



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 23, 1996

Mr. Graciano Vega  
President  
One Low Price Cleaners  
1860-1870 Northwest 122nd Terrace  
Pembroke Pines, Florida 33026

Dear Mr. Vega:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 1996.

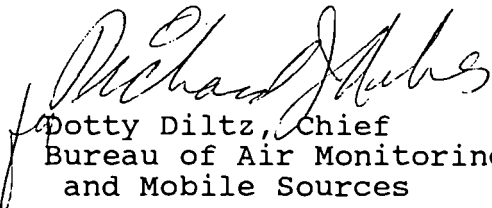
Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262042

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

RECEIVED  
MAIL ROOM

FEB 28 97

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID#: 0112233  
GRACIANO & PEGGY VEGA INC  
GRACIANO VEGA  
1860-1870 NW 122ND TERRACE  
PEMBROKE PINES FL 33026

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

# 0112233

One Low Price Cleaners.

- p.14 1.(c) mark out "v" and initial  
2.(a) should be 160 from 2.(a)  
+ 2.(b)  
2.(b) should be 4  
3. should be new large area source
- p.15 4. should be new large area source  
w/ refrig. con.  
5.(f) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	GRACIANO & PEGGY VEGA INC
2. Site Name (For example, plant name or number):	ONE LOW PRICE CLEANERS.
3. Hazardous Waste Generator Identification Number:	FLR 0000 16170
4. Facility Location: 1860-1870 N.W. 122ND TERRACE Street Address: City: PEMBROKE PINES County: BOWARD FL Zip Code: 33026	
5. Facility Identification Number (DEP Use):	0112233

## Responsible Official

6. Name and Title of Responsible Official:	GRACIANO VEGA PRES.
7. Responsible Official Mailing Address: 1860-1870 N.W. 122ND TERRACE Organization/Firm: ONE LOW PRICE CLEANERS Street Address: City: PEMBROKE PINE'S FL County: BOWARD Zip Code: 33026	
8. Responsible Official Telephone Number: Telephone: (954) 435-6600 Fax: (954) 435-6600	

## 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 21 1990

**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.

FORENTA MODEL D-345		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed		Date Machine Initially Purchased	Date Control Device Installed
Type of Machine	ID			ID			ID		
Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92									
Dry-to-Dry Unit	DRY TO DRY								
(1) w/ ref. condenser	(1)	4-19-96	4-19-96						
(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 (150 GALLONS PERC. IN ANNUAL PROGRAM FOR STARTUP IN DRY CLEANING MACHINE PERC USAGE LAST 3 MONTHS)

(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:

FROM 4-19-96 TO 8-16-96 OPOX 10 GALLON

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

new  
large  
f.c.

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.*

Graciano Vega  
Signature

8-16-96  
Date

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_ AIRS ID#: 0112233

TYPE OF FACILITY: Dry Cleaning - Perc.

FACILITY NAME: One low Price Cleaners DATE: 04/22/97

FACILITY LOCATION: 1860-1870 Northwest 122<sup>nd</sup> Terrace  
Pembroke Pines, Florida 33026

RESPONSIBLE OFFICIAL: GRACIANO VEGA PHONE NUMBER: (954) 435-6600

- 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
<i>Facility is in Compliance</i>	

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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: April 1998

(Approximate)

INSPECTION CONDUCTED BY: OCTAVIAN OPRIS

(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 519-1420



### DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One low Price Cleaners DATE: 04/22/97  
 FACILITY LOCATION: 1860-1870 Northwest 122<sup>nd</sup> Terrace,  
Pembroke Pines, Florida 33026

Annual Reporting Period: April 1997 TO April 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:

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Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

MAY 8 1997

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 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: GRACIANO VEGA Graciano Vega 4-22-97  
 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: 11:00 TIME OUT: 12:00 AIRS ID#: 0112233

TYPE OF FACILITY: Dry Cleaning - Perc.

FACILITY NAME: One Low Price Cleaners DATE: 05/04/98

FACILITY LOCATION: 1860 - 1870 North west 122<sup>nd</sup> Terrace  
Pembroke Pines, Florida 33026

RESPONSIBLE OFFICIAL: GRACIANO VEGA PHONE NUMBER: (954) 435-6600

- 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  
 JUN 19 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: April 1999 (Approximate)

INSPECTION CONDUCTED BY: OCTAVIAN OPRIS (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (954) 519/1420

✓  
AOC

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

FACILITY NAME: One Low Price Cleaners DATE: 05/04/98  
 FACILITY LOCATION: 1860-1870 Northwest 122<sup>nd</sup> Terrace  
Pembroke Pines, Florida 33026

Annual Reporting Period: April 1997 TO April 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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JUN 19 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: GRACIANO VEGA Graciano Vega 05/04/98  
 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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

RECEIVED  
JUN 19 1998  
Bureau of Air Monitoring  
& Mobile Sources

TYPE OF INSPECTION: ANNUAL  RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0112233 DATE: 04/29/ TIME IN: 11:00 TIME OUT: 12:00  
 FACILITY NAME: One how Pine Cleaners  
 FACILITY LOCATION: 1860-1870 Northeast 122<sup>nd</sup> Terrace,  
Pembroke Pines, Florida 33026  
 RESPONSIBLE OFFICIAL: Graciano Vega PHONE: (954) 435-6600  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

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

- A.
- |  |   |
|--|---|
| 1. Existing small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)   | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)  |
| 3. Existing large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input checked="" type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(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 290 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?  Y  N  N/A
2. Examining the containers for leakage?  Y  N  N/A
3. Closing and securing machine doors except during loading/unloading?  Y  N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  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 | 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

OCTAVIAN OPRIS  
Inspector's Name (Please Print)

05/07/98  
Date of Inspection

[Signature]  
Inspector's Signature

May / 1999  
Approximate Date of Next Inspection

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

*all*

AIRS ID#: 0112233 DATE: 6/19/00 TIME IN: 1430 TIME OUT: 1515  
 FACILITY NAME: One low Price Cleaners  
 FACILITY LOCATION: 1860-1870 NW 122 Terrace  
Pembroke Pines, FL 33026  
 RESPONSIBLE OFFICIAL: Glaciano Vega PHONE: 435-4600  
 CONTACT NAME: same PHONE: same

Bureau of Air Monitoring  
& Mobile Sources  
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**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 <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91)  | 2. New small area source <input type="checkbox"/><br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91)   |
| 3. Existing large area source <input checked="" type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) | 4. New large area source <input type="checkbox"/><br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(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 200 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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  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  A
2. Has the facility maintained a leak log?  Y  N  A
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"/> A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 type="checkbox"/>
Odor (noticeable perc odor)	<input type="checkbox"/>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)	<input type="checkbox"/> N/A
Halogen leak detector	<input type="checkbox"/> N/A

**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

*Paul R. Shelton*  
 Inspector's Name (Please Print)

*6/19/00*  
 Date of Inspection

*Paul R. Shelton*  
 Inspector's Signature

*6/19/01*  
 Approximate Date of Next Inspection

Mon.-Fri.  
 7 AM - 7 PM  
 Sat. 8 AM - 5 PM

Graciano Vega  
 Peggy Vega



**ONE LOW PRICE CLEANERS**

PILL BOX PLAZA  
 1860-1870 N.W. 122nd Terrace  
 one block east of Flamingo on Tait  
 Pembroke Pines, FL 33026  
 (954) 435-6600

**TO BEST AVAILABLE COPY  
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST**

*ID # 0112233 One low Price cleaners - 1860-1870 NW. 122 Terrace Pembroke Pines*

**WASTE GENERATED**

Waste Type Code	Chemical name	Storage Method (Code <sup>1</sup> )	Disposal Method (Code <sup>2</sup> )	O F <sup>3</sup>	Container Size (Gal.) or WT. (LBS)	Total Quantity (Gallons)	Monthly Use (Gallons)	Hauler Name
M3	Perchloroethylene	11	16	F	11	70	15	MCF
NO	Dry Cleaning Filters	11	16	F	11	20#	20#	MCF

- |                                     |                                |                          |                                    |                                       |   |                                    |                             |                                   |                                      |   |   |                               |                              |
|-------------------------------------|--------------------------------|--------------------------|------------------------------------|---------------------------------------|---|------------------------------------|-----------------------------|-----------------------------------|--------------------------------------|---|---|-------------------------------|------------------------------|
| 01 Tanks - Above Ground             | 02 Tanks - Below Ground        | 03 40 to 55-Gallon Drums | 04 Sm. Size Containers (0-9 Gals.) | 05 Open Pits, Ponds, or Lagoons       | 06 Piled on Ground, Floor, or Other Surface | 07 Garbage/Refuse Container        | 08 Lab Packs                | 09 Other-Good Storage Method      | 10 Parts Cleaner/Washer Machines     | 11 Medium Containers (10 to 39 Gallons) | 12 Antifreeze Stored Separately/Labeled | 13 Bulk RCRA Waste Container  |                              |
| 01 Landfill - Govt. or Priv. Hauler | 02 Landfill - Generator Takes  | 03 Buried on Property    | 04 Pit or Pond                     | 05 Permitted Hazardous Waste Facility | 06 Public Sewer                             | 07 Septic Tank                     | 08 Recycled or Reused       | 09 Blended or Burned for Fuel     | 10 Hazardous Waste Incineration      | 11 Deep Well Injection                  | 12 Filtration Only                      | 13 Onsite Neutralization Only | 14 Wastewater Treatment Unit |
| 15 Other Questionable Treatment     | 16 Hazardous Waste Transporter | 17 Surface Discharge     | 18 Open Burning                    | 19 Evaporation After Treatment        | 20 Used Oil Transporter                     | 21 Commercial Laundry Service-POTW | 22 Metal Reclamation/Retort | 23 Universal Waste Rule Treatment | 24 CESQG Waste to HHW Collection CTR | 25 Waste to Energy SW Incinerator       |   |                               |                              |

3  
 O Onsite  
 F Off Site  
*3647 2 small 3 mo*

Any other hazardous waste streams noted on property: \_\_\_\_\_

Total amount of hazardous waste generated per month: 15 gallons.

Hazardous waste disposal manifests are maintained on-site for five years and are available upon request for inspection.  Yes  No

Was any hazardous material/waste discarded into dumpsters or refuse containers?  Yes  No

All secondary containment has sufficient volume to hold material required.  Yes  No

Floor drains in a hazardous material handling, usage or storage area, which lead to drain field, septic tank or storm water system, are secured or permanently sealed to prevent the release of hazardous materials.  Yes  No

Hazardous waste containers in hazardous waste storage areas are properly labeled as hazardous waste; an accumulation date is marked on the label; and the waste has not been stored on site for more than 180 days (Small Quantity Generator) or 90 days (Generator) beyond the accumulation date. (Not applicable for Conditionally Exempt Small Quantity Generators.)  Yes  No

A follow up inspection by Pollution Prevention Personnel, to address possible enforcement activities, is required at this site.  Yes  No

Comments: PR

- 01 Tanks — Above-Ground
- 02 Tanks — Below-Ground
- 03 40 to 55-Gallon Drums
- 04 Sm. Size Containers (0-09 Gals.)
- 05 Open Pits, Ponds, or Lagoons
- 06 Piled On Grnd, Fir, or Other Surface
- 07 Garbage/Refuse Container
- 08 Lab Packs
- 09 Other-Good Storage Method
- 10 Parts Cleaner/Washer Machines
- 11 Medium Containers (10 To 39) Gallon Containers
- 12 Antifreeze Stored Separately/Labeled
- 13 Bulk RCRA Waste Container


- 01 Landfill — Govt. or Priv. Hauler
- 02 Landfill — Generator Takes
- 03 Buried on Property
- 04 Pit or Pond
- 05 Permitted Hazard. Waste Facil.
- 06 Public Sewer
- 07 Septic Tank
- 08 Recycled or Reused
- 09 Blended or Burned for Fuel
- 10 Hazardous Waste Incineration
- 11 Deep Well Injection
- 12 Filtration Only
- 13 Onsite Neutralization Only
- 14 Wastewater Treatment Unit
- 15 Other Questionable Treatment
- 16 Hazardous Waste Transporter
- 17 Surface Discharge
- 18 Open Burning
- 19 Evaporation After Treatment
- 20 Used Oil Transporter
- 21 Commercial Laundry Service->POTW
- 22 Metal Reclamation/Retort
- 23 Universal Waste Rule Treatment
- 24 CESQG Waste to HHW Collection CTR
- 25 Waste to Energy SW Incinerator

**CLASSIFICATION CODES**

**CODE DESCRIPTION**

CESQG Conditionally Exempt Small Quantity Generator  
 SQG Small Quantity Generator

**HAZARDOUS WASTE GENERATOR CATEGORIES**

Key:  = 200 kilograms (kg) hazardous waste (sometimes equivalent to about a 55-gallon drum)

**Conditionally Exempt Small Quantity Generator Limits**      Less than 

In one month, you generate:

No more than 100 kilograms (220 lbs.). This is about half a 55-gallon drum, or about 25 gallons.\*

**OR**

You generate less than 1 kilogram of an acute hazardous waste (e.g. arsenic and cyanide compounds) in one month.

**AND**

You never accumulate more than 1,000 kilograms (2,200 lbs.) of hazardous waste at any time.

**100 to 1,000 Kg/mo Small Quantity Generator Limits**       to     

In one month, you generate:

More than 100 kilograms (220 lbs.) but less than 1,000 kilograms (2,200 lbs.).  
 This is approximately one-half of a drum to 5 drums, or 25 to 250 gallons.\*

**Generator Limits**           or more

In one month, you generate:

1,000 kilograms (2,200 lbs.) or more.  
 This is approximately 5 full drums, or 250 gallons or more.\*

**OR**

You generate 1 kilogram or more of an acute hazardous waste in one month.

\* These volume limits are based on the weight of water (8 lb./gallon) and are only provided for the purpose of estimating one's status. Heavier wastes like heavy metal sludges (20 lb./gallon) and chlorinated solvents such as perchloroethylene, freon, and trichloroethylene (12-13.5 lb./gallon) will need to be evaluated based on their actual weight per gallon.

acc ✓

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112233
GRACIANO & PEGGY VEGA INC
GRACIANO VEGA
1860-1870 NW 122ND TERRACE
PEMBROKE PINES FL 33026

Do **NOT** Remove Label

RECEIVED  
MAIL ROOM  
FEB - 6 98

Annual Reporting Period: JAN 1 1997 TO Dec 31 1997

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  
FEB 10 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: GRACIANO VEGA Graciano Vega 2-2-98

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.

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: One Low Price Cleaners DATE: 6/19/00  
 FACILITY LOCATION: 1860-1870 NW 122 Terrace  
Pembroke Park, FL 33026

Annual Reporting Period: June 19 2000 TO June 19 2001

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: GRACIANO VEGA Graciano Vega 6-19-2000  
 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.

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.

<p>3. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#: 0112233  <b>GRACIANO &amp; PEGGY VEGA INC</b>  <b>GRACIANO VEGA</b>  <b>1860-1870 NW 122ND TERRACE</b>  <b>PEMBROKE PINES FL 33026</b></p>	<p>4a. Article Number  <i>P265 302 360</i></p> <p>4b. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input checked="" type="checkbox"/> Certified</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt for Merchandise</td> <td><input type="checkbox"/> COD</td> </tr> </table> <p>7. Date of Delivery  <i>OK 2-15-97</i></p>	<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
<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						
<p>5. Received By: (Print Name)  <i>Graciano Vega</i></p> <p>6. Signature: (Addressee or Agent)  <i>X</i></p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>						

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

P 265.302 360

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

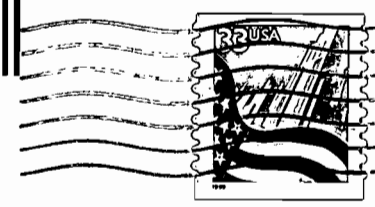
AIRS ID#: 0112233  
**GRACIANO & PEGGY VEGA INC**  
**GRACIANO VEGA**  
**1860-1870 NW 122ND TERRACE**  
**PEMBROKE PINES FL 33026**

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	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date <i>2/14/97</i>	



MAIL ROOM  
32315-3070



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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 389213

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 # 0112233  
ONE LOW PRICE CLEANERS  
GRACIANO VEGA  
1860-1870 NW 122ND TERRACE  
PEMBROKE PINES FL 33026

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

RECEIVED  
MAIL ROOM  
DEC - 9 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0354362

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 # 0112233  
ONE LOW PRICE CLEANERS  
GRACIANO VEGA  
1860-1870 NW 122ND TERRACE  
PEMBROKE PINES FL 33026

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

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DEC 2 1998  
Bureau of Air Monitoring  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405566 FEB16 2001

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

**TOTAL AMOUNT DUE: \$50.00**

*2/16/01 pd*

Do **NOT** Remove Label

AIRS ID # 0112233
ONE LOW PRICE CLEANERS GRACIANO VEGA 1860-1870 NW 122ND TERRACE PEMBROKE PINES FL 33026

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

*301909 ✓*

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#0112233
GRACIANO & PEGGY VEGA INC GRACIANO VEGA 1860-1870 NW 122ND TERRACE PEMBROKE PINES FL 33026

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

ck #1688

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.

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery 6/8/01

C. Signature Peggy Dup...  Agent  
 Addressee

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

1. Article Addressed to:

10 AIRS ID # 0112233001AG  
 GRACIANO VEGA  
 ONE LOW PRICE CLEANERS  
 1860-1870 NW 122ND TERRACE  
 PEMBROKE PINES FL 33026

Bureau of Air Monitoring

3. Service Type  Mobile Sources  
 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)  
70000600002641299679

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - No Insurance Coverage Provided)

Postmark Here

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

7000 0600 0026 4129 9679

Recip: 10 AIRS ID # 0112233001AG  
 Street: GRACIANO VEGA  
 City, S: ONE LOW PRICE CLEANERS  
 1860-1870 NW 122ND TERRACE  
 PEMBROKE PINES FL 33026

PS Form Instructions

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

**SENDER: C** **NOTION 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 # 0112233

ONE LOW PRICE CLEANERS  
GRACIANO VEGA  
1860-1870 NW 122ND TERRACE  
PEMBROKE PINES FL 33026

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

C. Signature  
 *Graciano Vega*  Agent  
 Addressee

Is delivery address different from item 1?  Yes  
 No  
 YES, enter delivery address below: \_\_\_\_\_

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)  
 7000 0600 0026 4126 0619

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

\_\_\_\_\_

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

AIRS ID # 0112233

ONE LOW PRICE CLEANERS  
GRACIANO VEGA  
1860-1870 NW 122ND TERRACE  
PEMBROKE PINES FL 33026

PS Form 3800 February 2009 Reverse for Instructions