



0112225

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 9, 1996

Mr. Philip J. Basso
Eagle Cleaners
7400 Wiles Road, Suite 108
Coral Springs, Florida 33067

Dear Mr. Basso:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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

8/22/96

EAGLE CLEANERS

#3. NEW small (NS)

#4 UNDER N.S. Check Refrig. Cab!

** "Recordkeeping"

(S) S, S, M plan must be checked.

Spoke Antoinette Basso

8/28 @ 10:52 AM.

AW

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): PAVV SERVICES dba EAGLE CLEANERS
2. Site Name (For example, plant name or number): EAGLE CLEANERS
3. Hazardous Waste Generator Identification Number: FL 0000916799
4. Facility Location: CORAL SPRINGS Street Address: 7400 WILES ROAD SUITE 108 City: CORAL SPRINGS County: FL. BROWARD Zip Code: 33067
5. Facility Identification Number (DEP Use): 0112225

Responsible Official

6. Name and Title of Responsible Official: PHILIP J. BASSO
7. Responsible Official Mailing Address: Organization/Firm: PAVV Services Inc. dba Eagle Cleaners Street Address: 7400 WILES Rd. Suite 108 City: Coral Springs County: BROWARD Zip Code: 33067
8. Responsible Official Telephone Number: Telephone: (954) 755 - 8543 Fax: (954) 755 - 1320

Facility Contact (If different from Responsible Official)

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

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AUG 19 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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	<i>#1</i>	<i>03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit	<i>1</i>	<i>10-94</i>	<i>10-94</i>						
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

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

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

Existing small area source New small area source
 Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

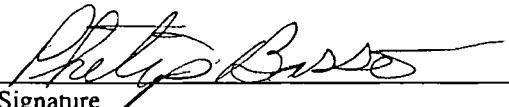
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

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

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.


Signature

8-15-96
Date

PERCHLOROETHYLENE DRY CLEANERS

DEP RULE 62-213.300 GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL SEMI-ANNUAL
 COMPLAINT/DISCOVERY RE-INSPECTION

AIRS ID#: 0112225 TIME IN: 1015 TIME OUT: 1100
 FACILITY NAME: Eagle Cleaners
 FACILITY LOCATION: 10231 Pines Blvd.
Pembroke Pines, FL 33026

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

3. Facility failed to notify DARM to use general permit

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MAY 8 1997
Bureau of Air Monitoring
Public Sources

PART II: CLASSIFICATION

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

A.

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)	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)
3. Existing large area source <input type="checkbox"/> 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 <input type="checkbox"/> 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)

This is a correct facility classification

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

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).

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? ON
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON
- 3. Equipped the condenser with a diverter valve if airflow will be directed away from the condenser upon opening the door? ON
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? ON
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? ON
- 6. Verified the accuracy of the temperature sensor to within plus or minus 2 degrees of the exhaust temperature? ON

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

PART V. RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
3. Maintained calibration data?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4. Maintained exhaust duct monitoring data on perc concentrations?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
5. Maintained rolling monthly averages of perc consumption?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
6. Maintained startup/shutdown/malfunction plan?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
7. Maintained deviation reports?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
Problem corrected?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
8. Maintained compliance plan, if applicable?	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? Y N
2. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
 - Physical detection (airflow felt through gaskets)
 - Odor (noticeable perc odor)
 - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- 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
3. Has the facility maintained a leak log? Y N

4. The following areas should be checked for leaks by the inspector:

	Leak Detected?			Leak Detected?	
Hose connections, fittings, couplings, and valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Muck cookers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Door gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stills	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Filter gaskets and seating	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Exhaust dampers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Pumps	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Diverter valves	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Solvent tanks and containers	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Cartridge filter housings	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N
Water separators	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

owner's signature phone authorization for inspection

Name of Responsible Official

Paul R. Shelton

Inspector's Name (Please Print)

Paul R. Shelton

Inspector's Signature

10-22-96

Date of Inspection

10-23-97

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

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6
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

259478 ✓

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

RECEIVED
MAIL ROOM
JAN 31 97

Do NOT Remove Label

AIRS ID# 0112225

PAVV SERVICES
PHILIP J BASSO
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FEB 16 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0112225

PAVV SERVICES
PHILIP J BASSO
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067

Fagle

Do NOT Remove Label

Annual Reporting Period: FEB 5 1997 TO FEB 5 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: _____

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MAY 21 1998
Bureau of Air Monitoring
& Mobile Sources

#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: PHILIP BASSO *Philip Basso* 2/5/98
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: 1:30 TIME OUT: 2:30 AIRS ID#: 0112225
 TYPE OF FACILITY: Dry Cleaners
 FACILITY NAME: Eagle Cleaners DATE: 3-25-97
 FACILITY LOCATION: 7400 Wiles Road
Coral Springs FL 33067
 RESPONSIBLE OFFICIAL: Philip Basso PHONE NUMBER: 755-8543

- 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
	<p>RECEIVED</p> <p>MAY 8 1997</p> <p>Bureau of Air Monitoring & Mobile Sources</p>

COMMENTS:

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

DATE OF NEXT INSPECTION: March 1998
(Approximate)

INSPECTION CONDUCTED BY: Bob Thomas
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 519-1459

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Kagel DATE: 3-25-97
 FACILITY LOCATION: 7400 wiles Road suite 108
coral springs Fl 33304

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: Philip Basso Philip Basso 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112225 DATE: 12-28-98 TIME IN: 10:00 TIME OUT: 10:20

FACILITY NAME: EAGLE CLEANERS

FACILITY LOCATION: 7400 WILES RD. CORAL SPRINGS, FL. 33067

RESPONSIBLE OFFICIAL: PHILIP BASSO PHONE: (954) 755-8543

CONTACT NAME: — PHONE: —

PART I: NOTIFICATION

(check appropriate box)

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

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JAN - 4 1999
Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

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

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

- A.
- | | |
|--|--|
| 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) | 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) |
| 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) | 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) |

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 _____ gallons.

*Inactivate
1/5/99*

ADDITIONAL SITE INFORMATION:

THIS FACILITY IS A DROP OFF SITE.
NO DRY CLEANING DONE ON PREMISIS.
PLEASE MAKE INACTIVE.

all

302507

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FEB 16 1998

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#0112225
PAVV SERVICES PHILIP J BASSO 7400 WILES ROAD SUITE 108 CORAL SPRINGS FL 33067

Fazio

Do **NOT** Remove Label

Annual Reporting Period: of JAN. 1, 1998 TO DEC. 31, 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: _____

RECEIVED
MAIL ROOM
FEB 12 98

#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: _____

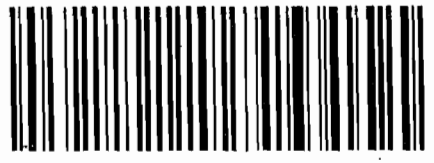
Method used to demonstrate compliance: _____

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.

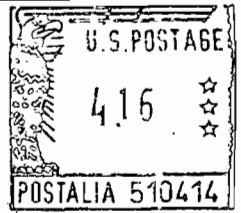
RESPONSIBLE OFFICIAL: PHILIP BASSO *Philip Basso* 2/5/98
Name (Please Print) Signature Date

*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.

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



7000 0600 0026 4129 9846



RECEIVED

AUG 13 2001

Bureau of Air Monitoring
& Mobile Sources

RETURN TO SENDER
AUG 7 2001
UNCLAIMED

JM

10 AIRS ID # 0112225001AG
PHILIP J BASSO
EAGLE CLEANERS
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067

*JM WL
6-8*

NAME _____
1st Notice 6.08
2nd Notice 7.18
Return 7.25

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS

COMPLETE THIS SECTION ON DELIVERY

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

1. Article Addressed to:

10 AIRS ID # 0112225001AG
PHILIP J BASSO
EAGLE CLEANERS
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067

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

C. Signature Agent
X 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 (Copy from service label)
70000600002641299846

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302507 ✓

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 RECEIVED

FEB 16 1998

Bureau of Air Monitoring
& Mobile Sources

Do **NOT** Remove Label

PAVV SERVICES PHILIP J BASSO 7400 WILES ROAD SUITE 108 CORAL SPRINGS FL 33067	AIRS ID#0112225
--	-----------------

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

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

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

Consult postmaster for fee.

3. Article Addressed to:

EAGLE CLEANERS
 PHILIP J BASSO
 7400 WILES ROAD SUITE 108
 CORAL SPRINGS FL 33067

AIRS ID # 0112225

4a. Article Number

Z 333667 187

4b. Service Type

- Registered Certified
- Express Mail Insured
- 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)

Thank you for using Return Receipt Service.

PS Form 3811 December 1994

102595-97-B-0179

Domestic Return Receipt

Z 333 667 187

US Postal Service
Receipt for Certified Mail

AIRS ID # 0112225

EAGLE CLEANERS
 PHILIP J BASSO
 7400 WILES ROAD SUITE 108
 CORAL SPRINGS FL 33067

PS Form 3800 April 1995

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

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

Z 333 667 187

MAIL

37550301000
2529 1R MS#5510
BAMMS
JOEY ROBERTS

~~EAGLE CLEANERS
PHILIP J BASSO
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067~~

AIRS ID # 0112225

*Moved left
Forward*

*Bureau of Air Monitoring
& Mobile Sources*

TALLAHASSEE
APR - 1 '99
PB METER
6846314

RECEIVED
APR 22 3 59 PM '99

U.S. POSTAGE
? RETURNED TO SENDER

REASON CHECKED
Unclaimed _____
Attempted-Not known _____
Insufficient Address _____
No such street _____ number _____
No such office in state _____
Do not remail in this envelope _____

Moved, left no address
 No such number
 Moved, not forwardable
 Address unknown

NAME _____
1st Notice _____
2nd Notice _____
Return _____





Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
April 1, 1999

David B. Struhs
Secretary

NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year **1998** you operated a facility that is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c) 2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is **\$50** for calendar year **1998**. A notice of your obligation to pay the annual emissions fee was sent to you last year by certified mail, along with an invoice form and instructions. A final notice was sent last month reminding you of the March 1 deadline for submittal of this fee. Since the Department has not received your annual emissions fee, a **50%** penalty is being assessed against your facility, in accordance with Rule 62-213.205(1)(g), F.A.C., for a total fee of **\$75** for calendar year **1998**.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will proceed to revoke your facility's Title V Air General Permit and will also seek interest in accordance with Section 220.807, F.S.

To submit your \$75 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

Enclosure: Invoice Form

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



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

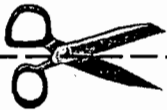
TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

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: \$75.00

Do **NOT** Remove Label

EAGLE CLEANERS
PHILIP J BASSO
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067

AIRS ID # 0112225

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



POSTAGE
REQUIRED

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

Fold at line over top of envelope to

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 0112225

PAVV SERVICES
PHILIP J BASSO
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067

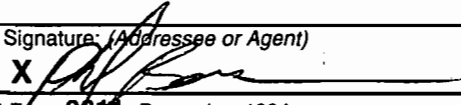
4a. Article Number
2333-613-581

4b. Service Type

<input type="checkbox"/> Registered	<input 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
2/17/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X 

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

is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 581

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to

AIRS ID 0112225

PAVV SERVICES
PHILIP J BASSO
7400 WILES ROAD SUITE 108
CORAL SPRINGS FL 33067

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

Is your RETURN ADDRESS completed on the reverse side?

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EAGLE CLEANERS
 PHILIP J BASSO
 7400 WILES ROAD SUITE 108
 CORAL SPRINGS FL 33067

AIRS ID # 0112225

4a. Article Number

P174 052 210

4b. Service Type

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

7. Date of Delivery

2-27 MS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.

P 174 052 210

1999

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0112225

EAGLE CLEANERS
 PHILIP J BASSO
 7400 WILES ROAD SUITE 108
 CORAL SPRINGS FL 33067

PS Form 3800, April 1995

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

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AIRS ID # 0112225

EAGLE CLEANERS
 PHILIP J BASSO
 7400 WILES ROAD SUITE 108
 CORAL SPRINGS FL 33067

4a. Article Number

Z 333 660 534

4b. Service Type

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

7. Date of Delivery

2-13 MS

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

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

PS Form 3811, December 1994

102595-97-8-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 534

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

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AIRS ID # 0112225

EAGLE CLEANERS
 PHILIP J BASSO
 7400 WILES ROAD SUITE 108
 CORAL SPRINGS FL 33067

PS Form 3800, April 1995

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Postmark or Date	