



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

February 27, 2004

Mr. Michael Fundiller
South Sails European Cleaners
1305 East Commercial Boulevard
Ft. Lauderdale, Florida 33334

Re: Facility No.: 0112210-002

Dear Mr. Fundiller:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 26, 2004.

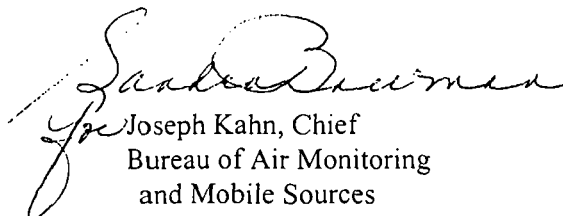
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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



Joseph Kahn, Chief
Bureau of Air Monitoring
and Mobile Sources

JK/jw

cc: Mr. Cliff Bittle, Broward County

"More Protection, Less Process"

Printed on recycled paper.



Department of Environmental Protection

0112210

Lawton Chiles
Governor

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

Virginia B. Wetherell)
Secretary

August 28, 1996

Ms. Maria Konstanitidis
Vice President
European Dry Cleaning and Tailoring
1305 East Commercial Boulevard
Fort Lauderdale, Florida 33334

Dear Ms. Konstanitidis:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 14, 1996.


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

cc: Mr. Robert Wong, Broward County
"Protect, Conserve and Manage Florida's Environment and Natural Resources"

0112210

p. 14

1 (c) should not be marked

3. new small area source
should be marked

p. 15

4. new small v. c. should
be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	EUROPEAN DRY CLEANING & TAILORING INC		
2. Site Name (For example, plant name or number):	EUROPEAN DRY CLEANING & TAILORING		
3. Hazardous Waste Generator Identification Number:	FLD 982098907		
4. Facility Location:	1305 E. COMMERCIAL BLVD		
Street Address:			
City:	PORT CHARLOTTE	County:	BAYWOOD
Zip Code:	33334		
5. Facility Identification Number (DEP Use):	011221D		

Responsible Official

6. Name and Title of Responsible Official:	MARIA KONSTANTIDIS (V. PRES)		
7. Responsible Official Mailing Address:			
Organization/Firm:	1305 EAST COMMERCIAL BLVD		
Street Address:			
City:	PORT CHARLOTTE	County:	BAYWOOD
Zip Code:	33334		
8. Responsible Official Telephone Number:			
Telephone:	(954) 351-0660	Fax:	() -

Facility Contact (If different from Responsible Official)

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

RECEIVED
AUG 14 1996
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.

[illegible]

- (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?
[10] 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 ☐

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) _____.

☒

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.

MANIA KONSTANTOPOULOS
Signature

MANIA KONSTANTOPOULOS

8/7/96
Date

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

☒

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL ☒COMPLAINT/DISCOVERY ☐RE-INSPECTION ☐

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0112210
 TYPE OF FACILITY: Dry Cleaning - Perc
 FACILITY NAME: European Dry Cleaning DATE: 3/25/97
 FACILITY LOCATION: 1305 E Commercial Blvd.
Ft. Lauderdale, FL
 RESPONSIBLE OFFICIAL: Savas Kalaitzidis PHONE NUMBER: (954) 353-0660

- ☒ 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

Facility is in Compliance.

MAY 8 1997

Bureau of Air Monitoring
& Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES ☒ NO ☐DATE OF NEXT INSPECTION: 3/25/98
(Approximate)INSPECTION CONDUCTED BY: John Coppola
(Please Print)INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 579-1235

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL ☒

COMPLAINT/DISCOVERY ☐

RE-INSPECTION ☐

TIME IN: _____ TIME OUT: _____ AIRS ID#: 0112210

TYPE OF FACILITY: Dry Cleaning - Perc

FACILITY NAME: European Dry Cleaning DATE: 3/25/97

FACILITY LOCATION: 1305 E Commercial Blvd.
7th. Lauderdale, FL.

RESPONSIBLE OFFICIAL: Savas Kalaitzidis PHONE NUMBER: (954) 353 0660

- ☒ 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
Facility is in Compliance.	

RECEIVED

MAY 8 1997

Bureau of Air Monitoring
& Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES ☒ NO ☐

DATE OF NEXT INSPECTION: 3/25/98

(Approximate)

INSPECTION CONDUCTED BY: John Coppola

(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 579-1235

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: European Dry Cleaning & Tailor DATE: 3/25/97
FACILITY LOCATION: 1305 E. Commercial Blvd.
7th. Lauderdale, FL.

Annual Reporting Period: March 25 1997 TO March 1998

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Saras Kabritidis [Signature] 3/25/97
Name (Please Print) Signature Date

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

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY



RE-INSPECTION



TIME IN: 11:45 TIME OUT: 12:30 AIRS ID#: 0112210

TYPE OF FACILITY: PERC DRY CLEANERS

FACILITY NAME: European Dry Cleaners DATE: 3/30/98

FACILITY LOCATION: 1305 E. Commercial Blvd.

Ft. Lauderdale, FL.

RESPONSIBLE OFFICIAL: Savas Kalaitzidis PHONE NUMBER: _____

- ☒ 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

RECEIVED
APR 20 1998
Bureau of Air Monitoring
& Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES ☒ NO ☐DATE OF NEXT INSPECTION: 3/99

(Approximate)

INSPECTION CONDUCTED BY: John Coppola

(Please Print)

INSPECTOR'S SIGNATURE: [Signature]PHONE NUMBER: 519-1235

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY

RE-INSPECTION



Bureau of Air Monitoring
& Mobile Sources
APR 20 1998

RECEIVED

AIRS ID#: 0112210 DATE: 3/30/98 TIME IN: 11:45 TIME OUT: 12:00

FACILITY NAME: European Dry Cleaners

FACILITY LOCATION: 1305 E. Commercial Blvd.
Ft. Lauderdale, FL

RESPONSIBLE OFFICIAL: Savas Kalaitzidis PHONE: _____

CONTACT NAME: Savas Kalaitzidis 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)

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, $140 \leq x \leq 2,100$ 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)

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)

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 53 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 |

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 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? ☒ Y ☐ N
2. Maintained rolling monthly total of perc consumption? ☒ 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? ☐ 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? ☒ 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 checked="" 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	Sills	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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? ☐ 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

Toton Coppola
Inspector's Name (Please Print)

[Signature]
Inspector's Signature

3/30/98
Date of Inspection

3/99
Approximate Date of Next Inspection

ACC ✓

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: European Dry Cleaning & Tailoring DATE: 3/30/98

FACILITY LOCATION: 1305 E. Commercial Blvd
FT. Lauderdale, FL

APPROVED
Bureau of Air Monitoring
& Mobile Services

Annual Reporting Period: March 1998 TO March 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Savas Kolaitzidis

Name (Please Print)

Signature

Date

[Signature] 3/30/98

*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.

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	<u>European Dry Cleaners</u>	DATE:	<u>3/26/99</u>
FACILITY LOCATION:	<u>1305 E. Commercial Blvd</u> <u>Ft. Lauderdale, FL</u>		

Annual Reporting Period: 3 19 98 TO 3 19 99

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:	<u>SASAS LALAITZIDIS</u>	<u>[Signature]</u>	<u>3/26/99</u>
	Name (Please Print)	Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0112210 DATE: 3/26/99 TIME IN: 1000 TIME OUT: 1035

FACILITY NAME: European Dry Cleaners VFD

FACILITY LOCATION: 1305 E. Commercial Blvd

RESPONSIBLE OFFICIAL: Savas Kalatzidis PHONE:

CONTACT NAME: Savas Kalatzidis PHONE:

APR - 8 1999
Bureau of Air Monitoring
& Mobile Sources

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.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. Existing 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 before 12/9/91)</p> | <p>2. New 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 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 ☒ ☐ 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 40 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 |

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 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? ☒ Y ☐ N
2. Maintained rolling monthly total of perc consumption? ☒ Y ☐ N
3. Maintained leak detection inspection and repair reports for the following:
a. documentation of leaks repaired w/in 24 hrs? or; *No leaks or Spills* ☒ 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? ☐ 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? *No deviations* ☐ 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? ☒ 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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) ☒
- 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: ☒ N/A
- 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

Toto Coppola
Inspector's Name (Please Print)

3/26/99
Date of Inspection

Toto Coppola
Inspector's Signature

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ACCESS

TYPE OF INSPECTION: ANNUAL ☒ COMPLAINT/DISCOVERY ☐
RE-INSPECTION ☐

AIRS ID#: 0112210 DATE: 08/06/00 TIME IN: 11:00am TIME OUT: 11:20am
FACILITY NAME: European Dry Cleaners
FACILITY LOCATION: 1305 E. Commercial Blvd.
Fort Lauderdale, FL
RESPONSIBLE OFFICIAL: Savas Kabit Zidis PHONE: (954) 51-4660
CONTACT NAME: _____ PHONE: _____

RECEIVED
JUL 06 2000
Bureau of Air
& Noise
Monitoring
Sources

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)

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, $140 \leq x \leq 2,100$ 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)

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)

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 30 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 |

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 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? ☒ Y ☐ N
2. Maintained rolling monthly total of perc consumption? ☒ 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? ☐ 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? ☒ Y ☐ N

3. Does the responsible official check the following areas for leaks?

Hose connections, fittings,
couplings, and valves

☒ Y ☐ N ☐ N/A

Muck cookers

☒ Y ☐ N ☐ N/A

Door gaskets and seating

☒ Y ☐ N ☐ N/A

Still

☒ Y ☐ N ☐ N/A

Filter gaskets and seating

☒ Y ☐ N ☐ N/A

Exhaust dampers

☒ Y ☐ N ☐ N/A

Pumps

☒ Y ☐ N ☐ N/A

Diverter valves

☒ Y ☐ N ☐ N/A

Solvent tanks and containers

☒ Y ☐ N ☐ N/A

Cartridge filter housings

☐ Y ☐ N ☒ N/A

Water separators

☒ Y ☐ N ☐ N/A

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:

☐ N/A

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

J. Guappola
Inspector's Name (Please Print)

06/06/00
Date of Inspection

[Signature]
Inspector's Signature

08/06/00
Approximate Date of Next Inspection

*AMS
FAC***DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM**

FACILITY NAME: <u>European Dry Cleaners</u>	DATE: <u>06/06/00</u>
FACILITY LOCATION: <u>1305 E. Commercial Blvd.</u>	
<u>Fort Lauderdale, FL</u>	

Annual Reporting Period: June 1999 TO June 2000Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. ☒ 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: _____

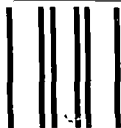
Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: <u>SAVAS KALATZIDIS</u>	<u>[Signature]</u>	_____
Name (Please Print)	Signature	Date

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

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 •

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

Fold at line over top of envelope to

SENDER: COMPLETE

ON 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 # 0112210
EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANTIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

2. Article Number (Copy from service label)

2 333 667 236

A. Received by (Please Print Clearly)

B. Date of Delivery

2/12/00

C. Signature

X

☐ Agent

☒ Addressee

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

Z 333 667 236

US Postal Service

Receipt for Certified Mail

No Insurance Coverage

AIRS ID # 0112210

EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392228



lease 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 # 0112210
EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

FEB 16 2001

RECEIVED
MAIL ROOM

TION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354294

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

RECEIVED
MAIL ROOM
DEC 15 99
DEC 21 1998

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

AIRS ID # 0112210
EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

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

304592

Do **NOT** Remove Label

RECEIVED
MAIL ROOM
MAR - 4 98

AIRS ID#0112210

EUROPEAN DRY CLEANING & TAILORING
INC
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

Z 333 613 204

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 0112210

EUROPEAN DRY CLEANING & TAILORING
INC

MARIA KONSTANITIDIS

1305 E COMMERCIAL BLVD

FT LAUDERDALE FL 33334

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

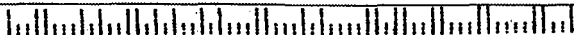
OCR #3 FT LAUDERDALE FL 333 02-26-98 21:32
UNITED STATES POSTAL SERVICE



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

● Print your name, address, and ZIP Code in this box ●

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



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 0112210

EUROPEAN DRY CLEANING & TAILORING
INC

MARIA KONSTANTIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

4a. Article Number

7333613204

4b. Service Type

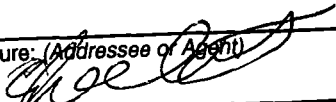
- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

2.26.98

5. Received By: (Print Name)**8. Addressee's Address (Only if requested and fee is paid)****6. Signature: (Addressee or Agent)**

X



EUROPEAN DRY CLEANING
& TAILORING, INC.
1305 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33334
(305) 351-0660



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

32315X3070





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400583

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 # 0112210
EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
DEC 20 00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262261

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

RECEIVED
MAIL ROOM

MAR -3 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112210
EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

0456 82TH 9200 0090 0002

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

10

AIRS ID # 0112210001AG

7 MARIA KONSTANITIDIS
EUROPEAN DRY CLEANING &
TAILORING
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (*See reverse*)

Sent to

AIRS ID#: 0112210

EUROPEAN DRY CLEANING & TAILORING INC
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

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

2/14/97

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 •

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



SENDER:

- Complete items 1
- Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100
- 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.

Fold at line over top of envelope to

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

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID#: 0112210
 EUROPEAN DRY CLEANING & TAILORING INC
 MARIA KONSTANTIDIS
 1305 E COMMERCIAL BLVD
 FT LAUDERDALE FL 33334

4a. Article Number

1265302357

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

2/19/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

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:

ID# 112210
MARIA KONSTANITIDIS
EUROPEAN DRY CLEANING &
TAILORING
1305 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

2. Article Number

(Transfer from service label)

7003 2260 0003 5650 0094

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2/19

D. Is delivery address different from item 1? ☐ YesIf 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

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
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32309-2400

RECEIVED

FEB 24 2004

Bureau of Air Monitoring
& Mobile Sources

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage

\$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

Total ID# 112210

Sent To

Street,
or PO

City, S

MARIA KONSTANTIDIS
EUROPEAN DRY CLEANING &
TAILORING
1305 E COMMERCIAL BLVD
FT LAUDERDALE, FL 33334

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 •

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

00 01



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 # 01T2210

EUROPEAN DRYCLEANING & TAILORING
MARIA KONSTANTIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL
33334

2. Article Number (Copy from service label)

7000 0600 0026 4128 8475

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

(X) MARIA KONSTANTIDIS

C. Signature

(X) MARIA KONSTANTIDIS

☐ Agent

☐ Addressee

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)

7000 0600 0026 4128 8475

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

Postmark
Here

AIRS ID # 0112210

Recipient: EUROPEAN DRYCLEANING & TAILORING
MARIA KONSTANITIDIS
Street: 1305 E COMMERCIAL BLVD
City, State: FT LAUDERDALE FL 33334

PS Form

Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414731 MAR 1 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 # 0112210
EUROPEAN DRYCLEANING & TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL
33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: A1
Fund: 20-2-035001
Obj.: 002273

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 •

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

Bureau of Air Monitoring
& Mobile Sources

MAR 14 2009

RECEIVED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

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# 0112210

EUROPEAN DRY CLEANING &
TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL 33334

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

☒ M. T. K. 3/9/02

C. Signature

☒ M. K.

☐ Agent

☐ Addressee

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 (Optional)

7001 0320 0001 7976 2586

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-178

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)

Postmark
Here

Total Post

AIRS ID # 0112210

Sent To

EUROPEAN DRY CLEANING &
TAILORING

Street, Apt. 1
or PO Box N

MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD

City, State, Z

FT LAUDERDALE FL 33334

0001 0320 0001 7976 2586

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
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

NOTES: PRINT NAME AND ADDRESS ON THE REVERSE OF THIS CARD TO THE RIGHT OF RETURN ADDRESS.
PLACE STICKER AT TOP OF ENVELOPE

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

2/8/03

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

Blenn Agostwell

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

- 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#0112210

EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANTIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL
33334

2. Article Number

(Transfer from service label)

7000287000070275766

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

O F F I C I A L U S E

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage

Postmark
Here

AIRS ID#0112210

Sent To

EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANITIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL

Street, Apt. No

City, State, ZIP

33334



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423443 FEB 24 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: \$50.00

Do NOT Remove Label

AIRS ID#0112210
EUROPEAN DRY CLEANING & TAILORING
MARIA KONSTANTIDIS
1305 E COMMERCIAL BLVD
FT LAUDERDALE FL
33334

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: 12958
Fund: 20-2-035001
Obj.: 002273

Bureau of Air Mail
& Mobile Services
FEB 28 2003