



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 5, 1998

Mr. Abdul Azim
Carousel Cleaners
3030 East Highway 436, Suite 112
Apopka, Florida 32708

Re: Facility No.: 1170367

Dear Mr. Azim:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 27, 1998.

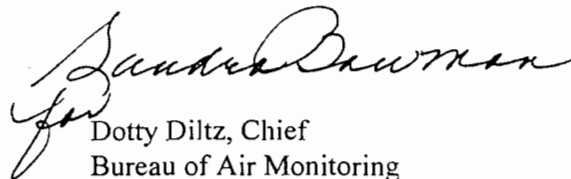
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

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. Anatoliy Sobolevskiy, Central District

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

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL

Date: 27-Apr-2000 02:25pm
From: Randall Cunningham ORL 407/894
CUNNINGHAM_R@a1.deporl.dep.state.fl.us
Dept:
Tel No:

To: Rick Butler TAL (BUTLER_R@A1)
CC: Sandy Bowman TAL (BOWMAN_S@A1)

Subject: Dry Cleaner

1170367 Carousel Cleaners doesn't exist, according to ARMS there 1998 invoice was returned undeliverable. I verified this today. The facility is active in ARMS. Can you inactivate it. I won't do an inspection report since I couldn't find anything. No inspections have done since May 1998 when the permit was submitted. Is that OK?

--Randall Cunningham
Central District

New owner

RECEIVED

APR 27 1998

Perchloroethylene Dry Cleaning Facility Notification

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Carousel Cleaners		
2. Site Name (For example, plant name or number):	Carousel Cleaners		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location:	3030 E. Hwy 436 Ste 112		
Street Address:			
City:	Apopka	County:	Seminole
		Zip Code:	32703
5. Facility Identification Number (DEP Use):	1170367		

Responsible Official

6. Name and Title of Responsible Official:	Abdul Azim, Owner		
7. Responsible Official Mailing Address:	Same		
Organization/Firm:			
Street Address:			
City:		County:	
		Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	(407) 788-7763	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	Same		
10. Facility Contact Address:			
Street Address:			
City:		County:	
		Zip Code:	
11. Facility Contact Telephone Number:			
Telephone:	() -	Fax:	() -

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	Jan 89	Jan 89						
(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

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source New small area source

Existing large area source New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

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),

Do Not Know, Primitives permit #

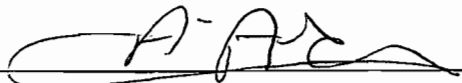
No air permits currently exist for the operation of the facility indicated in this notification form.

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.

Signature



Date

4/23/98

- NEW OWNER -

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED
MAY 4 1998
Bureau of Air Monitoring
& Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

1170367

AIRS ID#: ~~1170367~~ DATE: 4/23/98 TIME IN: 1:20 TIME OUT: 2:00
FACILITY NAME: Carousel Cleaners
FACILITY LOCATION: 3030 E Hwy 436 St. 112.
Apopka FL 32703
RESPONSIBLE OFFICIAL: Abdul Azim PHONE: 407-788-7763
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) <input checked="" type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification N Can not determine (Saw receipts)

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 70 gallons. (estimated)

PART III: GENERAL CONTROL REQUIREMENTS

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

- Put in right away
not done*
- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N N/A
 - 2. Examining the containers for leakage? Y N N/A
 - 3. Closing and securing machine doors except during loading/unloading? Y N
 - 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
 - 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 Is the temperature differential equal to or greater than 20° F? Y N 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? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N 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? Y N N/A
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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? *couldn't find* Y N
2. Maintained rolling monthly total of perc consumption? *wife knows where it is* Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, 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? *NO LEAKS* Y N N/A
4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
 Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? *with fax* Y N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Sills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>
Halogen leak detector	<input type="checkbox"/>

If using direct-reading instrumentation, is the equipment:

 - a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
 - b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
 - c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
 - d. Kept in a clean and secure area when not in use? Y N
 - e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

SAADIA QURESHI

Inspector's Name (Please Print)

[Signature]

Inspector's Signature

4/23/98

Date of Inspection

6/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Dynamic International Equip Co

Fun on spotting + machine? $\$5 -$

1989 machine, small operation
didn't know where paper work was,
will have wife fax to me -

MCF system \Rightarrow hazardous waste

condensate water \Rightarrow put into barrels

the owner said that wife does all
the record keeping + he did not know
where she kept it. I told him that he
has ~~to~~ to fax it to me ASAP or
enforcement action will be taken - since
this was a reinspection + we gave
him ample time to come into
compliance.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1:20 TIME OUT: 2:00 AIRS ID#: 1170367
 TYPE OF FACILITY: Drycleaning
 FACILITY NAME: Carousel Cleaners DATE: 4/23/98
 FACILITY LOCATION: 3030 E. Hwy 436 St. 112 Apopka, FL 32703
 RESPONSIBLE OFFICIAL: Abdul Azim PHONE NUMBER: 407-788-7163

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
OWNER WAS NOT AWARE OF WHERE HIS WIFE KEPT THE RECORDS	ASKED HIM TO FAX IT TO ME W/1 THE NEXT DAY OR TWO.

RECEIVED
 MAY 4 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS: I have asked him to provide the record keeping required by the law- if he is unable to do this, enforcement action will be taken, since he was given ample time to come into compliance

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: PENDING (Approximate)

INSPECTION CONDUCTED BY: SAADIA SUBBAT (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 407-893-5333

✓ IN ARMS
5/29/98
S.E.

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 1170367 DATE: 5/28/98 TIME IN: 11:00 TIME OUT: 11:30
 FACILITY NAME: Carousel Cleaners
 FACILITY LOCATION: 2030 E. Hwy 436 Ste #112
Apopka, FL 32703
 RESPONSIBLE OFFICIAL: Abdul Amini PHONE: 407-789-7763
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

RECEIVED

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
 2. Facility failed to notify DARM to use general permit

DEC 14 1999

Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
 Drop store/out of business/petroleum

- A
- | | |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/>
 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)</p> | <p>2. New small area source <input type="checkbox"/>
 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)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/>
 dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
 transfer only, $200 \leq x \leq 1,800$ gal/yr
 both types, $140 \leq x \leq 1,800$ gal/yr
 (constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine
- If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 46 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

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

- | | |
|---|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
- not stored*

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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

B. Has the responsible official of an existing large or new large area source also:

- | | |
|--|--|
| 1. Measured and recorded the exhaust temperature on the outer side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Maintained rolling monthly total of perc consumption? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Maintained leak detection inspection and repair reports for the following: | |
| a. documentation of leaks repaired w/in 24 hrs? or, | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Maintained calibration data? (for applicable direct reading instruments) | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintained exhaust duct monitoring data on perc concentrations? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Maintained startup/shutdown/malfunction plan? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 7. Maintained deviation reports? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Problem corrected? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 8. Maintained compliance plan, if applicable? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
- no leaks*

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)	<input checked="" type="checkbox"/>
Physical detection (airflow felt through gaskets)	<input checked="" type="checkbox"/>
Odor (noticeable perc odor)	<input checked="" type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/>
Halogen leak detector	<input type="checkbox"/>
If using direct-reading instrumentation, is the equipment:	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. Inspected for leaks and obvious signs of wear on a weekly basis?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. Kept in a clean and secure area when not in use?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. Verified for accuracy by use of duplicate samples (calorimetric only)?	<input type="checkbox"/> Y <input type="checkbox"/> N

SAADIA Qureshi
Inspector's Name (Please Print)

5/28/98
Date of Inspection

[Signature]
Inspector's Signature

5/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Obtained copy for DEP of record keeping
See attached —
NOW in Compliance

Carousel Cleaners

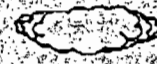


Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

APR 98

CHECK EVERY 7 DAYS

Put N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Put Y - for Perceptible Leak

Date 4/5 Date 4/12 Date 4/19 Date 4/26 Date ___

1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	
2) Door gaskets and seatings	N	N	N	N	
3) Filter gaskets and seatings	N	N	N	N	
4) Pumps	N	N	N	N	
5) Solvent tanks and containers	N	N	N	N	
6) Water separators	N	N	N	N	
7) Muck cookers	N	N	N	N	
8) Stills	N	N	N	N	
9) Exhaust dampers	N	N	N	N	
10) Diverter valves	N	N	N	N	
11) Cartridge filter housings	N	N	N	N	

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date ___ Date ___ Date ___ Date ___ Date ___

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	40	40	41	40	
Carbon adsorber concentration (ppm)					

less than 450

Perchloromethylene purchased: _____ gallons (calculate on first of every month)

Running 12 month total 0 gallons per year

Date and description of repairs or adjustments NIA

Were parts ordered? _____ If yes, when and what parts were ordered? _____
If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show per volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

CAROUSEL SCANNERS



Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

March 98

CHECK EVERY 7 DAYS

Put N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Put Y - for Perceptible Leak

Date *3/1* Date *3/8* Date *3/15* Date *3/22* Date *3/29*

	Week ___ Date <i>3/1</i>	Week ___ Date <i>3/8</i>	Week ___ Date <i>3/15</i>	Week ___ Date <i>3/22</i>	Week ___ Date <i>3/29</i>
1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	N
2) Door gaskets and seatings	N	N	N	N	N
3) Filter gaskets and seatings	N	N	N	N	N
4) Pumps	N	N	N	N	N
5) Solvent tanks and containers	N	N	N	N	N
6) Water separators	N	N	N	N	N
7) Muck cookers	N	N	N	N	N
8) Stills	N	N	N	N	N
9) Exhaust dampers	N	N	N	N	N
10) Diverter valves	N	N	N	N	N
11) Cartridge filter housings	N	N	N	N	N

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date ___ Date ___ Date ___ Date ___ Date ___

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	42	42	43	42	40
Carbon adsorber concentration (ppm)					

*1255 than
450*

Perchloroethylene purchased: _____ gallons (calculate on first of every month).

Running 12 month total 0 gallons per year.

Date and description of repairs or adjustments _____ *NIA*

Were parts ordered? _____ If yes, when and what parts were ordered? _____

If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

Carousel Cleaners



Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

Feb 98

CHECK EVERY 7 DAYS

Put N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Put Y - for Perceptible Leak

Date 2/1 Date 2/8 Date 2/15 Date 2/22 Date

	Week	Week	Week	Week	Week
	Date 2/1	Date 2/8	Date 2/15	Date 2/22	Date
1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	
2) Door gaskets and seatings	N	N	N	N	
3) Filter gaskets and seatings	N	N	N	N	
4) Pumps	N	N	N	N	
5) Solvent tanks and containers	N	N	N	N	
6) Water separators	N	N	N	N	
7) Muck cookers	N	N	N	N	
8) Stills	N	N	N	N	
9) Exhaust dampers	N	N	N	N	
10) Diverter valves	N	N	N	N	
11) Cartridge filter housings	N	N	N	N	

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date Date Date Date Date

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	40	42	42	41	
Carbon adsorber concentration (ppm)					

less than use

Perchloroethylene purchased _____ gallons (calculate on first of every month).

Running 12-month total 0 gallons per year.

Date and description of repairs or adjustments N/A

Were parts ordered? ____ If yes, when and what parts were ordered? _____

If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

Carousel Cleaners



Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

Jan 98

CHECK EVERY 7 DAYS

Put N - for No Leak

Week _____ Week _____ Week _____ Week _____ Week _____

Put Y - for Perceptible Leak

Date *1/14* Date *1/11* Date *1/18* Date *1/25* Date _____

1) Hoses, pipe connections, fittings, couplings and valves	N	N	N	N	
2) Door gaskets and seatings	N	N	N	N	
3) Filter gaskets and seatings	N	N	N	N	
4) Pumps	N	N	N	N	
5) Solvent tanks and containers	N	N	N	N	
6) Water separators	N	N	N	N	
7) Muck cookers	N	N	N	N	
8) Stills	N	N	N	N	
9) Exhaust dampers	N	N	N	N	
10) Divertor valves	N	N	N	N	
11) Cartridge filter housings	N	N	N	N	

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week _____ Week _____ Week _____ Week _____ Week _____

(Monitoring not required for existing plants until September 22, 1996)

Date _____ Date _____ Date _____ Date _____ Date _____

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	39	41	40	40	40
Carbon adsorber concentration (ppm)					

less than 250

Perchloroethylene purchased: _____ gallons (calculate on first of every month).

Running 12 month total *0* gallons per year.

Date and description of repairs or adjustments _____

Were parts ordered? _____ If yes, when and what parts were ordered? _____

If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

Carousel Cleaners



Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

Dec 97

CHECK EVERY 7 DAYS

Put N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Put Y - for Perceptible Leak

Date *12/7* Date *12/14* Date *12/21* Date *12/28* Date

1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	
2) Door gaskets and seatings	N	N	N	N	
3) Filter gaskets and seatings	N	N	N	N	
4) Pumps	N	N	N	N	
5) Solvent tanks and containers	N	N	N	N	
6) Water separators	N	N	N	N	
7) Muck cookers	N	N	N	N	
8) Stills	N	N	N	N	
9) Exhaust dampers	N	N	N	N	
10) Diverter valves	N	N	N	N	
11) Cartridge filter housings	N	N	N	N	

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date Date Date Date Date

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	40	42	41	40	39
Carbon adsorber concentration (ppm)					

less than 250

Perchloroethylene purchased: _____ gallons (calculate on first of every month).

Running 12 month total 15 gallons per year.

N/A

Date and description of repairs or adjustments _____

Were parts ordered? _____ If yes, when and what parts were ordered? _____

If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

Cabouse Steamers



Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

NOV. 97

CHECK EVERY 7 DAYS

Put N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Put Y - for Perceptible Leak

Date *11/2* Date *11/9* Date *11/16* Date *11/23* Date *11/30*

1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	N
2) Door gaskets and seatings	N	N	N	N	N
3) Filter gaskets and seatings	N	N	N	N	N
4) Pumps	N	N	N	N	N
5) Solvent tanks and containers	N	N	N	N	N
6) Water separators	N	N	N	N	N
7) Muck cookers	N	N	N	N	N
8) Stills	N	N	N	N	N
9) Exhaust dampers	N	N	N	N	N
10) Diverter valves	N	N	N	N	N
11) Cartridge filter housings	N	N	N	N	N

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date *11/2* Date *11/9* Date *11/16* Date *11/23* Date *11/30*

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	<i>43</i>	<i>40</i>	<i>40</i>	<i>41</i>	<i>43</i>
Carbon adsorber concentration (ppm)					

less than 250

Perchloroethylene purchased: 10 gallons (calculate on first of every month) on *11/17/97*

Running 12 month total 15 gallons per year

Date and description of repairs or adjustments N/A

Were parts ordered? ___ If yes, when and what parts were ordered? _____

If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

CAROUSEL Cleaners



Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

001 97

CHECK EVERY 7 DAYS

Put N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Put Y - for Perceptible Leak

Date 10/5 Date 10/12 Date 10/19 Date 10/26 Date

1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	
2) Door gaskets and seatings	N	N	N	N	
3) Filter gaskets and seatings	N	N	N	N	
4) Pumps	N	N	N	N	
5) Solvent tanks and containers	N	N	N	N	
6) Water separators	N	N	N	N	
7) Muck cookers	N	N	N	N	
8) Stills	N	N	N	N	
9) Exhaust dampers	N	N	N	N	
10) Diverter valves	N	N	N	N	
11) Cartridge filter housings	N	N	N	N	

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date Date Date Date Date

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	40°	40°	42°	39°	40°
Carbon adsorber concentration (ppm)					

less than 250

Perchloroethylene purchased: 5 gallons (calculate on first of every month)

10/14/97

Running 12 month total 5 gallons per year

Date and description of repairs or adjustments

N/A

Were parts ordered? ___ If yes, when and what parts were ordered? ___

If yes, when were parts installed? ___

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

calowel cleaners

Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

Sept 97

CHECK EVERY 7 DAYS

Pu N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Pu Y - for Perceptible Leak

Date *9/7* Date *9/14* Date *9/21* Date *9/28* Date

1) Hoses, pipe connections, fittings, couplings, and valves	N	N	N	N	
2) Door gaskets and seatings	N	N	N	N	
3) Filter gaskets and seatings	N	N	N	N	
4) Pumps	N	N	N	N	
5) Solvent tanks and containers	N	N	N	N	
6) Water separators	N	N	N	N	
7) Muck cookers	N	N	N	N	
8) Stills	N	N	N	N	
9) Exhaust dampers	N	N	N	N	
10) Diverter valves	N	N	N	N	
11) Cartridge filter housings	N	N	N	N	

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date Date Date Date Date

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	<i>39°</i>	<i>41°</i>	<i>43°</i>	<i>38°</i>	
Carbon adsorber concentration (ppm)					

less than 450

Perchloroethylene purchased: _____ gallons (calculate on first of every month)

Running 12 month total _____ gallons per year

N/A

Date and description of repairs or adjustments _____

Were parts ordered? _____ If yes, when and what parts were ordered? _____

If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show per volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

To: SAJ J. A. QUAYSON,
calouse devalos

Figure II-2

MONTHLY MACHINE MAINTENANCE AND PERCHLOROETHYLENE LOG

AVG 9.7

CHECK EVERY 7 DAYS

Put N - for No Leak

Week ___ Week ___ Week ___ Week ___ Week ___

Put Y - for Perceptible Leak

Date ~~8/10~~ Date 8/10 Date 8/17 Date 8/24 Date 8/31

1) Hoses, pipe connections, fittings, couplings, and valves	<input checked="" type="checkbox"/>	N	N	N	N
2) Door gaskets and seatings		N	N	N	N
3) Filter gaskets and seatings		N	N	N	N
4) Pumps		N	N	N	N
5) Solvent tanks and containers		N	N	N	N
6) Water separators		N	N	N	N
7) Muck cookers		N	N	N	N
8) Stills		N	N	N	N
9) Exhaust dampers		N	N	N	N
10) Diverter valves		N	N	N	N
11) Cartridge filter housings		N	N	N	N

CHECK EVERY 7 DAYS (Applicable Sections Only)

Week ___ Week ___ Week ___ Week ___ Week ___

(Monitoring not required for existing plants until September 22, 1996)

Date Date 8/10 Date 8/17 Date 8/24 Date 8/31

Transfer system (washer) temperature difference (Measure difference between inlet and outlet temperatures of refrigerated condenser) (Write °C or °F)					
Dry-to-dry machines, dryers, and reclaimers Condenser temperature (outlet) (Write °C or °F)	40	42°	39°	40°	42°
Carbon adsorbent concentration (ppm)					

less than 250

Perchloroethylene purchased: _____ gallons (calculate on first of every month)
Running 12 month total _____ gallons per year.
Date and description of repairs or adjustments N/A

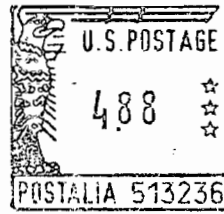
Were parts ordered? _____ If yes, when and what parts were ordered? _____
If yes, when were parts installed? _____

Staple or keep all solvent purchase receipts which also show perc volume, parts/repair invoices, and repair orders (if written) with this sheet and save for at least five years.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7001 0320 0001 7976 3187



fab

RI. Q. *C9*
Carr. Init. *3/25*
Date

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street Number
- Vacant Illegible
- No Mail Received
- Box Closed - No Order
- Returned For Better Address



- Forwarding Order Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Not Known
- No Such Street
- No Such Number

10 AIRS ID# 1170367001AG
CAROUSEL CLEANERS
ABDUL AZIM
3030 E HWY 436 STE 112
APOPKA FL 32703

Carr./Initials

SENDER: COMPLETE THIS SECTION

- 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 ID# 1170367001AG
 CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

2. Article #:

(Transit) 7001 0320 0001 7976 3187

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

03
Receipt
Postmark
Here

 Total F 10 AIRS ID# 1170367001AG
 CAROUSEL CLEANERS

 Sent To ABDUL AZIM
 Street, or PO Box 3030 E HWY 436 STE 112
 City, St. APOPKA FL 32703

PS Form 3800, January 2001

See Reverse for Instructions

7001 0320 0001 7976 3187

Z 333 613 438

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

No receipt for International Mail (See reverse)

AIRS ID # 1170367

CAROUSEL CLEANERS

ABDUL AZIM

3030 E HWY 436 STE 112

APOPKA FL 32703

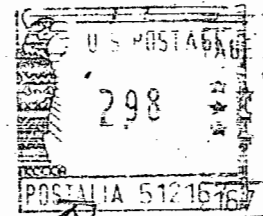
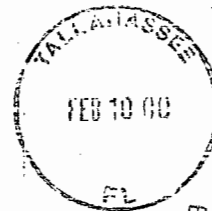
PS Form **3800**, April 1995

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	

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

CERTIFIED

333 667 252



MC5521

BAMMS/BCO
JOEY ROBERTS
5510

CAROUSEL CLEANERS
ABDUL AZIM
3030 E HWY 436 STE 112
APOPKA FL 32703

- RETURN TO SENDER
- Forwarding Order
 - Insufficient Address
 - Moved, Left No Address
 - Unclaimed Refused
 - Attempted - Not Known
 - No Such Street
 - No Such Number
 - No Mail Receptacle
 - Vacant

MAIL

Bureau of Air Monitoring
& Mobile Sources

FEB 16 2000

RECEIVED

File

Fold at line over top of envelope to return to sender.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3; Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 1170367

CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____
 Agent
 Addressee

X

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 333 667 252

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 333 667 252

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

AIRS ID # 1170367

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	

PS Form 3800, April 1995

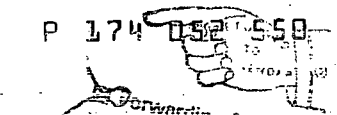
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

AC5521

BAMMS/BCO
JOEY ROBERTS
5510

REGISTERED MAIL

P 174 052 6:50



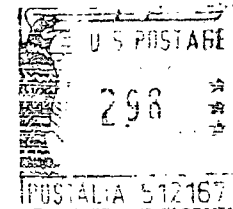
Forwarding
Return to
Post Office
Post Office

- Unclaimed Returned
- Attempted - Not Known
- No Such Street
- No Such Number
- No Mail Recapture
- Vacant

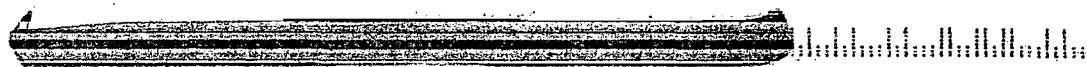
Route No.

AIRS ID # 1170367

~~CAROUSEL CLEANERS~~
~~ABDUL AZIM~~
3030 E HWY 90 STE 112
APOPKA FL 32703



f 05



SENDER COMPLETE

ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 1170367

CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

2. Article Number (Copy from service label)

P174 052 550

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

X

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

P 174 052 550

US Postal Service

Receipt for Certified Mail

AIRS ID # 1170367

CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

PS Form 3800, April 1995

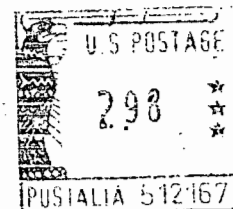
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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

CERTIFIED

Z 210 663 096

MAIL



~~CAROUSEL CLEANERS
ABDUL AZIM
3030 E. HWY 436 STE 112
APOPKA FL 32703~~

AIRS ID # 1170367

Fob

- RETURNS TO SENDER
- Rt. # C9
Car. Init. 93
Date 3/31/00
- Not Deliverable As Addressed
 - Unable To Forward
 - Insufficient Address
 - Moved, Left No Address
 - Unclaimed Refused
 - Attempted - Not Known
 - No Such Street Number
 - Vacant Illegible
 - No Mail Receptacle
 - Box Closed - No Order
 - Returned For-Better Address
 - Postage Due

DELIVERY

- Item 4 if Restricted Delivery is desired:
- Print your name and address on the reverse so that we can return the card to you.
 - Attach this card to the back of the mailpiece, or on the front if space permits.

Received by (Please Print Clearly) B. Date of Delivery

1. Article Addressed to:

AIRS ID # 1170367

CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

2210 663 096

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2. Article Number (Copy from service label)

4. Restricted Delivery? (Extra Fee) Yes

Z. 210 663 096

US Postal Service
Receipt for Certified Mail

AIRS ID # 1170367

CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

2nd 2000

PS 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	

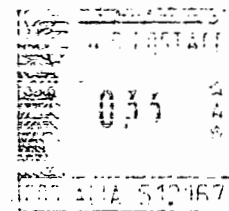
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

AC5521

BAMMS/BCO
JOEY ROBERTS
5510



RECEIVED
JUN 27 1999
Bureau of Air Monitoring
& Mobile Sources



DO NOT REMOVE LABEL

AIRS-ID # 1170367

CAROUSEL CLEANERS
ABDUL AZIM
3030 E HWY 436 STE 112
APOPKA FL 32703

Not Delivered
 Unable to reach
 Recipient not at home
 Recipient moved
 Recipient deceased
 Recipient out of country

C9
CNL

32703439 400

P 174 052 119

1999

US Postal Service
Receipt for Certified Mail

AIRS ID # 1170367

CAROUSEL CLEANERS
ABDUL AZIM
3030 E HWY 436 STE 112
APOPKA FL 32703

PS 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	

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

37550301000
2529 1R MS#5510
BAMMS
JOEY ROBERTS

CERTIFIED

P 174 052 119

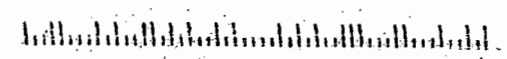
MAIL

RETURNED TO SENDER
UNCLAIMED

CAROUSEL CLEANERS
ABDUL AZIM
20301 S WY 436 STE
APOPKA FL 32703
AIRS ID # 1170367

TALLAHASSEE
APR 1 1999
U.S. POSTAGE
2.98
NO METER
6846312

Forwarded to Longwood
Bureau of Air Monitoring & Mobile Sources
APR 15 1999
RECEIVED
DUD 4/8 4.23



Fold along line over top of envelope
to address the return.

is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 1170367

CAROUSEL CLEANERS
 ABDUL AZIM
 3030 E HWY 436 STE 112
 APOPKA FL 32703

4a. Article Number
 P 174 052 119

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X

Thank you for using Return Receipt Service.