

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary:

August 17, 1998

Mr. Alphonse LaRosa La Rosa's One Hour Dry Cleaning 4333 North Atlantic Avenue Cocoa Beach, Florida 32931

Facility No.: 0090173 Re:

Dear Mr. LaRosa:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 6, 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"

BEST AVAILABLE COPY

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	LA ROSA'S				
	One Hour Dry Cleaning				
2.	Site Name (Fo 4333 Mp 1445 Marine or number):				
	Cocoa Beach, FL 32931				
3.	Hazardous Waste Generator Identification Number:				
4	Exciting Locations				
4.	Facility Location: LA ROSA'S Street Address: One Hour Dry Cleaning				
	Street Address: City: City:				
	4333 N. Atlantic Twentle 2003/				
5.5	Cocoa Reach El 3293/ Facility Identification Number (DEP Use):				
32.5					
	•				
	Responsible Official				
6.	Name and Title of Responsible Official:				
0.	•				
	Alphonse LaRouz Owner				
7.	Responsible Official Mailing Address:				
	Organization/Firm:				
	Street Address:				
	City: County: Zip Code:				
8.	Responsible Official Telephone Number:				
•.	Telephone: (407) 783 - 2052 Fax: () N/A				
	1701, 183 203 2				
	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:				
	City. Zip Code.				
11.	Facility Contact Telephone Number:				
	Telephone: () - Fax: () -				

RECEIVED

AUG - 6 1990

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	lD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	Ŧ	Dec 93	Dec93						
(2) w/ carbon adsorber									
(3) w/ no controls				-					
Washer Unit		·							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					1				
(7) w/ ref. condenser						1			T
(8) w/ carbon adsorber								į	T
(9) w/ no controls									
Reclaimer Unit				-					
(10) w/ ref. condenser								T	
(11) w/carbon adsorber									
(12) w/ no controls							 		<u> </u>
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed []									
2.(a) What was the total of			oroethylene (perc)	purchased i	n the latest 12	2 mo	nths?	
(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 so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea sc	ource []	No	ew sn	nall area sou	rce [X]		
Existing large ar	ea so	urce []	Ne	ew la	rge area soui	rce []		

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

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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)
(K)	No air permits currently exist for the operation of the facility indicated in this notification form.
·	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in tation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pron	nptly notify the Department of any changes to the information contained in this notification.
Signature	Africa Par Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

 $\sqrt{}$

RE-INSPECTION

AIRS 10#: 0090173 DATE: 2/24/97 TIME IN: 12:50 TIME OUT: 13:10
FACILITY NAME: La Rosa's One Hour Dry (legning
FACILITY LOCATION: 4333 N. Atlantic Ave.
Cocoa Beach, Fl. 32931
,

PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior to startup	1990	
3. Facility failed to notify DARM to use general permit		
3. Facility failed to notify DARM to use general permit	· •	

PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed on or after 12/9/91) (constructed before 12/9/91) This is a correct facility classification $\square N$ If no, please check the appropriate classification: facility qualified for a general permit as number 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 60 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? 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 DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? \square Y \square N OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated UA ON condenser on a weekly basis? 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 verifying that the coolant had been completely charged? UA UN

D. Was the many with afficial of an existing large on pay large and access and a	
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?	□У □И
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם צם
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?	□ү □и
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?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
	∂ ⁄⁄ □N
(check appropriate boxes)	My ON
(check appropriate boxes) 1. Maintained receipts for perc purchased?	מם א ל
(check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	ол у и Ма ои Ма ои
(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:	
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	□Y À M
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	ол Э и П
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	OY DN OY ON DN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	OY DN OY ON DN/A DY ON DN/A
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY DN OY ON DN/A DY ON OY ON
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	DY DN DN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	DY DN
 (check appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	DY DN

ADDITIONAL SITE INFORMATION:

MCF picks up waste Spencer Sprint 400 containment pan

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY DE
FACILITY NAME: <u>La BOSAS</u> FACILITY LOCATION: <u>4333</u> COCOA B	J. Atlantic Ave. each #1. 32931 - Lalosa PHONE: 407-783-2052
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	,
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ Drop store/out of business/petroleum 2. New small area source □ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of ousiness/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is: (check appropriate box) 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general facility exceeds above by	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □Y □N □Can not determine

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

1. Storing perchloroethylene in tightly scaled and impervious containers?

1. Examining the containers for leakage?

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 scaled 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?

1. Storing perchloroethylene in tightly scaled and impervious containers?

1. Or On On/A

1. Or On On/A

1. Or On On/A

1. Or On On/A

2. Examining the containers for leakage?

2. On On/A

2. Examining the containers for leakage?

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

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

2. On On/A

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

4. Draining cartridge filters in their housing or in scaled 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 reirigerated 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)

I.	Equipped all machines with the appropriate vent controls?	ΩY	ПИ	
2.	Equipped dry-to-iry machines with a closed-loop vapor venting system?	ΩY	Ωи	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΩY	_N □	□N/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ПΩ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ΩY	ΩИ	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	Ωи	

В.	Has the responsible official of an existing large or new large area source also:		• • •	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩŸ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	Дй	□N/A
3.	Measured and recorded the pert 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?	ΩY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПX	□N/A
4 .	Assured that the sampling port on the carbon adsorber exhaust for measuring pert 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 inler?	ΩÃ	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	⊒Y —	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	Av □n
2. Maintained rolling monthly total of perc consumption?	AA GA
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or,	ANA DAG AC
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 DKIA
4. Maintained colioration data? (for applicable direct reading instruments)	AND ND YX
5. Maintained exhaust duct monitoring data on perc concentrations?	DW DN DNA
6. Maintained startup/shutdown/malfunction plan?	<u>5</u> μ □ Ω
7. Maintained deviation reports?	BA ON ONY
Problem corrected?	DA CH CHY
8. Maintained compliance plan, if applicable?	by on onia

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? ПΜ 2. Has the facility maintained a leak log? ДΝ 3. Does the responsible official check the following areas for leaks? Fose connections, fittings, עא מא מאוץ couplines, and valves Muck cookers DY CN CNA Door gaskets and seating DY ON ONA Stills ΦY ON ONA AMO NO YO Filter gaskets and seating Exhaust dampers DY DN DNA AMD NO YO Pumps Diverter valves AVAD ND YD Solvent tanks and containers DY DN DN/A Cartridge filter housings DY DN DN/A AVAD ND YD Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: $\square N/A$ a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DA GN o. Calibrated against a standard gas prior to and after each use (PID/FID only)? UY UN c. Inspected for leaks and obvious signs of wear on a weekly basis? NO YO

Sadia Dineshi	8/4/98
Inspector's Name (Please Print)	Date of Inspection
Ém:	8 KJ
Inspector's Signature	Approximate Date of Next Inspection

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

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

ND YD

DY DN

ADDITIONAL SITE INFORMATION:

hois been visille by T. Sancher of DEP 2/97

Dues not have permit, helped complie

Spinser Sprut 400 Containment pan.

Explained requirements

mail realendar, with Introction

PERCHLOROETHYLENE DRY CLEANERS

🕴 TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTI	ON:
* * * *	\mathbf{v}	TT 101 T		O111

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTIO	N U COLOR OF T
FACILITY NAME: La Rosa'S 1 hour FACILITY LOCATION: 4333 N. Atla Coloa Beach.	r Cleuning
RESPONSIBLE OFFICIAL: Alphonse La	PHONE: 407-783-2052 PHONE:
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	•
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 < x < 2,100 gal/yr	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ger	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 $12/9/91$)
B. The total quantity of perchloroethylene (perc) pu facility was <u>(ob</u> gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS					
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ₫ N/A				
2. Examining the containers for leakage?	оу ои у и/а				
3. Closing and securing machine doors except during loading/unloading?	ØY □N				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ONA				
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 refu (complete A and B below).	rigerated condenser				
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?	OY ON				
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?	מם עם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON				

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			□N/A
	Thet and odder weekly?	Цĭ	1 1/4	AW.
	Is the temperature differential equal to or greater than 20° F?	ΠY	Πи	□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?	ПΥ	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩИ	□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	ΩИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? Showed how to vse 3. Maintained leak detection inspection and repair reports for the following: Y ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN MN/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN OSN/A DY ON DYNA 5. Maintained exhaust duct monitoring data on perc concentrations? **У**ДУ 🗆 И 6. Maintained startup/shutdown/malfunction plan? AVAZO NO YO 7. Maintained deviation reports? DY DN BEN/A Problem corrected? A/MID NO YO 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND R	EPAIRS					
1.	Does the responsible official conduct a	weekly (fo	r small sources, b	oi-weekly) leak detection ar	d repa	air	
	inspection?				₫ Y,		אנ
2.	Has the facility maintained a leak log?				M Y		אנ
3.	Does the responsible official check the f	following	areas for leaks?				
	Hose connections, fittings, couplings, and valves	RY DI	N/A	Muck cookers	∆Y.	ПП	□N/A
	Door gaskets and seating	מים צים	A\ND N	Stills	ΔY	ПΝ	□N/A
	Filter gaskets and seating	4 Y C1	A'NO P	Exhaust dampers	ĄY	ПП	□N/A
	Pumps	p Y 01	N □N/A	Diverter valves	ďΥ	ПΝ	□N/A
	Solvent tanks and containers	day on	A/ND P	Cartridge filter housings	ďΥ	ИП	□N/A
	Water separators	ca√ y □1	A'ND N	·			
4.	Which method of detection is used by the	ne respons	ible official?		_		
	Visual examination (condensed so	lvent on e	exterior surfaces)		tz/		
	Physical detection (airflow felt thr	ough gasl	cets)				
	Odor (noticeable perc odor)				D/		
	Use of direct-reading instrumentat	tion (FID/	PID/calorimetric	tubes)			
	Halogen leak detector						
	If using direct-reading instru	umentatio	n, is the equipm	ent:	MN/	A.	
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	ΠY	ΠN	
	b. Calibrated against a st (PID/FID only)?	tandard ga	as prior to and aft	er each use	ΩΥ	ПN	
	c. Inspected for leaks and	d obvious	signs of wear on	a weekly basis?	ΩY	ПN	
	d. Kept in a clean and se			•	ΩY	ПN	
	e. Verified for accuracy b	by use of o	luplicate samples	(calorimetric only)?	ΩY	ПN	
_							

Inspector's Name (Please Print)

Inspector's Signature

7-13-99
Date of Inspection

7-200

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMAT	rion:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 💢 C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10 520	TIME OUT: 10.4	15AIRS ID#: <i>00</i>	990173
TYPE OF FACILITY: Dry	Cleaning		
FACILITY NAME: La	Rosa's 1 hour	Cleaning	_DATE:
FACILITY LOCATION: 4	333N. Atlantic A	-Ve	
		32931	
RESPONSIBLE OFFICIAL:	Alphonse La Ros	PHONE NUMBER:	407-783-2052
المراجعة	the compliance requirements eva Rule 62-213.300, Florida Admini	luated during this inspection, the facil strative Code (F.A.C.).	ity is found to be in
Based on the results of discrepancies were note	·	aluated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
			
·			
·			
COMMENTS:	Comp	liance	, , , , , , , , , , , , , , , , , , ,
•	~ ~ ~ .	rtified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	DN: 7-2000	Approximate)	
INSPECTION CONDUCTED	BY: Kandall C	- vnningham (Please Print)	·
INSPECTOR'S SIGNATURE	10/11/2	PHONE NUMBER:	407-843-3333
	Page	of	Revised 10/96

ACC

Revised 09/15/97

ATRS ID#: 0090173

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Lg R 050'S FACILITY LOCATION: 4333	1 hour Cleaning DATE: 7-B
FACILITY LOCATION:	IV. TIMITIC AVE
locoa	Beach, FL 32931
Annual Reporting Period: Jaly	19 48 TO July 19 94
	V general air permit, my facility has remained in compliance with DEP Rule A.C.), during the period covered by this statement. YES NO
If NO, complete the following:	
#1. Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
made in this notification are true, accurate	based on information and belief formed after reasonable inquiry, that the statements and complete. Further, my annual consumption of perchloroethylene solvent, based 100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or
	me (Please Print) Signature Date

Page _____ of ____.

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	
FACILITY LOCATION: 4333 COCOO B RESPONSIBLE OFFICIAL: Alphons CONTACT NAME:	1 how Cleaning of the Out: \$2 th Color of the North Color of the State
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to state of the st	, , ,
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 ≤ 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, $140 \le x \le 1,300$ gal/yr (constructed on or after $12/9/91$)
	OY ON OCan not determine fication: general permit as number above limits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 0 gallons.	purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Let the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly scaled 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 scaled 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)

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

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	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩŸ	ΩŅ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	QΥ	ПИ	
Ì	Is the perc concentration equal to or less than 100 ppm?	ΔÃ	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	ПN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	QY	מם	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	A □N				
2. Maintained rolling monthly total of perc consumption?	λ ΣΥ ⊡и				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or,	DA ÇAÇ A⊡ MY				
 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	от ой фал				
4. Maintained calibration data? (for applicable direct reading instruments)	AND ND YX				
5. Maintained exhaust duct monitoring data on perc concentrations?	AND ND AK				
6. Maintained startup/shutdown/malfunction plan?	Ø¥ □N				
7. Maintained deviation reports?	Òr dn dn∀				
Problem corrected?	אמם מם מאץ				
8. Maintained compliance plan, if applicable?	DA CH CHIA				

P.	PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?		Ć.	XV □N			
2.	Has the facility maintained a leak log?	?		№ □и			
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	אואם אם צף	Muck cookers	אואם אם אש			
	Door gaskets and seating	AND NO YO	Stills	TY ON ONA			
	Filter gaskets and seating	אואם אם צף	Exhaust dampers	אאם אם צם			
	Pumps	DY ON ON/A	Diverter valves	OY ON ON/A			
	Solvent tanks and containers	אואם אם אף	Cartridge filter housings	אועם עם אוע			
	Water separators	DY ON ONA		V			
₽.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	·	o o				
	Physical detection (airflow felt to		0				
	Odor (noticeable perc odor)			o.			
	Use of direct-reading instrument	tation (FID/PID/calorimetri	c tubes)	0			
	Halogen leak detector			a			
	If using direct-reading inst	rumentation, is the equip	nent:	□N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FiD only)?						
1	OY ON						
d. Kept in a clean and secure area when not in use?							
	e. Verified for accurac	ΩY ΩN					

Saadia Qureshi	<i>8 4 9</i> 8
Inspector's Name (Please Print)	Date of Inspection
_ <i>Chi</i>	8 H 9
Inspector's Signature	Approximate Date of Next Inspection

hois been visitle by T. Sancher of DEP 2/97

Dues not have permit, helped complie

Spinsor Sprint 400 Containment pan.

Explained requirements

PERCHLOROETHYLENE DRY CLEANERS

•	LE V GENERAL PERMIT NCE INSPECTION CHECKLIST ARMS	UPDATEL
TYPE OF INSPECTION: ANNUAL RE-INSPE	COMPLAINT/DISCOVERY BY	3-20-00 RP
FACILITY NAME: La Rosa S FACILITY LOCATION: 4333 N. A COCOA BE RESPONSIBLE OFFICIAL: Alphon 9		
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior 2. Facility failed to notify DARM to use gene		a a
PART II: CLASSIFICATION		
	□ Drop store/out of business/petrol 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) • Can not determine	apr - 4 2000
B. The total quantity of perchloroethylene (perfacility was 60 gallons.	erc) purchased within the preceding 12 months by this dry cle	eaning

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931

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

Obj.: 002273

(check appropriate boxes)					
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN ZNA				
2. Examining the containers for leakage?	DY DN PNA				
3. Closing and securing machine doors except during loading/unloading?	XY ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	TY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DAWA				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:	·				
If classification 1 has been checked, no controls are required. Proceed to Part V	7.				
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 refr (complete A and B below).	igerated condenser				
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?	OY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אַם				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	מארם אם אם				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מס צם				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	מאָרוֹם אם אָרוֹם				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אס אס				

PART III: GENERAL CONTROL REQUIREMENTS

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

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	MY ON					
2. Maintained rolling monthly averages of perc consumption?	Δ α λ □ν					
3. Maintained leak detection inspection and repair reports for the following:	3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YA					
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 WAYA					
4. Maintained calibration data? (for applicable direct reading instruments)						
5. Maintained exhaust duct monitoring data on perc concentrations?						
6. Maintained startup/shutdown/malfunction plan?						
7. Maintained deviation reports?						
Problem corrected?						
3. Maintained compliance plan, if applicable?						

<u> </u>							
PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			NO YE			
2.	Has the facility maintained a leak log	<u>;</u> ?		MY ON			
3.	Does the responsible official check th	e following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	AVO NO YP	Muck cookers	DY ON ON/A			
	Door gaskets and seating	אואם אם צף	Stills	DY ON ON/A			
	Filter gaskets and seating	AVA NO YO	Exhaust dampers	AY ON ON/A			
	Pumps	A'אם אם צף	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם עם			
	Water separators	DY ON ON/A	•	•			
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed solvent on exterior surfaces)						
	Odor (noticeable perc odor)			×			
	Use of direct-reading instrumen						
	Halogen leak detector						
	If using direct-reading ins	XIVA					
	a. Capable of detecting	DY DN					
		standard gas prior to and	after each use	DV DV			
	(PID/FID only)?		. 11.1.10				
		and obvious signs of wear	•				
	<u>-</u>	secure area when not in u		OY ON			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
		·					
	0 11 1						
	Randall Conn	i na ha m	3-17-0	0			
	Inspector's Name (Please Pr	int)	Date of Inspe	ection			

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SIT	E INFORMATION:		 		 	
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AIRS ID#: 009 0173

All.

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: La ROSA S	I hour Cleaners DATE: 3-17-00
FACILITY LOCATION: 4333 N	. Atlantic Ave,
Cocoa Be	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: March	20 TO March 2000
Based on each term or condition of the Title V ger	neral 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. AYES
If NO, complete the following:	
#1. Term or condition of the general permit that h	as not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that h	as not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	<u>. </u>
Method used to demonstrate compliance:	•
Treated assa to demonstrate compliance.	
in this notification are true, accurate and complete	on information and belief formed after reasonable inquiry, that the statements made e. Further, my annual consumption of perchloroethylene solvent, based upon per year for dry-to dry facilities or 1,800 gallons per year for transfer or see LaRosz What Park 3/17/2000 (See LaRosz Wignature 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 SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	сом	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:00 TYPE OF FACILITY: Pry	TIME OUT:		· · · · · · · · · · · · · · · · · · ·	7090173
FACILITY NAME: La RO	isa's I hour	Cleani	ng	DATE: 3-17-00
	33 N. Atlanti		,	
	<u> </u>	3293 /		
RESPONSIBLE OFFICIAL:	Alphonse La	Rosa	PHONE NUMBE	R: 407 -783-2052
Based on the results of to compliance with DEP R			ted during this inspection, the fative Code (F.A.C.).	acility is found to be in
discrepancies were note	d:		ted during this inspection, the fo	
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-UP ACT	TION REQUIRED
		ı		
			···	
•				
<u> </u>				
COMMENTS:				
InComplia	nce			
The Annual Compliance Certific	ation form has been prop	perly certifi	ed and submitted to the inspect	or. YES NO
DATE OF NEXT INSPECTION		. -		V
INSPECTION CONDUCTED	0 1.	11 Co	proximate) N 1 5 N 9 N 4 M ase Print) PHONE NUMBE	¥117-443-3233
INSPECTOR'S SIGNATURE:				
		Page	_of(Revised 10/96

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

429563 MAY 5 2003

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

DRY Cleaning AIRS ID#0090173

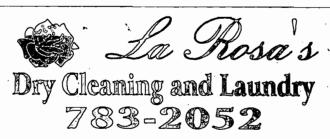
LA ROSA'S ONE HOUR CLEANING
ALPHONEE LABOR BOLLY RICKARD

COCCOA BEACH FL
32931

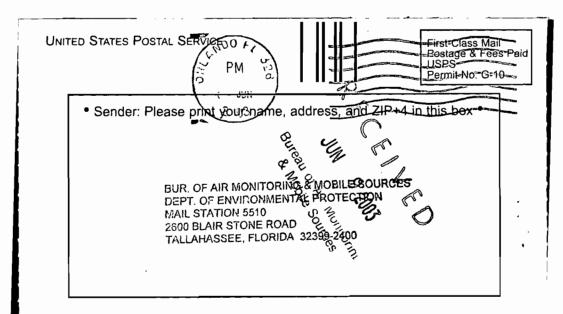
Printed on recycled paper.



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOI DAT DOTTED LINE	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Agent Addressee B. Received by (Printed Name) Agent C. Date of Derivery
1. Article Addressed to:	D. Is delivery address different from item 17 Yes If YES, enter delivery address below:
10 AIRS ID # 0090173001AG ALPHONSE LAROSA LA ROSA'S ONE HOUR CLEANING 4333 N ATLANTIC AVENUE	
COCOA BEACH FL 32931	3. Service Type "A Certified Mail
7000 Hb 70 0013 3095 3348	☐ Insured Mail ☐ C.O.D.
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label)	
PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-02-M-1540



4333 N. Atlantic Ave. Coroa Beach, Fl 32931 Owned & Operated by Barry & Pamela Rickard



{[Service) MAIL REC Inly; No Insurance C		led)
5907	0 [5 [5	ICIAL	. US	Ση Α
7976	Postage Certified Fee	\$	927	Ŋ
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postenatik	
2001 0320	Street. ALPHONSE	ONE HOUR CLEANI LAROSA ANTIC AVENUE	RS ID#0090173 NG	tructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID#0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931	3. Service Type Certified Mail
<u>_</u>	4. Restricted Delivery? (Extra Fee)
2. Article Number 5003001 0320 0001	7976 5907
PS Form 38 td., August 2000 Domestic Ref	turn Receipt 102595-02-M-15

UNITED STATES POSTAL SERVICE



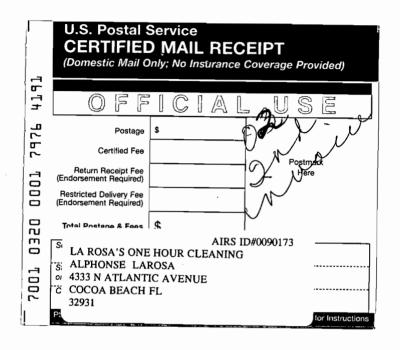
First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this 50 x •

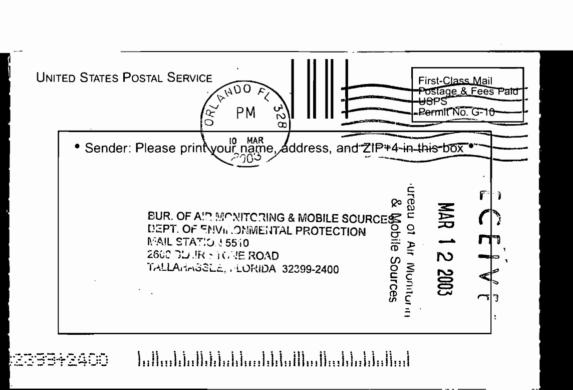
BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION OF SOURCES MAIL STATIOL 5510

SOURCE FLORIDA 32399-2400

Jalladdallddalaaddalladladlagldalddlad



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 17 Yes If YES, enter delivery address below:	
AIRS ID#0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE		
COCOA BEACH FL	3. Service Type	
32931		
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)	인하 (<u>강당</u> 기(유교회) (11	
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035	



LA ROSA'S One Hour Dry Cleaning 4333 N. Atlantic Ave. Cocoa Beach, FL 32931



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

92915-9070

Lalland dealland laborated ballandlad

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405.790 FEB15 2001

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 # 0090173

LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931 FOR GOVERNMENT USE ONEY
Org.: 37550101000 EO: Al

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415121 MAR11 2002

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 # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No*Insurance Coverage Provided)				
اا					
5116	OFE	IGIA	k USE		
~	Postage	\$			
702	Certified Fee		Postmark		
	Return Receipt Fee (Endorsement Required)		Here		
0000	Restricted Delivery Fee (Endorsement Required)				
	Total Postage & Fees		AIRS ID#0090173		
870	Sent To	LA ROSA'S ONE ALPHONSE LAR	HOUR CLEANING		
ղ	Street, Apt. No.; or P(4333 N ATLANTI	C AVENUE		
000		COCOA BEACH F 32931	⁷ L		
70	City, State, ZIP+ 4		_		
	PS Form 3800, May 2	2000	See Reverse for Instructions		

BICHT OF RETURN ADDRESS NOILDAS SIHL ALATOWO SAUCHT	
 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 of the front if space permits. Article A dressed to: AIRS ID#0090173 ALPHONSE LAROSA 4333 N ATLANTICA VENUE 	A. Received by (Please Print Clearly) B. Date of Delivery 2/8/03 C. Signature X
COCOA BEACH FE	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
70002870000090275142	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	
PS Form 3811, March 2001 Domestic F	Return Receipt 102595-01-M-1424

UNITED STATES POSTAL SERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES JR. OF AIR MONITORING & MOBILE SOURCES
EPT. OF ENVIRONMENTAL PROTECTION
AIL STATION 5510
00 BLAIR STONE ROAD
ALLAHASSEE, FLORIDA 32399-2400

AILON AIR STONE ROAD
ALLAHASSEE, FLORIDA 32399-1400

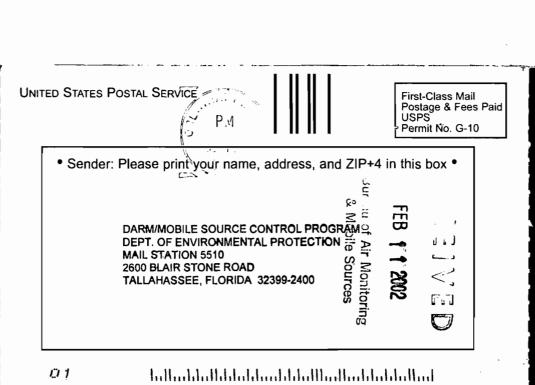
AIR STATION 5510

AIR STATION 5510 DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510 2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2

8574	U:S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
0026 4128	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
7000 0000	ALPHONSE	NTIC AVENUE	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address/different from the 12 Yes
Article Addressed to:	D. Is delivery address(different from telef 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS 1D # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE	
COCOA BEACH FL	3. Service Type
32931	☐ 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), 7000 0600 0026 4129	8574
PS Form 3811, July 1999 Domestic Rete	urn Receipt ' 102595-99-M-1789



on the reverse side?	SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your nama and address on the reverse of this form so that we carô 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.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		ceipt Service.	
IN ADDRESS completed c	AIRS ID # 09901.73 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931	4b. Service Registere Express I	36/3406 Type od Mail Deipt for Merchandise	Certified Insured	you for using Return Rec
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	and fee is	, ,		Thank
Is your <u>RETURN ADDRE</u>	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	7. Date of De	ceipt for Merchandise elivery 3 - 99 s's Address (Only i	□ COD	

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

AIRS ID # 00990173

LA ROSA'S ONE HOUR CLEANING
ALPHONSE LAROSA
4333 N ATLANTIC AVENUE
COCOA BEACH FL 32931

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom & Date Delivered
Return Receipt Showing to Whom & Date & Address
TOTAL Postage & Fees
Postmark or Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362718

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

MAR - 1 99

Do NOT Remove Label

AIRS ID # 0090173

LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

SENDER: Ot adojanua jo doj Ji Complete items 1 and/or 2 ioi auditionali services. Complete items 3, 4a, and 4b.	over the tollowing services (tor an
 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 extra fee): de does not 1.
3. Article Addressed to: AIRS ID # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931	Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811 , December 1994	Domestic Return Receipt

	Р	174	052	619	1999
•	Rece No Insui Do not u	rance Cov	Certif	fied Ma ovided. I Mail <i>(See</i>	iil
	Sent to				.
					D # 0090173
				CLEANIN	G
		SE LAF			
			C AVEN		
C	OCOA E	BEACH	FL 3293	1	
					. !
	Certified	Fee			
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,,		d Delivery	Fee		
PS Form 3800 . April 1995	Return F Whom &	Receipt Sho Date Deliv			
April	Return Re Date, & A	ceipt Showing ddressee's Ad			
800	TOTAL	Postage &	Fees	\$	
E	Postmar	k or Date		·	
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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
2407	OFF	ICIAL	. USE
7976	Postage Certified Fee	\$	Postmark
0001	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
1 0320	Sent To ALPHO	A'S ONE HOUR C NSE LAROSA ATLANTIC AVEN	
7007	or PO Box A COCOA City, State, 2 32931 PS Form 3800, January 2		See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT					
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee				
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter derivery address below: ☐ No				
AIRS ID # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931	3. Se vice Type Certified Mail				
	☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
7001, 0,320 ,00,01, 7,976 ,240,111					

Z 333 667 396 **US Postal Service** Receipt for Certified Mail AIRS ID # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931 Postage \$ **Certified Fee** Special Delivery Fee Restricted Delivery Fee PS Form 3800, April 1995 Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees \$ Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931	3. Service Type The Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2 333 667 396	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 . Domestic	Return Receipt 102595-99-M-1789

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature Agent Address D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? U Yes If YES, enter delivery address below: No
AIRS ID # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931	3. Service Type Certified Mail
000 0600 0026 4128 4354	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

-	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
h3Eh				
4128	Postage Certified Fee	\$	Destand	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here	
Tota' AIRS ID # 0090173 Recipi LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA Street, 4333 N ATLANTIC AVENUE COCOA BEACH FL 32931 City, S:				
	PS Form 3800, February 2	000	See Reverse for I	nstructions

et top of envelope to			
SENDER: COMPLETE INJS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below: No		
Article Addressed to:			
AIRS ID # 0090173 LA ROSA'S ONE HOUR CLEANING ALPHONSE LAROSA 4333 N ATLANTIC AVENUE			
2333667022	3. Service Type Certified Mail		
2. Article Number (Copy from service label)	, , , , , , , , , , , , , , , , , , , ,		
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789		
,			
US Postal Service Receipt for Cerl LA ROSA'S ONE HOUR ALPHONSE LAROSA 4333 N ATLANTIC AVE COCOA BEACH FL 3293	AIRS ID # 0090173 CLEANING		
Postage	. s		

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