USIA Zip Code: 32174

RECEIVED

SEP 3 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
SENKAY ENTERPRISES INC
2. Site Name (For example, plant name or number):
A TOUCH OF CLASS CLEANERS
3. Hazardous Waste Generator Identification Number:
FLD 039386768
4. Facility Location: A TOUCH OF CLASS CLEANERS
Street Address: 160 S NOVA ROAD
City: County: VOLUSIA Zip Code: 32174
5. Facility Identification Number (DEP Use):
1270126
Responsible Official
6. Name and Title of Responsible Official: PRESIDENT
MARENDRA A. KAPADIA
7. Responsible Official Mailing Address:
Organization/Firm: 160 S. NWA ROAD
Street Address: City: ORMOND BEACH County: VOLUSIA Zip Code: 32174
City: Uptinon Dio Later County: VD Later 174 Zip Code: 52174
8. Responsible Official Telephone Number:
Telephone: (904) 673 -4611 Fax: () -
· ·
Facility Contact (If different from Decreasible Official)
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
MARENDRA A. KAPADIA
10. Facility Contact Address:
Street Address: 160 S. NWA ROAD
City: ORMONDBEACH County: VOLUSIA Zip Code: 32174
OKMONDOEHCH VULUSTA
11. Facility Contact Telephone Number:
Telephone: $(9c4) \in 73 - 46//$ Fax: () -
RECEIVED

SEP 3 1996

Bureau of Air Monitoring & Mobile Sources

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

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
_	ľ	Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		SEPT 10	1978						
(1) w/ ref. condenser		A461	54. 1991						
(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			T		1	_			
(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 (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 requanting gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (] months	perc)	purchased ii	n the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.)	ew sn	initions found nall area sour	rce [3) of	Part II?	
Existing large are	ea sou	ırce []	Ne	ew la	rge area sour	ce [J		

DEP Form No. 62-213.900(2).

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (Indicate with an "X".)	n (5) of Part II of this notification form?
Existing large area source Carbon adsorber Carbon adsorber Carbon adsorber	denser when when the second se
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be et to Rule 62-213.300, F.A.C. Verify that all steam and hot water general exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat it boiler HP or less), and (2) are fired exclusively by natural gas except for the standard process.	ting units on-site meet the following nput of 10 million BTU/hr or less (298 for periods of natural gas curtailment
All steam and hot water generating units exempt [X]	sulfur is fired.
No such units on-site	
Equipment Monitoring and Recordkeepin	g 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	[X]
(b) Leak detection inspection and repair	[<u>X</u>]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration monitoring	L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

]	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X J	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
the una	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
iis notifi atement aintain	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.

9

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOV	VERY 🔲
AIRS ID#: 1270126 I	1 1.	•	N: <u>3:45</u> TIME	OUT: 4:15
FACILITY LOCATION:	00 S. Nova	. Rd		
	Kmord Bck	32	174	
PART I: NOTIFICATION				
(check appropriate box)				
1. Existing facility notified DAF	RM by 9/1/96			A (
2. New facility notified DARM	30 days prior to startu	p		
3. Facility failed to notify DARM	M to use general perm	it		٥
	-			
PART II: CLASSIFICATION				
Facility indicated on notification (check appropriate box)	on form that it is:			
11	ce 2 d	2. New small a lry-to-dry only, ransfer only, xooth types, x<1-constructed on	x<140 gal/yr <200 gal/yr	ב
(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	te 2 te 2 te 4 0 gal/yr dr gal/yr tr yr b	iry-to-dry only, ransfer only, xooth types, x<1-constructed on i. New large a lry-to-dry only, ransfer only, 20 ooth types, 140-	x<140 gal/yr <200 gal/yr 40 gal/yr 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, 10="" 140<x<1,800="" 140<x<1,800<="" 140<x<2,="" 1800="" 200<x<1,800="" gal="" only,="" td="" transfer="" yr=""><td>te 2 de to the term of the te</td><td>iry-to-dry only, ransfer only, xooth types, x<1-constructed on i. New large a lry-to-dry only, ransfer only, 20 ooth types, 140-</td><td>x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>1.</td></x<1,800></x<1,800></x<2,></td></x<2,>	te 2 de to the term of the te	iry-to-dry only, ransfer only, xooth types, x<1-constructed on i. New large a lry-to-dry only, ransfer only, 20 ooth types, 140-	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>1.</td></x<1,800></x<1,800></x<2,>	1.
(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, (constructed="" 100="" 12="" 200<x<1,800="" 9="" 91)<="" before="" gal="" only,="" td="" transfer="" yr=""><td>ce 2 the control of the control of</td><td>iry-to-dry only, ransfer only, x ooth types, x<1-constructed on it. New large a dry-to-dry only, ransfer only, 20 ooth types, 140-constructed on</td><td>x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>1.</td></x<1,800></x<1,800></x<2,></td></x<2,>	ce 2 the control of	iry-to-dry only, ransfer only, x ooth types, x<1-constructed on it. New large a dry-to-dry only, ransfer only, 20 ooth types, 140-constructed on	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" td="" yr<=""><td>1.</td></x<1,800></x<1,800></x<2,>	1.
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classified="" correct="" facility="" g="" gal="" if="" is="" no,="" only,="" please="" qualified<="" td="" the="" this="" transfer="" types,=""><td>ce 2 the control of the control of</td><td>iry-to-dry only, ransfer only, x ooth types, x<1-constructed on iry-to-dry only, ransfer only, 20 ooth types, 140-constructed on iry-to-dry only, ransfer only 20 ooth types, 140-constructed on iry-to-dry IN</td><td>x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140<x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td>1.</td></x<2,></td></x<2,>	ce 2 the control of	iry-to-dry only, ransfer only, x ooth types, x<1-constructed on iry-to-dry only, ransfer only, 20 ooth types, 140-constructed on iry-to-dry only, ransfer only 20 ooth types, 140-constructed on iry-to-dry IN	x<140 gal/yr <200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 <x<2, 00<x<1,800="" 100="" 12="" 9="" 91)<="" <x<1,800="" after="" gal="" or="" td="" yr=""><td>1.</td></x<2,>	1.

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) DY DN 1. Equipped all machines with the appropriate yent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

D. Woodh	
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?	OY ON
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?	OY ON
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?	ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	'OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	□Y □N □N/A
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	
Has the responsible official:	OY ON
Has the responsible official: (check appropriate boxes)	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
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:	□Y □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	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?	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)	OY ON OY ON OY 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?	OY ON OY 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?	OY ON OY ON OY ON ON/A 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?	OY ON OY ON OY ON OY ON ON/A 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?	OY ON OY ON OY ON OY ON ON/A 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?	OY ON OY ON OY ON OY ON ON/A OY ON OY ON OY ON OY ON OY ON

2.	2. 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)	E				
	Use of direct-reading instrument	ation (FII	D/PID/ca	lorimetric tubes)		
	If using direct-reading instrum	entation,	is the co	quipment:		
	a. Capable of detecting	perc vapo	or concer	ntrations in a range of 0-500 ppm?	\Box Y	□N
	b. Calibrated against a (PID/FID only)?	standard	gas prior	to and after each use	ΟY	□N
	c. Inspected for leaks a	nd obviou	s signs o	f wear on a weekly basis?	\Box Y	□N
	d. Kept in a clean and	secure are	a when i	not in use?	$\square Y$	□и
	e. Verified for accuracy	y by use of	duplica	te samples (calorimetric only)?	\square Y	□N
3.	Has the facility maintained a leak log?	?		· a A 0	\Box Y	□N
4.	Does the responsible official check the	following	g areas fo	or leaks? yes to All		
	Hose connections, fittings, couplings, and valves	ΠY	□N	≬. Muck cookers	ΩY	□и
	Door gaskets and seating	ΠY	□N	Stills	ΩY	□и
	Filter gaskets and seating	ПY	□N	Exhaust dampers	ΠY	□и
	Pumps	\Box Y	□N	Diverter valves	ПY	□N
	Solvent tanks and containers	ПY	ПN	Cartridge filter housings	ПY	ПИ
	Water separators	ΠY	□N			
	Norendra Kapac	dia				
	Name of Responsible Office	ial		~ -1		
	Theila Schweide	R		142/96		_
	Inspector's Name (Please Pr	int)		Date of Insper	ction	
	~ 0.0			10/		

A Touch of Class Dry Cleaners

Rivergate Village Plaza Intersection of Nova & Granada Blvd.



Inspector's Signature

— Where Cleaning Is An Art —

(904) 673-4611 160 S. Nova Road Ormond Beach FL 32174

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
·	
·	
·	
	Ì
,	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

ACC

TYPE OF INSPECTION:	annual 🔀	COMP	LAINT/DISCOV	ERY	RE-INSPE	CTION
TIME IN: 10:30	TIME OUT:	:30	A	JRS ID#:	127012	26
TYPE OF FACILITY: DR	Y CLEANING	<u>^</u>				
FACILITY NAME: TOUCH			IERS		DATE: <i>[2</i>	119/97
	5. NOVA RI		7 7 7	<u></u>		
RESPONSIBLE OFFICIAL: N	LOND BEACH	PADIA			904-6	23-461
RESPONSIBLE OFFICIAL.	JEFUIN PAI					<u> </u>
Based on the results of the compliance with DEP Rule					acility is found to	be in
Based on the results of the discrepancies were noted:	compliance requirement	ts evaluate	ed during this ins	spection, the f	ollowing complia	nce
COMPLIANCE REQUI			-		ION REQUI	
does not have pe	erc receipt	13	Will !	reep p	arc rec	eipts
onsete			On a	sete.	arc rec	
did not have	any log		win }	on los	gs -gr	ven
(perc +	leak)		POET	Cale	ndari	
			3			
						,
COMMENTS:		<u>'</u>				
The Annual Compliance Certificat	=10	rly certific	ed and submitted	to the inspec	tor. YES	NO
DATE OF NEXT INSPECTIONS		(App	roximate)	***		
INSPECTION CONDUCTED BY	Y: SAADIA		URTSH	1		
Dishi smonis areas areas	and in	(Plea	ase Print)	NE NUMBE	n. 457-90	94-7555
INSPECTOR'S SIGNATURE:) con con) W W &	I PHO	INE NUMBE	R: 10/-0	11
	ď	age o	£			Deviced 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		MPLAINT/DISCOVERY	
AIRS ID#: 1270124 FACILITY NAME: 10 FACILITY LOCATION: 1 RESPONSIBLE OFFICIAL: CONTACT NAME: 1	DRMOND DE Norman Ka	SS CLE DVA ROX EAZH) ipadia PH	-ANERS D. FL. 30174 ONE: 904-673	
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAF				0
PART II: CLASSIFICATIO	N			
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sou	tion form that it is:		No notification form Drop store/out of business/pet	roleum
dry-to-dry only, x < 140 gal		New small area s	Source 🗀	_
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	l/yr dry- r tran both	New small area sto-dry only, $x < s$ for only, $x < 20$ atypes, $x < 140$ g structed on or af	140 gal/yr 0 gal/yr gal/yr	
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	l/yr dry- r tran both) (con rce □ 4. I 2,100 gal/yr dry- 100 gal/yr tran gal/yr both	to-dry only, x < sfer only, x < 20 a types, x < 140 g astructed on or af New large area sto-dry only, 140	140 gal/yr 0 gal/yr gal/yr fter 12/9/91) source ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr ≤ 1,800 gal/yr	
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$	/yr dry- r tran both (con rce □ 4. I 2,100 gal/yr dry- 100 gal/yr tran gal/yr both (con	to-dry only, $x < s$ for only, $x < 20$ a types, $x < 140$ g astructed on or an element of the types, and the types, $x < 140 \le 140$ for only, $x < 140 \le 140$ for only, $x < 140 \le 140$ for an element of types, $x < 140 \le 140$ for a structed on or an element of types, $x < 140 \le 140$	140 gal/yr 0 gal/yr gal/yr fter 12/9/91) source ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr ≤ 1,800 gal/yr	
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sou dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of facility of facility of facility of the	/yr dry- r tran both (con rce □ 4. I 2,100 gal/yr dry- 100 gal/yr tran gal/yr both (con	to-dry only, x < sfer only, x < 20 a types, x < 140 g istructed on or af to-dry only, 140 sfer only, 200 < a types, 140 < x < a	140 gal/yr 0 gal/yr cgal/yr fter 12/9/91) source ≤ x ≤ 2,100 gal/yr x ≤ 1,800 gal/yr ≤ 1,800 gal/yr fter 12/9/91) Can not determine	

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

В.	Has the responsible official of an existing large or new large area source also:	<u> </u>		
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	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	QY	ПП	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΩY	ПΝ	□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?	OY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	N□ Y X				
2. Maintained rolling monthly total of perc consumption?	□Y XV				
3. Maintained leak detection inspection and repair reports for the following:	Ì				
a. documentation of leaks repaired w/in 24 hrs? or;	XÝ 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?	XY ON ON/A				
4. Maintained calibration data? (for applicable direct reading instruments)	AVÝQ NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?					
6. Maintained startup/shutdown/malfunction plan?					
7. Maintained deviation reports?	OY ON MANA				
Problem corrected?	AVAKO NO YO				
8. Maintained compliance plan, if applicable?	AVÁDE NO YO				

P.A	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct	a weekly	y (for	small sour	ces, bi-weekly) leak detection	and rep	air
	inspection?					ØÝ	ПŇ
2.	Has the facility maintained a leak log	?				ΩY	CAN
3.	Does the responsible official check th	e follow	ing aı	reas for lea	ks?		,
	Hose connections, fittings, couplings, and valves	- Jay	ПN	□N/A	Muck cookers	ďγ	□N □N/A
	Door gaskets and seating	фY	ПN	□N/A	Stills	CΥ	□N □N/A
	Filter gaskets and seating	Y	ПN	□N/A	Exhaust dampers	dY	□N □N/A
	Pumps	Y	□N	□N/A	Diverter valves	ΠY	ON ON/A
	Solvent tanks and containers	Y	ПN	□N/A	Cartridge filter housing	s 🗆 Y	□N □N/A
	Water separators	Ϋ́C	□N	□N/A			
4.	Which method of detection is used by	the resp	ponsil	ole official	?	_	
	Visual examination (condensed	solvent	on ex	terior surf	aces)		
	Physical detection (airflow felt	hrough	gaske	ets)		∕⊄	
	Odor (noticeable perc odor)						
	Use of direct-reading instrumen	tation (I	FID/P	ID/calorin	netric tubes)	´ 🗖	
	Halogen leak detector						
	If using direct-reading ins	trumen	tation	, is the eq	uipment:	□N.	/A
	a. Capable of detecting	g perc va	apor c	concentrati	ons in a range of 0-500 ppm?	ΠY	□N
	b. Calibrated against a (PID/FID only)?	standa:	rd gas	prior to a	nd after each use	ΩY	□N
	c. Inspected for leaks	and obvi	ious s	igns of wea	ar on a weekly basis?	ΠY	N
	d. Kept in a clean and	secure	area v	vhen not in	ı use?	ΠY	N
	e. Verified for accurac	y by use	of de	uplicate sau	mples (calorimetric only)?	ΠY	□N

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
Safetydea. Multimatic plus.
Eptry - ges pår - yes

AIRS ID#: 1270124

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A TOUCH OF	CLASS CLEANED DATE: 12/18/5)
FACILITY LOCATION:/6 O S/	CLASS CLEANED DATE: 12/18/5) VNA Ruad O.B. FL 32174
	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: DEC	1966 TO DEC 1997
Based on each term or condition of the Title V general at 62-213.300, Florida Administrative Code (F.A.C.), duri	air permit, my facility has remained in compliance with DEP Rule ing the period covered by this statement. YES
If NO, complete the following:	
#1. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting period stated above:
did not keep	6 ~0
Exact period of non-compliance: from	Dec 1996 to Dec 1997
Action(s) taken to achieve compliance:	sing to keep log
Method used to demonstrate compliance:	DEP. Gone Contamiler
#2. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	JAN 6 1998 -
Method used to demonstrate compliance:	Bureau of Air Monitoring
	& Mobile Sources
made in this notification are true, accurate and comple	information and belief formed after reasonable inquiry, that the statements lete. Further, my annual consumption of perchloroethylene solvent, based is per year for dry-to dry facilities or 1,800 gallons per year for transfer or
RESPONSIBLE OFFICIAL: Name (Please	Prince Prince Date
	<u> </u>

*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 ____.



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM,

AIRS ID 1270126

SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174



Do NOT Remove Label

Annual Reporting Period: <u>JANUA</u>	<u>r7</u> 19	97 то	DECEN	NBER 19 97	
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.					
If NO, complete the following:					
#1. Term or condition of the general permit that	has not been in contin	nuous compliance du	ring the reporting po	eriod 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 contin	nuous compliance dur	ring the reporting po	eriod stated above:	
Exact period of non-compliance: from		to		_	
Action(s) taken to achieve compilance:		-			
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: KAPADA NORMAN (2018)					
	lease Print)	you Sign	afture .	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.

TITLE V AIR QUALITY GENERAL PERMIT

INSPECTION SUM	IMARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:35 TIME OUT: 1:20 TYPE OF FACILITY: Drycleaning	AIRS ID#:_ 1270126
FACILITY NAME: TOUCH OF CLASS Chr FACILITY LOCATION: 160 S. Nova Reach.	DATE: 6/9/98 DATE: 6/9/98 JL. 32/74
RESPONSIBLE OFFICIAL: <u>La padia Maver</u>	10/12 PHONE NUMBER: 904-673-4611
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evalua discrepancies were noted:	tive Code (F.A.C.).
. COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	•
	REC
	JUL
	& Mobile Sources
Checked perc + leak le Perc Running total = 1359 IN COMPLANCE	go, good relord leeping -
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 4/99	g proximate)
INSPECTION CONDUCTED BY: (Plo	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 407~893^23

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

· , , (

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY C
FACILITY NAME: Touch of FACILITY LOCATION: 1605 Ormand RESPONSIBLE OFFICIAL: Nawnd	Class Cleaners Class Cleaners Character Coad Beach Makapediaphone: 904-673-4611 PHONE:
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to 2. Facility failed to notify DARM to use general	ll.
PART II: CLASSIFICATION Facility indicated on notification form that it is (check appropriate box)	is: No notification form Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 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)
transfer only, $200 \le x \le 1,300$ gailyr both types, $140 \le x \le 1,800$ gailyr (constructed before $12/9/91$) 5. This is a correct facility classification	4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ 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 $12/9/91$) $\square Y \square N \square Can not determine$ assification: a general permit as number. apove
If no, please check the appropriate class facility qualified for facility exceeds above	e limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perfacility was 135 gallons.	rc) purchased within the preceding 12 months by this dry cleaning

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 instailed 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).

Α.	Has the resp	onsible offici	al of al	l new	sources	and	existing	large are:	i sources:
(ch	eck appropriate	e 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?

QY QN QN/A

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

UN VD

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

CY CN CN/A

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

UN CN

B.	Has the responsible official of an existing large or new large area source also:		Ī
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 QN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA	<u>۱</u>
	Is the temperature differential equal to or greater than 20° F?	אואם אם צם	۲
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!	7
}	Is the perc concentration equal to or less than 100 ppm?	OY ON ONA	7
4	. Assured that the sampling port on the carbon adsorber exclaust 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 ONA	4
5	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מא מט אם אועם	Ą
6	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A	A

PART V: RECORDKEEPING REQUIREMENTS	Anna				
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	XZY ON				
2. Maintained rolling monthly total of perc consumption?	Ãy □n				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or,	AM 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?	DY ON DEVA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DYA				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DU XWA				
6. Maintained startup/shutdown/malfunction plan?	At dy				
7. Maintained deviation reports?	A DN DNIA				
Problem corrected?	DY DN WINY				
8. Maintained compliance plan, if applicable?	DY DN XVIA				

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MO Y			
2.	Has the facility maintained a leak log?			MD 🔯			
3.	Does the responsible official check the fo	llowing areas for leaks	?	′			
	Hose connections, fittings, couplings, and valves	אומם מם אוא	Muck cookers	DY ON ON/A			
	Door gaskers and seating	אואם אם צב	Stills	OY ON ON/A			
	Filter gaskets and seating	אואם אם צם	Exhaust dampers	באט אם צם			
	Pumps	אואם אם צם	Diverter valves	בואם אם צם			
	Solvent tanks and containers	אואם אם צף	Cartridge filter housings	OY ON ON/A			
ı	Water separators	אומם מם צף	.)				
+ .	4. Which method of detection is used by the responsible official?						
Visual examination (condensed solvent on exterior surfaces)							
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)			a			
	Use of direct-reading instrumentati	ion (FID/PID/calorime:	tric tubes)	۵			
	Halogen leak detector			a			
	If using direct-reading instru	mentation, is the equi	pment:	□N/A			
	a. Capable of detecting po	erc vapor concentration	us in a range of 0-500 ppm?	DY DN			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□Ү □И			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			ND YD			
	d. Kept in a clean and se	UA UN					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

multimatic solo plus
machine = 1679

W/ condenser has epoxy+pan

Safetydian => hazardone wasie

Bein pection:

Checked loop / reindleepeny.

Checked loop / reindleeping
idong good job

(NCOMPLIANTEE

PERCHLOROETHYLENE DRY CLEANERS



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPE	
FACILITY NAME: Touch of Cl FACILITY LOCATION: 160 S	Nova Road
responsible official: Mr.	A Black PC. Kapadia PHONE: 904-67.3-4611 PHONE:
PART 1: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior	to startup
2. Facility failed to notify DARM to use gene	ral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that (check appropriate box)	it is: □ No notification form □ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 ≤ 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)	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 cl	assification:
☐ facility qualified fo	or a general permit as number above ove limits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in rightly sealed and impervious containers? not stored 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? AND NO YES 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XXVA rch condenses 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) UY UN 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN. condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the cooiant had been completely charged?

DY DN

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	ДИ	
2.	Measured and recorded the washer exhaust temperature at the condensor			
	inlet and outlet weekly?	ΩY	ΠИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□N/A
3.	Meas: red 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	ИΠ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□И	□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?	At on			
Maintained receipts for perc purchased? Maintained roiling monthly total of perc consumption? Checked 1359d year.	MD Y DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ZN/A			
6. Maintained startup/shutdown/malfunction plan?	NO YES			
7. Maintained deviation reports?	DY DN MIA			
Problem corrected?	םץ טא פאוא			
8. Maintained compliance plan, if applicable?	DY ON PANIA			

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
}	inspection?	72		ØY □N			
2.	Has the facility maintained a leak log?			2 / 8 □Ν			
3.	Does the responsible official check the	following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	ÓLY □N □N/A	Muck cookers	dy on ona			
	· -			di diva			
	Door gaskets and seating	DY ON ON/A	Stills	DY DN DN/A			
	Filter gaskets and seating	באתם אם צם	Exhaust dampers	DY DN DN/A			
	Pumps	אוחם אם צם	Diverter valves	אורם אם צף			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם אים			
	Water separators	אואם אם ציף					
4.	Which method of detection is used by t	the responsible official?					
	Visual examination (condensed s	olvent on exterior surfac	ces)				
	Physical detection (airflow felt th	rough gaskets)					
Odor (noticeable perc odor)							
	Use of direct-reading instrumentation (FiD/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instr	rumentation, is the equ	ipment:	□N/A			
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	מם צם			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	l after each use	אם צם			
	c. Inspected for leaks ar	nd obvious signs of wea	r on a weekly basis?	אם אם			
	d. Kept in a clean and s	ecure area when not in t	ıse?	OY ON			
	e. Verified for accuracy	by use of duplicate sam	aples (calorimetric only)?	OY ON			
	^ -			<i>;</i> ·			
	Saadia Qureshi	, b .	1/13/89				
	Inspector's Name (Please Pri	nt)	Date of Inspection				
	(Sho)		1/20	•			
_	Inspector's Signature		Approximate Date of	Next Inchection			

Jost calendar - mail tohum

Multimati

Good records.

Storeshes in back of mahini pan madurie ? yes.

epool ys.

noperc on spotting board

explained dating haz waste +

135 gal Iyear. IN compliance



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A- TOUCH	OF CLASS	CLEANELS	DATE: //13/90
FACILITY LOCATION: 160	S. NOVA	ROAD	
Ormo	w REACH	FL 321	74
Annual Reporting Period:	199	98 to 12/	31 19 <u>78</u>
Based on each term or condition of the Title 162-213.300, Florida Administrative Code (F.			_
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in contin	uous compliance during the re	cording period stated above:
Exact period of non-compliance: from	-	to	
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 contin	wous compliance during the re	porting period stated above:
Exact period of non-compliance: from		, to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:	_		
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further, m 100 gailons per year for dr	v annual consumption of perch cy-to dry facilities or 1,800 gal	dorceshylene solvent, bazzá

*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 CO	OMPLAINT/DISCO	OVERY	RE-INSPECTION	
TIME IN: 1,15	TIME OUT: 1',57)	AIRS ID#: 😥	70126	
TYPE OF FACILITY: Dry	scleaning!				
FACILITY NAME:	ouch of Class of	eaners		DATE: ///3/99	
FACILITY LOCATION: /(60 S. NOva Roa	<u>d</u> -			
	Mr. Kapadia	<u> </u>		904-672-(1611	
RESPONSIBLE OFFICIAL:	Wi- apparen	Ph	HONE NUMBER:	901-673-4611	
للعلا	e compliance requirements eva ile 62-213.300, Florida Admini	_	•	ty is found to be in	
Based on the results of th discrepancies were noted	e compliance requirements eva :	luated during this i	nspection, the follo	wing compliance	
COMPLIANCE REQU	IREMENT/PROBLEM	FOLL	OW-UP ACTIO	ON REQUIRED	
			·		
	-				
	·				
					
COMMENTS:					
good records,	needs calend	ar.			
good records, needs calendar. - explained condensate water corer. - explained dating her waste					
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO					
DATE OF NEXT INSPECTION: (Approximate)					
INSPECTION CONDUCTED B	x: Saadia	Qureshi Please Print)		-	
INSPECTOR'S SIGNATURE: PHONE NUMBER: 407-893-333					

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

r.		
	80	١.
	9	

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION	·
FACILITY NAME: Touch of Co FACILITY LOCATION: 1605.	Nove Roed Berch R Kaperdia HONE: 904-673-4611
PART I: NOTIFICATION	RECEIVED
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	11
	a woolle sources
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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
	ication: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 135 gallons.	purchased 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? CY CH DYNA 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 AND ND YX 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? OY ON DXVA

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

A. Has the responsible official of all new sources and existing large area sources:

verifying that the coolant had been completely charged?

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

If classification 3 has been execked, 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).

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

Ţ

or expansion; is at least 2 duct diameters upstream from any bend, contraction,

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual

or expansion; and downstream from no other inlet?

6. Routed airflow to the carbon adsorber (if used) at all times?

condenser coils?

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	y⊋y □n			
2. Maintained roiling monthly total of perc consumption?	AT CH			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	~ Z Y □N □N/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?	DY DN DKWA			
4. Maintained calibration data? (for applicable direct reading instruments)	CY CH CY			
5. Maintained exhaust duct monitoring data on perc concentrations?	CY CH DOWN			
6. Maintained startup/shutdown/malfunction plan?	XOY DN			
7. Maintained deviation reports?	AND ND Y			
Problem corrected?	YNA NO YO			
8. Maintained compliance plan, if applicable?	DY DN XWA			

AMD ND YD

QY QN QN/A

QY QN QN/A

PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a w	eekly (for small sources,	bi-weekly) leak detection as	nd repair	
	inspection?			XY DN	
2.	Has the facility maintained a leak log?			XŽ □N	
3.	Does the responsible official check the fo	ollowing areas for leaks?	,	/ .	
	Hose connections, fittings, couplings, and valves	בא סא סאיא	Muck cookers	OY ON ON/A	
	Door gaskers and seating	אואם אם צם	Stills	OY ON ON/A	
	Filter gaskets and seating	אואם אם צם	Exhaust dampers	אואם אם צם	
	Pumps	אואם אם צם	Diverter valves	OY ON ON/A	
	Solvent tanks and containers	DY DN DN/A	Cartridge filter housings	OY ON ON/A	
	Water separators	אואם אם צף)		
4.	Which method of detection is used by th	e responsible official?			
	Visual examination (condensed so	lvènt on exterior surfaces	s) [*]		
	Physical detection (airflow felt thro	ough gaskets)		We .	
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentat	ion (FID/PID/calorimetr	ic tubes)		
	Halogen leak detector				
	If using direct-reading instru	imentation, is the equip	ment:	□N/A	
	a. Capable of detecting p	ere vapor concentrations	in a range of 0-500 ppm?	DY DN	
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	after each use	OY ON	
	c. Inspected for leaks and	d obvious signs of wear o	on a weekly basis?	MD YD	
	d. Kept in a clean and secure area when not in use?				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

multimatic solo plus
machine = 1979

W/ condenser has epoxy+pan

Sifety dean = hazardone wasie

Pein pection:

Checked loop / reindleeping

doing good job

(NCOMPLIANCE

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 12:35 TIME OUT: 1:20	AIRS ID#:			
TYPE OF FACILITY: Dancheaning				
FACILITY NAME: Touch of class ch	Taners DATE: 6/9/98			
FACILITY LOCATION: 160 S. NOVA ROA	d			
Drmond Beach,	IL 32/74			
RESPONSIBLE OFFICIAL: Kapadia Maver	101/2 PHONE NUMBER: 404-673-4611			
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra				
Based on the results of the compliance requirements evaluated discrepancies were noted:	sted during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
COMMENTS:				
Checked perc + leak le Perc Running total = 135 [N CONEPLIANCE	gal/yea.			
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO				
DATE OF NEXT INSPECTION: Le/99				
INSPECTION CONDUCTED BY: SAADIA (VIRES)				
	ease Print)			
INSPECTOR'S SIGNATURE: PHONE NUMBER: 407-893-3333				

Revised 10/96

	P 174 05a	5 JOP W
[US Postal Service [†] Receipt for Cerl	tified Mail AIRS ID # 1270126
N/	DUCH OF CLASS CLI ARENDRA A KAPAD 50 S NOVA ROAD RMOND BEACH FL 3	EANERS NA
١	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	

on the reverse side?	SENDER: Of adolarua to dot taro autiliar 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 can return this se does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eipt Service.
ADDRESS completed	3. Article Addressed to: AIRS ID # 1270126 TOUCH OF CLASS CLEANERS NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174	4b. Service Registere Express Return Re 7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD	you for using Return Rec
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only if requested s paid) Domestic Return Receipt	Thank

Z.333 613 566

US Postal Service Receipt for Certified Mail

AIRS ID 1270126
SENKAY ENTERPRISES INC
NARENDRA A KAPADIA
160 S NOVA POAR 160 S NOVA ROAD ORMOND BEACH FL 32174

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

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	2. Restricted Delivery	eipt Service.
IN ADDRESS completed of	AIRS ID 1270126 SENKAY ENTERPRISES INC NARENDRA A KAPADIA 150 S NOVA ROAD ORMOND BEACH FL 32174	4b. Service 1 Registere Express t	Type Certified Insured Cept for Merchandise COD	you for using Return Rec
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank

US Poatal Service
Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID # 1270126

TOUCH OF CLASS CLEANERS
NARENDRA A KAPADIA
160 S NOVA ROAD
ORMOND BEACH FL 32174

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees
Postmark or Date

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 2, 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 an delivered.	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address	
completed	3. Article Addressed to: AIRS ID # 1270126	4a. Article No.	3613 44	. Rec
를	TOUCH OF CLASS CLEANERS	4b. Service Type		
ι	"NARENDRA A KAPADIA	☐ Registere	ed	Certified C
ESS	160 S NOVA ROAD	□ Express I	Mail	Insured Light
DDRE	ORMOND BEACH FL 32174	☐ Return Red	ceipt for Merchandise	
		7. Date of De	elivery GC	<u> </u>
Z	•	7	-13-75	you
2	5. Received By: (Print Name)		e's Address (Only	if requested ਨੂੰ
끮		and fee is	paid)	T.
s your	6. Signature: (Addressee or Agent)			
<u> </u>	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Ret	urn Receipt

Zo 510° PP5 945

US Postal Service Receipt for Certified Mail

10 AIRS ID # 1270126001AG NARENDRA A KAPADIA TOUCH OF CLASS CLEANERS 160 S NOVA ROAD ORMOND BEACH FL 32174

- 1		
3 Form 3800 , April 1995	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
	Postmark or Date	-

HIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 prete 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 G 9 0 (C. Signature Agent Addressee D. Isidelivery address different from item 1? Yes		
1. Article Addressed to: 10	If YES, enter delivery address below:		
160 S NOVA ROAD ORMOND BEACH FL 32174	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.		
2210662892	4. Restricted Delivery? (Extra Fee) ☐ Yes		
Article Number (Copy from service label)	• •		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789		

P1 265 302 470

US Postal Service Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID#: 1270126 SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	
	Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees

AIRS ID#: 1270126 SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174 AIRS ID#: 1270126 SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174 Begistered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery S. Addressee's Address (Only if requested and fee is paid)	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 delivered. 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
	ADDRE	SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD	265 302 470 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD		☐ Insured is
		6. Signature: (Addressee or Agent) X AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			



261857

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

RECEIVED

MAIL RECEI

FEB 28 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 1270126 SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD **ORMOND BEACH FL 32174**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы: 002273



412996 JAN142002 V

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 # 1270126
TOUCH OF CLASS CLEANERS
NARENDRA A KAPADIA
160 S NOVA ROAD
ORMOND BEACH FL
32174

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

404205

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

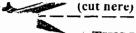
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#1270126

SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



V391470

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 # 1270126

TOUCH OF CLASS CLEANERS NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

303113

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

RECEIVED MAIL ROOM **TOTAL AMOUNT DUE: \$50.00**

FEB 20 98

Do NOT Remove Label

AIRS ID 1270126

SENKAY ENTERPRISES INC NARENDRA A KAPADIA 160 S NOVA ROAD **ORMOND BEACH FL 32174**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

0361520

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 ROOM

FEB 23 99

Do NOT Remove Label

AIRS ID # 1270126

TOUCH OF CLASS CLEANERS NARENDRA A KAPADIA 160 S NOVA ROAD ORMOND BEACH FL 32174

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273