

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 30, 1996

Mr. Antonio B. Zilveti Nu-Look 1 Hour Cleaners #47 900 Northeast 62nd Street Oakland Park, Florida 33334

Re: Facility I.D. No. 0112278

Dear Mr. Zilveti:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

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

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

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

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

Sincerely

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

| TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TIME IN: 10:45 TIME OUT: 11:20 AIRS ID#: 0112278 |
| TYPE OF FACILITY: PERC DRY CLEANER |
| FACILITY NAME: NU-LOOK 1 HOUR CLEWERS #47 DATE: 10/27/97 |
| FACILITY LOCATION: 900 NE 102 ST. OAKLAND PARK, FL. 33334 |
| |
| RESPONSIBLE OFFICIAL: ANTONIO ZILVETI PHONE NUMBER: (954) 771-6055 |
| 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 |
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| COMMENTS: |
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| - |
| The Angual Compliant Corifornia for the base and the state of the stat |
| The Annual Compliance Certification form has been properly certified and submitted to the inspects YES NO |
| DATE OF NEXT INSPECTION: OCT 1998 (Approximate) |
| INSPECTION CONDUCTED BY: ART PENNETTA |
| (Please Print) |
| INSPECTOR'S SIGNATURE: At Kountle PHONE NUMBE (954) 59-1428 |

Page___of___.

Revised 10/96

BEST AVAILABLE COPY LOTTON SUMMART REPORT

Bowman, Sandy

From: Sent:

Bowman, Sandy

To:

Monday, September 10, 2001 9:36 AM Sullivan, Ann

Subject:

RE: Re: Cashlisting

Ann,

01/22 Pook the I cannot find a drycleaning facility identified as Holiday Valet, Inc. in the ARMS database. Do you by chance have an address for this facility? I can initiate a query with a location address or a town/city. Although the \$75 is an amount we could receive (\$50.00 annual emissions fee plus \$25.00 penalty), the payment may not be ours.

Sandy

----Original Message-----

From:

Sullivan, Ann

Sent:

Monday, September 10, 2001 7:40 AM

To: Subject: Bowman, Sandy RE: Re: Cashlisting

Sandy, try it now and let me know if it works. For some reason the application field was not automatically populated with PA when entered.

Ann Sullivan

-----Original Message-----

Boatwright, Caton From:

Sent: Friday, September 07, 2001 8:57 AM

To: Sullivan, Ann Subject: FW: Re: Cashlisting

----Original Message----

Bowman, Sandy From:

Sent: Friday, September 07, 2001 5:13 AM

To: Boatwright, Caton Davis, William Cc:

Subject: Re: Cashlisting

Caton.

I have received a copy of the cash listing by deposit for September 5. A check for \$75.00 was cashlisted to object code 2273. The check was from Holiday Valet, Inc. (Remittance #445943). I cannot find Holiday Valet, Inc. in our database. Do you have any other supporting documentation for this business?

Thank you.

Sandy

Sandy Bowman Environmental Consultant DEP-Division of Air Resource Management (850)921-9583 or SUNCOM 291-9583 E-Mail: Sandy.Bowman@dep.state.fl.us

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| 1. | Facility Owner/Company Name (Name of corporation, agency, or individual owner): |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | ANTONIO B. ZILVETI AND OR MARIAS. ZILVETI |
| 2. | Site Name (For example, plant name or number): |
| | NU-LOOK I HOUR CLEANERS #47 |
| 3. | Hazardous Waste Generator Identification Number: |
| | EPA 11 FLA 981611124 |
| 4. | Street Address: GOO NE 62ND STREET City: PAKLAND PARK County: BROWARD Zip Code: 33354 |
| 5. | Facility Identification Number (DEP Use): |
| | 950HZU - 7/2248 |
| | Responsible Official |
| 6. | Name and Title of Responsible Official: |
| | ANTONIO B. ZILVETI AND OR MARIA S. ZILVETI |
| 7. | O india Time and the last the |
| | Organization/Firm: NV-100K 140VN CLEANENS 447 Street Address: 900 NE 62ND STREET City: OLEGANENS AND COUNTY: Zip Code: |
| · | City: OKKLUND PUNK BROWAND Zip Code: 37334 |
| | |
| 8. | Responsible Official Telephone Number: Telephone: (6514) 652 Fax: () - |
| | Telephone: (954) 771 6055 Fax: () - |
| | Facility Contact (If different from Responsible Official) |
| 9. | Name and Title of Facility Contact (For example, plant manager): |
| | <u>.</u> |
| 10. | Facility Contact Address: |
| | Street Address: |
| | City: County: Zip Code: |
| 11 | Facility Contact Talanhana Number |
| 11. | Facility Contact Telephone Number: Telephone: () - Fax: () - |
| | |
| | FEIVED |

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AUG 30 1996

Bureau of Air Monitoring
& Mobile Sources

DEP Form No. 62-213.900(2) Effective: 6-25-96 #0112278

P.15

(c) or (d) Should be marked

(f) should be marked

-

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Facility Information

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

| | | Date | Date | | Date | Date | | Date | Date |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------|-------------------------------|-------|----------------|-----------|-------|-----------|-----------|
| VIC MODEL YOR | ļ | Machine | Control | | Machine | Control | | Machine | Control |
| · · · · · · · · · · · · · · · · · · · | | Initially | Device | | Initially | Device | • | Initially | Device |
| Type of Machine | ID | Purchased | Installed | ID | Purchased | Installed | ID | Purchased | Installed |
| Example | #1 | 03-OCT-93 | 12-NOV-93 | #2 | 08-DEC-91 | | #3 | 02-MAR-92 | 02-MAR-9. |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | | | | | | | | | |
| (2) w/ carbon adsorber | | | | | | - | | - | |
| (3) w/ no controls | #11 | 14 APR 86 | X | | | | | | |
| Washer Unit | | 1.4 | | | · | | | | |
| (4) w/ ref. condenser | | | | _ | | | | | |
| (5) w/ carbon adsorber | | i | | | | | | | |
| (6) w/ no controls | - | | | | | | | | |
| Dryer Unit | | l . | | | | | | | I |
| (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 (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less | are re quanti gallo | equired to be ity of perchlons ow many? [| installed [_ proethylene (| perc) | purchased in | | | | |
| 3. What is the facility's so (Indicate with an "X". Existing small ar | Selec ea so | t one classifi | cation only.) Ne | w sm | iall area sour | rce [] | 3) of | Part 11? | |
| Existing large are | ea sou | irce [X] | Ne | w lar | ge area sour | ce [| | | |

DEP Form No. 62-213.900(2)

Effective: 6-25-96

| (Indicate with an "X".) | ired on machines | pursuant to section (5) of | Part II of this notification form? |
|--------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------|------------------------------------|
| Existing large area source Carbon adsorber | | Refrigerated condenser | <u> </u> |
| New small area source Refrigerated condenser | | | |
| New large area source Refrigerated condenser | | | |
| | | | |
| | | | |
| 5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such u | that all steam and | d hot water generating uni | |
| All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil co | d exclusively by n | atural gas except for perio | ods of natural gas curtailment |
| All steam and hot water generating No such units on-site | units exempt | (X) | |
| | | | |
| · | | | |
| Equipme | ent Monitoring a | and Recordkeeping Infor | mation |
| Check all logs which are required to | o be kept on-site | in accordance with the rec | quirements of this general permit: |
| (a) Purchase receipts and solvent pu | urchases | | (X) |
| (b) Leak detection inspection and re | epair | | [X] |
| (c) Refrigerated condenser tempera | ture monitoring | | |
| (d) Carbon adsorber exhaust perc co | oncentration mon | itoring | |
| (e) Instrument calibration | | | |
| (f) Start-up, shutdown, malfunction | n plan | • | |
| | | | |

DEP Form No. 62-213.900(2) Effective: 6-25-96

Surrender of Existing Air Permit(s)

| Please indica | te 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) |
| <u>[X]</u> | No air permits currently exist for the operation of the facility indicated in this notification form. |
| | Responsible Official Certification |
| this notifi statemen maintain | dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form. |
| I will pro | mptly notify the Department of any changes to the information contained in this notification. |
| Signature | M megihete 8/28/94 |
| Signature | Date |

DEP Form No. 62-213.900(2) Effective: 6-25-96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| RE-IN | SPECTION | 2 | COM LAINING | ISCOVERY | <u> </u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------|
| AIRS ID#: <u>O112279</u> DATE: FACILITY NAME: <u>NU-LCOK</u> FACILITY LOCATION: <u>900 N</u> | 1 HOUR | CLEAN | ERS # 47 | 7 | |
| RESPONSIBLE OFFICIAL: ANTO | | | • | | |
| PART I: NOTIFICATION | | | | | |
| (check appropriate box) 1. New facility notified DARM 30 days p 2. Facility failed to notify DARM to use g | - | | | | 8 |
| PART II: CLASSIFICATION | | | | | |
| | | | | | |
| Facility indicated on notification form to (check appropriate box) | nat it is: | | ☐ No notification☐ Drop store/out | | roleum |
| (check appropriate box) A. | □ 2. N dry-to trans both | fer only, $x < 1$ types, $x < 1$ | Drop store/out rea source x < 140 gal/yr < 200 gal/yr | | troleum |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr | 2. N dry-te trans both (cons | o-dry only, x or types, x < 1 structed on or conditions of the condition o | Drop store/out rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) | of business/pe | troleum |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr | 2. N dry-te trans both (cons | o-dry only, x or types, x < 1 structed on or conditions of the condition o | Drop store/out rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ | of business/pe | troleum |
| (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification of the propriate of the properties of the prope | 2. N dry-te trans both (cons 4. N dry-te trans both (cons cons de classification: de for a general p | o-dry only, x or types, x < 1 structed on a cew large and o-dry only, for only, 20 types, 140 structed on a cermit as nu | Drop store/out rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determ | of business/pe | troleum |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? MD JE 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at PAY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN BN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been 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) וארו יאפו 1. Equipped all machines with the appropriate vent controls? MY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| B | Has the responsible official of an existing large or new large area source also: | | | |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------|-----------------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΟY | מם | : |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΩY | ΩИ | DN/A □ |
| | Is the temperature differential equal to or greater than 20° F? | ΩY | ПN | □ |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΟY | DИ | □ }₹/4 |
| | Is the perc concentration equal to or less than 100 ppm? | ΩУ | ΩN | □: |
| 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? | ΟY | NO | |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | QΥ | DИ | □Ni\v |
| б. | Routed airflow to the carbon adsorber (if used) at all times? | ΟY | ПN | □in. |
| = | | | | |
| P. | ART V: RECORDKEEPING REQUIREMENTS | | | |
| | as the responsible official: check appropriate boxes) | | | |
| 1. | Maintained receipts for perc purchased? | | DИ | |
| 2. | Maintained rolling monthly averages of perc consumption? | gY | ПN | |
| 3. | Maintained leak detection inspection and repair reports for the following: | | | |
| | a. documentation of leaks repaired w/in 24 hrs? or; | PY | ΠИ | □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? | | | DN/A |
| 4. | . Maintained calibration data? (for applicable direct reading instruments) | | | CAN/A |
| 5. | Maintained exhaust duct monitoring data on perc concentrations? | _ | | ☑N/A |
| 6. | . Maintained startup/shutdown/malfunction plan? | | ΠИ | |
| 7. | . Maintained deviation reports? | | $\square N$ | $\square N / A$ |
| | Problem corrected? | _ | | |

8. Maintained compliance plan, if applicable?

DY DN BNA

| P | PART VI: LEAK DETECTION AND REPAIRS | | | | | |
|----------|------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|-----------------|--|--|
| 1. | 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair | | | | | |
| | inspection? | | | ØÝ □N | | |
| 2. | Has the facility maintained a leak log? | | | BY ON | | |
| 3. | Does the responsible official check the | following areas for le | eaks? | | | |
| | Hose connections, fittings, couplings, and valves | OY ON ON/A | Muck cookers | ™ ON ON/A | | |
| | Door gaskets and seating | ØY ON ON/A | Stills | BY ON ON/A | | |
| | Filter gaskets and seating | MY ON ON/A | Exhaust dampers | DY ON ON/A | | |
| | Pumps | MY ON ON/A | Diverter valves | DY ON ON/A | | |
| | Solvent tanks and containers | OY ON ON/A | Cartridge filter housings | MY ON ON/A | | |
| | Water separators | BY ON ON/A | | | | |
| 4. | Which method of detection is used by | the responsible officia | 1? | | | |
| | Visual examination (condensed s | solvent on exterior su | rfaces) | a | | |
| I | Physical detection (airflow felt th | rough gaskets) | | | | |
| | Odor (noticeable perc odor) | | | E | | |
| | Use of direct-reading instrument | ation (FID/PID/calori | metric tubes) | | | |
| - | Halogen leak detector | | | | | |
| | If using direct-reading inst | rumentation, is the c | quipment: | EN/A | | |
| | a. Capable of detecting | perc vapor concentra | tions in a range of 0-500 ppm? | OY ON | | |
| | b. Calibrated against a (PID/FID only)? | standard gas prior to | and after each use | OY ON | | |
| | c. Inspected for leaks a | nd obvious signs of w | ear on a weekly basis? | OY ON | | |
| | d. Kept in a clean and | secure area when not | in use? | OY ON | | |
| | e. Verified for accuracy | by use of duplicate s | amples (calorimetric only)? | Ο7. | | |
| | | | | | | |
| <u>_</u> | | | | | | |
| | | | | | | |
| | ART PENNETTA | | 10/27/97 | 7 | | |
| - | Inspector's Name (Please Pri | | Date of Inspe | ection | | |
| | $\Omega \cap \Omega$ | | | | | |
| _ | Cothe Krith | | OCT 1997 | ? | | |
| | Inspector's Signature | | Approximate Date of | Next Inspection | | |

0112278

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| au | |
|---------------|--|
| \mathcal{O} | |

| FACILITY NAME: NU-LOCK 1 HOUR CLEANERS # 47 DATE: 10/27/87 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FACILITY LOCATION: 900 NE 62 ST OAKLAUD PLAK FL 33334 |
| |
| Annual Reporting Period: CCT 27 1996 TO CCT 27 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. |
| 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 |
| 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 |
| 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: Name (Please Print) Signature Date |

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

Page _____ of ____.

NOV 1 2 1997

Bureau of Air Monitoring & Mobile Sources

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| | ANNUAL COM | IPLIANCE CERTIF | ICATION FORM | |
|-------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------|------------------------------|------------------------|
| NULONK ONE IN- 2 " | | AIRS ID 01 B ZILVETI B ZILVETL ND STREET D PARK FL 33334 | 2. Mobile Sources | RECEIV MAR 1 8 1998 |
| | | Do <u>NOT</u> Remove Label | | т ж |
| Annual Reporting Period: | 2/25 | 19 <u></u> 97 TO | 2/25 | <u> </u> |
| Based on each term or condition 62-213.300, Florida Administration of the Hall Term or condition of the | trative Code (F.A.C.), during | g the period covered by th | is statement. YES | Пио |
| Exact period of non-complian | ice: from | | to | Bure |
| Action(s) taken to achieve con | | | | Mod 22 |
| Method used to demonstrate of | | | | |
| #2. Term or condition of the | general permit that has not b | been in continuous compli | ance during the reporting | un 🥆 |
| Exact period of non-complian | ce: from | · · · · · · · · · · · · · · · · · · · | to | |
| A crion(s) taken to achieve cor | upliance: | | | |
| Method used to demonstrate of | ompliance: | | | |
| As the responsible official, I her notification are true, accurate a does not exceed 2,100 gallons pe | nd complete. Further, my ann | nual consumption of perchl | oroethylene solvent, based u | pon purchuse receipts, |
| RESPONSIBLE OFFICIAL | : Name (Please Pri | | Signature | 725/75 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.

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| ANNEN SCHNEIDER | | | |
|------------------------------------------------------------------|------------------------|--------------------------|-----------------------------------------|
| | AIRS I | D 0112278 | ≈ eg |
| VIVLOOK ONE HOUR BY 7 | D ZILVET I | | * * A |
| 900 NE 62N | ND STREET | | |
| | PARK FL 33334 | | S 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| | |) | 8 1991 8 1991 Fr Monit |
| | | | 1998 |
| | Do NOT Remove La | abel | EIVEL 18 1998 Air Monitoring |
| Ω | | in | |
| Amusal Demosting Deviced | 19 97 | TO flear | -le 3/ 0 19 F |
| Annual Reporting Period: | 19 | 10 | 17 |
| | | | |
| Based on each term or condition of the Title V general air | permit, my facility b | as remained in complia | ance with DEP Rule |
| 62-213.300, Florida Administrative Code (F.A.C.), during | _ | | <u> </u> |
| 02-213.300, Florida Administrative Code (F.A.C.), during | ; the period covered t | y dus statement. | 110 |
| If NO, complete the following: | | | |
| in 140, complete the following. | | | |
| #1. Term or condition of the general permit that has not b | een in continuous co | mpliance during the re | porting period stated above: |
| | | | |
| | | | |
| E a des la la Casa asserti sera Casa | | | |
| Exact period of non-compliance: from | | to | |
| Action(s) taken to achieve compliance: | | ~ | |
| rection(s) taken to achieve compliance. | | | 1 |
| Method used to demonstrate compliance: | | | · |
| | | | |
| | | | |
| #2. Term or condition of the general permit that has not be | een in continuous co | mpliance during the re | porting period stated above: |
| · | | | |
| | | - | |
| Exact period of non-compliance: from | | to | • |
| | | | |
| Action(s) taken to achieve compliance | | | |
| | | | |
| Method used to demonstrate compliance: | | | i |
| a (manifesta | | | |
| | | | |
| As the responsible official, I hereby certify, based on informat | ion and haliat formad | aftar ransonahla inauiro | that the statements made in th |
| notification are true, accurate and complete. Further, my ann | | | |
| does not exceed 2,100 gallons per year for dry-to dry facilities | | | |
| | | _ | |
| KAMEN SCHILL | K. | and Short | J25/95 |
| RESPONSIBLE OFFICIAL: Name (Please Pri | 10 | verouvies | |
| Name (Please Pri | nt) | 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.

| SENDER: Complete items 1 and/or 2 for addition Complete items 3, 4a, and 4b. Print your name and address on the recard to you. Attach this form to the front of the mapermit. Write 'Return Receipt Requested' on the Return Receipt will show to whor delivered. | reverse of this form so that we ilplece, or on the back if spac the mailplece below the articl | e does not e number. | I also wish to red following service extra fee): | s (for an) B 12'98 (TO) ee's Address) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------|---------------------------------------------|
| 3. Article Addressed to: | AIRS ID 0112278 | 4b. Service 1 Registere Express I Return Rec | Type and Mail Delivery 2 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 | Certified Insured COD |
| 6. Signature (Addresses or Age X PS Form 3811, December 199 | | 2595-97-B-0179 | Domestic Ret | urn Receipt |

| . Z 333 | 613 | 157 |
|---------------------------------------------------------------------------------|--------------------|---------------------|
| JS Postal Service Receipt for Ce l No Insurance Coverage | rtified Provide | l Mail d. |
| | A | IRS ID 0112278 |
| ANTONIO B ZILVETI ANTONIO B ZILVETI 900 NE 62ND STREET OAKLAND PARK FL | [[| |
| , usiay o | \$ | |
| Certified Fee | | |
| Special Delivery Fee | | |
| Restricted Delivery Fee | | |
| Return Receipt Showing to Whom & Date Delivered | | |
| Return Receipt Showing to Whor Date, & Addressee's Address | n, | |
| TOTAL Postage & Fees | \$ | |
| Postmark or Date | • | |

Fold at line over top of envelope to SENDER: I also wish to receive the ■Complete items 1 and/or 2 for additional services. following services (for an ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this extra fee): Receipt Service card to you. Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address permit. Write "Return Receipt Requested" on the mailpiece below the article number. 2. Restricted Delivery completed on the ■The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number Return 4b. Service Type AIRS ID#: 0112278 ▼ Certified ANTONIO B ZILVETI ☐ Registered nsing RETURN ADDRESS ANTONIO B ZILVETI ☐ Express Mail ☐ Insured 900 NE 62ND STREET ☐ Return Receipt for Merchandise ☐ COD ₫ **OAKLAND PARK FL 33334** 7. Date of Delivery Thank you Addressee's Address (Only if requested and fee is paid) 5. Received By: (Print-Name) Vour 6. Signature: Domestic Return Receipt PS Form 3811, December 1994 P 265 302 366 · P. 265 302 367 US Postal Service **US Postal Service** Receipt for Certified Mail Receipt for Certified Mail No Insurance Coverage Provided. No Insurance Coverage Provided. Do not use for International Mail (See reverse) Do not use for International Mail (See reverse) Sent to AIRS ID#: 0112278 AIRS ID#: 0112282 ANTONIO B ZILVETI **FELIX KARAVASILOS** ANTONIO B ZILVETI FELIX KARAVASILOS 900 NE 62ND STREET 207 S FEDERAL HWY OAKLAND PARK FL 33334 POMPANO FL 33062 Certmea ree Certified Fee Special Delivery Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Return Receipt Showing to Whom & Date Delivered Whom & Date Delivered Return Receipt Showing to Whom Return Receipt Showing to Whom Date, & Addressee's Address Date, & Addressee's Address TOTAL Postage & Fees \$ TOTAL Postage & Fees

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

| TYPE OF INSPECTION: | ANNUAL | 9 | COMPLAIN | T/DISCOVERY | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------|--------------|
| | RE-INSPECTION | 4 0 | | RE | CE" 1995 |
| | | | | | |
| ARS ID#: <u>0/12278</u> | DATE: (2/23/ | 98 TIME I | N: | TIME OUT: | MAR. |
| FACILITY NAME: | Nu- L00 | <u> </u> | HR CC. | | Bureau of K |
| FACILITY LOCATION: | 900 | NE 625 | -d 5+ | Oakland | OK |
| | | | · . | 33 | 334 |
| RESPONSIBLE OFFICIAL : | KAREN S. | chreiden | PHONE: | 754) 171 | -6053 |
| CONTACT NAME: <u>Ka</u> | een Schreid | h. | PHONE: | | |
| PART I: NOTIFICATION | | | | | |
| | | | | | |
| (check appropriate box) | (2 () days a sisa ya ya ya | | | | n_ |
| 1. New facility notified DARM | | | | | |
| 2. Facility failed to notify DAR | tivi to use general perm | nit | | | |
| | | | | | |
| PART II: CLASSIFICATION | | | | | |
| Facility indicated on notificat (check appropriate box) | ion form that it is: | | ☐ No nontic | eauon form e/out of business/ | petroleum |
| A. | | | 2 010p 3101 | croat or ousiness. | , ped oledin |
| 1. Existing small area sour | | 2. New small : | | | |
| dry-to-dry only, $x \le 140$ galutransfer only, $x \le 200$ gal/yr | • | dry-to-dry only, transfer only, x | | | . |
| both types, x < 140 gal/yr | | both types, x < | 140 gal/yr | | |
| (constructed before 12/9/91) | 1 | (constructed on | or after 12/9/9 | 1) | |
| 3. Existing large area sour dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91) | .100 gal/yr 00 gal/yr gal/yr | 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on | $140 \le x \le 2.10$ $00 \le x \le 1.800$ $\le x \le 1.800$ ga | gal/yr l/yr | |
| 5. This is a correct facility of | lassification | NC PA | □Can not de | etermine | |
| | appropriate classifica ity qualified for a gene ity exceeds above limi | eral permit as ni | | | |
| B. The total quantity of perchleacility was 100 gallons | | chased within t | he preceding 1 | 2 months by this | dry cleaning |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN EN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? AND NO PE 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? ANC NCYC 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

| B. Has the responsible official of an existing large or new large area source also: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 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? | □Ү □М |
| Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | DY ON ON/A |
| Is the temperature differential equal to or greater than 20° F? | ANNO NO YO |
| 3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | OY ON ON/A |
| Is the perc concentration equal to or less than 100 ppm? | AVAD ND YD |
| 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? | OY ON ON/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | אום אם אם |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | OY ON ON/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? Maintained rolling monthly total of post. Maintained leak detection inspection and repair reports for the following: No AKS DY DN DN/A b. documentation of parts ordered to repair leak and leak repaired wing ON ON A and parts installed w/in 5 days of receipt? DY DN DWA 4. Maintained calibration data? (for applicable direct reading instruments) ANTE NO MA 5. Maintained exhaust duct monitoring data on perc concentrations? ND YO 6. Maintained startup/shutdown/malfunction plan? AND NO YO 7. Maintained deviation reports? DY DN DNA Problem corrected? DY DN DXVA 8. Maintained compliance plan, if applicable?

| Ρ. | ART VI: LEAK DETECTION AND | REPAIRS | | |
|----|---------------------------------------------------|-------------------------------|------------------------------|-----------------|
| l. | Does the responsible official conduct a | weekly (for small sources, | bi-weekly) leak detection ar | nd repair |
| | inspection? | | | DY ON |
| 2. | Has the facility maintained a leak log? | | | ON ON |
| 3. | Does the responsible official check the | following areas for leaks? | | |
| | Hose connections, fittings, couplings, and valves | OX ON ON/A | Muck cookers | ON ON/A |
| | Door gaskets and seating | DY ON ON/A | Sulls | ON ON ON/A |
| | Filter gaskets and seating | OY ON ON/A | Exhaust dampers | אואם אם אַקּ |
| | Pumps | AND NO YE | Diverter valves | DAY ON ONIA |
| | Solvent tanks and containers | OY ON ON/A | Cartridge filter housings | אואם אם אם |
| | Water separators | AND NO YE | | |
| 4. | Which method of detection is used by | the responsible official? | | |
| | Visual examination (condensed s | solvent on exterior surfaces) | | |
| | Physical detection (airflow felt th | nrough gaskets) | | 9 |
| | Odor (noticeable perc odor) | | | |
| | Use of direct-reading instrument | ation (FID/PID/calorimetric | (ubes) | ¹ NA |
| | Halogen leak detector | | | ם'/' |
| | If using direct-reading inst | rumentation, is the equipn | ient: | DNIA |
| | a. Capable of detecting | perc vapor concentrations i | n a range of 0-500 ppm? | OY ON |
| | b. Calibrated against a (PID/FID only)? | standard gas prior to and af | ter each use | אם צם |
| | c. Inspected for leaks a | nd obvious signs of wear on | a weekly basis? | אם אם |
| | d. Kept in a clean and | secure area when not in use' | ? | OY ON |
| | e. Verified for accuracy | by use of duplicate sample: | s (calorimetric only)? | אם צם |

Inspector's Name (Please Print)

Date of Inspection

Date of Inspection

Approximate Date of Next Inspection

ACC

| AIRS ID | #: O | 112 | 278 | , |
|---------|-------------|-----|-----|---|
| | | | | |

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

| FACILITY NAME: | Nu- | Look | 1 Hg | CLANERDAT | E: 12/23/28 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------|------------------------------------------|-------------------------|--------------------|
| FACILITY LOCATION: | 900 | N.E. | 62245 | H. Oaklan | D PARK_ |
| <u> </u> | | | | | |
| Annual Reporting Period: |)ءد | 19 | 9 7 то | Dec. | 19 <u>9</u> 8 |
| Based on each term or condition of the 62-213.300, Florida Administrative Co | _ | • | - | | DEP Rule |
| If NO, complete the following: | | | | | |
| #1. Term or condition of the general p | ermit that has n | ot been in contin | uous compliance o | luring the reporting pe | riod stated above: |
| Event and of the compliance: From | | | | | |
| Exact period of non-compliance: from | | | | | |
| Action(s) taken to achieve compliance: | | | | | |
| Method used to demonstrate compliance | e: | | | | |
| #2. Term or condition of the general p | ermit that has n | ot been in contin | uous compliance c | lunng the reporting pe | riod stated above: |
| Exact period of non-compliance: from | | - | | | |
| Action(s) taken to achieve compliance: | | | | | |
| Method used to demonstrate compliance | e: | | | | |
| As the responsible official, I hereby centrate in this notification are true, accumpon purchase receipts, does not exceed combination facilities. RESPONSIBLE OFFICIAL: | rate and completed 2,100 gallons | tie. Further, my per year for dry | annual consumpti to dry facilities of | on of perchloroethyler | ne solvent, based |
| | Name (Please | Print) | \$ | ignature | 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 RE-INSPECTION | COMPLAINT/DISCOVERY DN = FLD981611124 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| FACILITY NAME: <u>NU-Godk I</u> FACILITY LOCATION: <u>900 N.E.</u> FULL Laudu RESPONSIBLE OFFICIAL: Kapom S | | |
| (check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general per | • | |
| PART II: CLASSIFICATION | | |
| Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) | ☐ No notification form ☐ Drop store/out of business/petr 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) | roleum |
| 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification | both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$) $\square Y \qquad \square N \qquad \square Can not determine$ Buth | DEC 1 (2000 Peau of Air Monitoring |
| facility exceeds above lim | ration: neral permit as number above nits and is not eligible for a general permit archased within the preceding 12 months by this dry | & Mobile Sources |

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? $\square N$ 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DXY/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? מאנים אם צם 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? ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

| В. | Has the responsible official of an existing large or new large area source also: | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|------|
| 1. | Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | ΩY | ПN | |
| 2. | Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | ΠY | ПN | □N/A |
| | Is the temperature differential equal to or greater than 20° F? | ПY | ΠN | □N/A |
| 3. | Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? | ΠY | ПN | □N/A |
| | Is the perc concentration equal to or less than 100 ppm? | ΠY | □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? | ΠY | ПN | □N/A |
| 5. | Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | ΠY | □N | □N/A |
| 6. | Routed airflow to the carbon adsorber (if used) at all times? | ΠY | ПИ | □N/A |

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY DN 2. Maintained rolling monthly total of perc consumption? No Leaks 3. Maintained leak detection inspection and repair reports for the following: DY ON DYNA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN DN/A and parts installed w/in 5 days of receipt? DY DN QX/A 4. Maintained calibration data? (for applicable direct reading instruments) MY/ ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? QY □N 6. Maintained startup/shutdown/malfunction plan? DY ON DAYA 7. Maintained deviation reports? Problem corrected? DY ON ON/A 8. Maintained compliance plan, if applicable?

| PART VI: LEAK DETECTION AND I | REPAIRS | | |
|--------------------------------------------------------------------|---------------------------|---------------------------------|-------------|
| 1. Does the responsible official conduct a | weekly (for small sources | s, bi-weekly) leak detection ar | nd repair |
| inspection? | | | DY DN |
| 2. Has the facility maintained a leak log? | | | אַם אַיּמַ |
| 3. Does the responsible official check the | following areas for leaks | ? | |
| Hose connections, fittings, couplings, and valves | ארם אם אס אס | Muck cookers | OY ON ON/A |
| Door gaskets and seating | DX DN DN/A | Stills | DAY ON ON/A |
| Filter gaskets and seating | DY ON ON/A | Exhaust dampers | DY ON ON/A |
| Pumps | DY ON ON/A | Diverter valves | MY ON ON/A |
| Solvent tanks and containers | OY ON ON/A | Cartridge filter housings | PA ON ONA |
| Water separators | DY ON ON/A | | |
| 4. Which method of detection is used by the | ne responsible official? | | . / |
| Visual examination (condensed so | er e | | |
| Physical detection (airflow felt the | | | |
| Odor (noticeable perc odor) | | | |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | | | |
| Halogen leak detector | | | |
| If using direct-reading instr | umentation, is the equip | oment: | □N/A |
| a. Capable of detecting p | ere vapor concentrations | s in a range of 0-500 ppm? | □Y □N |
| b. Calibrated against a s | tandard gas prior to and | after each usc | |
| (PID/FID only)? | | | DY DN |
| c. Inspected for leaks an | d obvious signs of wear o | on a weckly basis? | UY UN |
| d. Kept in a clean and so | cure area when not in us | se? | OY ON |
| e. Verified for accuracy | by use of duplicate sampl | les (calorimetric only)? | DY ON |
| | | | |
| | <u> </u> | | |
| | | | |
| TI | | /_/ | , |
| | RPOIA_ | 11/23/ | 97 |
| Inspector's Name (Please Prin | (I) A | Date of Inspe | cuon |

Inspector's Signature

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

pre

| FACILITY NAME: Du-Rook / Horur Clean | vers DATE: 11/23/99 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| FACILITY LOCATION: GOO M.F. 62nd St | |
| Outland Pork FC 3 | 33,4 |
| | |
| Annual Reporting Period: November 1991 | 3 to Narmber 1999 |
| Based on each term or condition of the Title V general air permit, my facil 62-213.300, Florida Administrative Code (F.A.C.), during the period cove | |
| If NO, complete the following: | |
| ≠1. Term or condition of the general permit that has not been in continuo | us 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 | us 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 belimade in this notification are true, accurate and complete. Further, my an upon purchase receipts, does not exceed 2,100 gallons per year for dry-to | nual consumption of perchlospethylene solvent, based |
| RESPONSIBLE OFFICIAL: Robert Schne, de Name (Please Print) | r MAR 11/23/99 |
| Name (Please Print) | Signature Date |
| *This form is made available to you as an aid in order to meet your annual discretion of the responsible official to use this form. | RECEIVED |
| Page of | DEC 1 0 2800 |

Bureau of Air Monitoring & Mobile Sources

BEST AVAILABLE COPY

| 9376 | | MAIL REC | EIPT Coverage Provided) | |
|-------------|---------------------------------------------------|---------------------------------|----------------------------|-------|
| 25 | Postage | \$ | | |
| 뭏 | Certified Fee | | Postmark | |
| 유 | Return Receipt Fee (Endorsement Required) | | Here | |
| 00 | Restricted Delivery Fee (Endorsement Required) | | | |
| 7000 . 0600 | 900 NE 6 | 52ND STREET ND PARK FL 33334 | 4 | dions |

| SENDER: COM | I DI VELIVERY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Complete items, and a Asso complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| Article Addressed to: | If YES, enter delivery address below: |
| AIRS ID # 0112278 NULOOK I HOUR CLEANERS #47 KAREN SCHNEIDER 900 NE 62ND STREET OAKLAND PARK FL 33334 | 3. Service Type Certified Mail |
| 000600002641259316 | 4. Restricted Delivery? (Extra Fee) Yes |
| Article Number (Copy from service label) | |
| PS Form 3811, July 1999 Domestic Ret | urn Receipt 102595-99-M-1789 |

| 0199 | U.S. Rostalis Certification (Domestic Method | Service MAIL REC | EIPT Coverage Provided) |
|------|----------------------------------------------------|---------------------|------------------------------|
| 12 | Postage | \$ | |
| 47.7 | Certified Fee | | Postmark |
| 77 | Return Receipt Fee (Endorsement Required) | | Here |
| 1200 | Restricted Delivery Fee (Endorsement Required) | | |
| 00 | | AIRS ID# 0 | 112278 |
| 0090 | NULOOK 1 HOUR KAREN SCHNEID | CLEANERS #47 FR | |
| i l | 900 NE 62ND STREET | | |
| 7000 | OAKLAND PARK | FL 33334 | |
| ~ | | | |
| Ļ | PSIForm 3800, February 2 | 000 | See Reverse for Instructions |

| CHT OF RETURN ADDRESS. CHT OF RETURN ADDRESS. | 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 # 0112278 NULOOK 1 HOUR CLEANERS #47 KAREN SCHNEIDER | A. Received by (Please Print Clearly) B. Date of Delivery 2-9-0 C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: | | | |
| 900 NE 62ND STREET OAKLAND PARK FL 33334 | 3. Service Type Certified Mail | | | |
| 2. Article Number (Copy from service label) 7 000 0600 0026 4126 (6640 | | | | |
| PS Form 3811, July 1999 Domestic Ret | • | | | |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0112278 NULOOK 1 HOUR CLEANERS #47 KAREN SCHNEIDER | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Isodelivery address different from item 1? Yes If YES, enter delivery address below: |
| 000 NE 62ND STREET OAKLAND PARK FL 33334 | 3. Service Type Certified Mail |
| 2210661 168 | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Copy from service label): | |
| PS Form 3811, July 1999 Domesti | c Return Receipt 102595-99-M-1789 |

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.

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

BEST AVAILABLE COPY

| SENDER | PLETE THIS SECTION ON DELIVERY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Complete items 1, 2, and 3. Also them 4 if Restricted Delivers is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. As delivery address different from item 1? |
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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 0112278

900 NE 62ND STREET OAKLAND PARK FL 33334

GOVERNMENT USE ONLY

Offi.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. $\begin{array}{c} RECEIVED \\ MAIL ROOM \end{array}$

TOTAL AMOUNT DUE: \$50.00 FEB 23 99

Do NOT Remove Label

AIRS ID # 0112278

NULOOK 1 HOUR CLEANERS #47 KAREN SCHNEIDER 900 NE 62ND STREET OAKLAND PARK 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

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

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TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112278

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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| ■ 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 # 0112278 NULOOK 1 HOUR CLEANERS #47 | A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X |
| KAREN SCHNEIDER 000 NE:62ND STREET DAKLAND PARK FL 33334 | 3. Service Type Certified Mail |
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| April | Return Receipt Showing to Whom, Date, & Addressee's Address | | | |
| 900 | TOTAL Postage & Fees | \$ | | |
| PS Form 3800, April 1995 | Postmark or Date | | , | |



Department of **Environmental Protection**

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

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112278

NULOOK 1 HOUR CLEANERS #47 KAREN SCHNEIDER 900 NE 62ND STREET OAKLAND PARK FL 33334

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

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BEST AVAILABLE COPY

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING

TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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MAIL

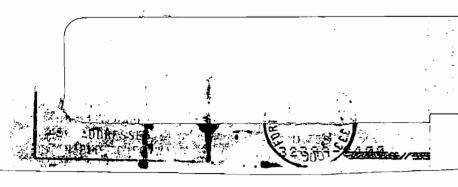




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FFB 25 740

Bureau of Air Monitoring & Mobile Sources



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Department of Environmental Protection

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

David B. Struhs Secretary

February 7, 2000

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

TO: Users of Title V Air General Permits

Records in the Division of Air Resources Management indicate that you operate a source of air pollution and that you have claimed eligibility for your 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.

Your annual emissions fee is \$50 for calendar year 1999. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not received by March 1, 1998, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee 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

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

| on the reverse side? | 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 | | I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. | eceipt Service. |
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| ls your RETUR | 5. Received By: (Print Name) 6. Signature. (Addressee or Agent) PS Form 3811, December 1994 | 8. Addressee and fee is | e's Address (Only if requested paid) Domestic Return Receip | Thank |

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| April | Return Receipt Showing to Whom, Date, & Addressee's Address | |
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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 # 0112278 NULOOK 1 HOUR CLEANERS #47 KAREN SCHNEIDER 900 NE 62ND STREET OAKLAND PARK FL 33334

Obj.: 002273

Fund: 20-2-035001

FOR GOVERNMENT US Org.: 37550101000 EO: B