

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 29, 1997

Mr. Zulfiqar Lakha One Hour Cleaners 9075 Taft Street Pembroke Pines, Florida 33024

Re: Facility No. 0112341

Dear Mr. Lakha:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 25, 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"

Printed on recycled paper.

	#01/234/
	One Hour Cleaners 5.1f) required
P.15	5. (f) required
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# Perchloroethylene Dry Cleaning Facility Notification

# **Facility Name and Location**

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
NEW LOOK ENTERPRISES, INC
2. Site Name (For example, plant name or number):
DBA ONE HOUR CLEANERS  3. Hazardous Waste Generator Identification Number:
3. Hazardous Waste Generator Identification Number:
FLD 114-0030P
4. Facility Location: 9075-TAFT STREET, Street Address:
City: PEMBROKE PINES County: BROWARD Zip Code: F(33024.
5. Facility Identification Number (DEP Use):  D 112341
Responsible Official
6. Name and Title of Responsible Official:  ZULFIGAR  LAKHA PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: 9075-TAFT STREET Street Address: City: PEMBROKE PINESCounty: BROWARD Zip Code: FC33024.
8. Responsible Official Telephone Number: Telephone: (954) 43-7-910 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address: City:  County:  Zip Code:
11. Facility Contact Telephone Number: Telephone:  Fax: ( )
RECEIVE

OCT 2 5 1996

# **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.

VIC		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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				·. :	Table Salas			A	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1) w/ ref. condenser	1)	1/1987	1/1987			1			
(2) w/ carbon adsorber									
(3) w/ no controls					1				
Washer Unit			- Marian - 1	<u> </u>		to the second			
(4) w/ ref. condenser		1	Γ					1	
(5) w/ carbon adsorber		,		l					
(6) w/ no controls									
Dryer Unit	est est			3-7					
(7) w/ ref. condenser		I	[						
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	y-14.	e la la la la la compania de la comp La compania de la compania del compania de la compania del compania de la compania del comp	afrikus Tille						
(10) w/ ref. condenser		I		Ì					
(11) w/carbon adsorber									
(12) w/ no controls									
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total q</li> <li>(b) If less than 12 month Check why it is less</li> </ul>	uanti gallo	equired to be ity of perchlo ons ow many? [_	installed [oroethylene (	perc)	purchased in	the latest I2			[]
3. What is the facility's sou (Indicate with an "X".									

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(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
Start-up, shutdown, malfunction plan

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# Surrender of Existing Air Permit(s)

Please indicat	e 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)
A	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith 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	2.a. Lakler Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 16 of 16

TYPE OF INSPECTION: AN AL	COMPLAINT/DISCOVE BEST AVAILABLE COPY  RE-INSPECTION
TIME IN: 12:30 TIME OUT: 1:3	0AIRS ID#:_0 1/ 2 3 4/
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: One Hour Cleaners	DATE: 12-17-97
FACILITY LOCATION: 9075 Taft str	
Pembroke Pines	
RESPONSIBLE OFFICIAL: Zulfiger Li	KhaPHONE NUMBER: 437-9101
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in ninistrative Code (F.A.C.).
Based on the results of the compliance requirements discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLE	M FOLLOW-UP ACTION REQUIRED
	j.
· · ·	
	-
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
	•
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Pecem	(Approximate)
INSPECTION CONDUCTED BY:	oMS
INSPECTOR'S SIGNATURE: Byth	(Please Print)  PHONE NUMBER: 519-1459
	PageofRevised 10/

0112341

Annoal	MILERICE CERTIFICATION TOTAL
	PLEANERS DATE: 12-26-97  AFT ST PEODBROKE PINES  FLESSONY
Annual Reporting Period:	enber 96 Decen6ar 1993
62-213.300, Florida Administrative Code (F.A.C	eneral air permit, my facility has remained in compliance with DEP Rule  1.), 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	RECEIVED
Action(s) taken to achieve compliance:	JAN 2 6 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring  & Mobile Sources
#2. Term or condition of the general permit that	thas 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:	·
	ed on information and belief formed after reasonable inquiry, that the statements 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.

"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.

90 Gallons

Page \_\_\_\_\_ of \_\_\_\_.

Z DRY CLEANER AIR QUALITY GENERAL PERMIT eau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0112341 NEW LOOK ENTERPRISES INC ZULFIOAR LAKHA 9075 TAFT STREET PEMBROKE PINES FL 33024 Do NOT Remove Label 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 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.

<sup>\*</sup>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.

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

8707 CORP JOEL LISS 859 E COM BLVD OAKLAND PARK FL 33334 AIRS\_HD#0112340

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1

MAIL ROOM

Fund: 20-2-035001

Оъј.: 002273

card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
AIRS ID 0112341 NEW LOOK ENTERPRISES INC ZULFIQAR LAKHA 9075, TAFT STREET PEMBROKE PINES FL 33024	4b. Service Registere  Express I	Type ad Certified Mail Insured Delivery
5. Received By: (Rint Name)  6. Signature: (Addresses or Agent)  X  PS 5	and fee is	Pais Address (Only if requested paid)  Domestic Return Receipt
	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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID 0112341  NEW LOOK ENTERPRISES INC  ZULFIQAR LAKHA 9075; TAFT STREET PEMBROKE PINES FL 33024  5. Received By: (Rint Name)  6. Signature: (Addressed or Agent)	■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.  3. Article Addressed to:  AIRS ID 0112341  NEW LOOK ENTERPRISES INC  ZULFIQAR LAKHA  9075; TAFT STREET  PEMBROKE PINES FL 33024  ■ Registere  □ Express □ □ Return Receipt Received By: (Rint Name)  8. Addressed and fee is

Z 33	3 643 177
US Postal Service Receipt for C No Insurance Covera	
NEW LOOK ENTE ZULFIQAR LAKH 9075 TAFT STREE PEMBROKE PINES	AIRS ID 0112341 ERPRISES INC HA ET
Postage	<b>\$</b> ^
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing to W Date, & Addressee's Address	
TOTAL Postage & Fees	s <b>\$</b>
Return Receipt Showing Whom & Date Delivered Return Receipt Showing to W Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date	

.



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** 

303943

Do NOT Remove Label

AIRS ID#0112341

NEW LOOK ENTERPRISES INC ZULFIQAR LAKHA 9075 TAFT STREET PEMBROKE PINES FL 33024

FOR GOVERNMENT USE ONLY

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

ОЫј.: 002273

# BEST AVAILABLE COPY DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:     HR.CLEANERS	· 	DA	TE: 03/18/98
FACILITY LOCATION: 9075- 74FT 87			,
Kembroke Fines Fl3	3024	*	
Annual Reporting Period: Karch	_19 <u>97</u> TO _	Mord	19 98
Based on each term or condition of the Title V general air permit,	my facility has rema	ined in compliance with	OFP Rule
62-213,300, Florida Administrative Code (F.A.C.), during the per		<del></del>	OND
If NO, complete the following:			
#1. Term or condition of the general permit that has not been in o	continuous complianc	e during the reporting p	e od stated above:
			M
Exact period of non-compliance: from	(	· Kaling Ka	_r
Action(s) taken to achieve compliance:		No. C	2
Method used to demonstrate compliance:		e Sour	Sg K
		ces	
#2. Term or condition of the general permit that has not been in a	continuous complianc	e during the reporting of	eriod stated above:
Constraint of the second in second from		•	
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 made in this notification are true, accurate and complete. Further upon purchase receipts, does not exceed 2,100 gallons per year f	er, my annual consum	ption of perchloroethyle	ene solvent, based
combination facilities.	· · · · · · · · · · · · · · · · · · ·	Palilia .	al dea
RESPONSIBLE OFFICIAL: ZULFIBAR (Please Print)	HKHA JO	Signapure	Dake 18'

\*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.

Page  $\sqrt{\text{ of } 2}$ .

	LIANCE INSPECTION CHECKLIS BEST AVAILABLE COPY				
TYPE OF INSPECTION: ANN	UAL COMPLAINT/DISCOVERY D 1/				
	NSPECTION				
	·				
	12-17-97 TIME IN: 12:30 TIME OUT: 1:30				
FACILITY NAME: One Hou	r Cleaners				
FACILITY LOCATION: 90 7	5 Taft Street				
Pem 6	role Pines Florida 33024				
RESPONSIBLE OFFICIAL: Z./	1figer Likha PHONE: 437-9101				
CONTACT NAME: Z-/	figor Likho PHONE: 437-9101				
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DARM 30 days	prior to starpin				
	·				
	2. Facility failed to notify DARM to use general permit				
PART II. CLASSIFICATION					
PART II: CLASSIFICATION  Facility indicated on natification form	that it in				
Facility indicated on notification form (check appropriate box)	that it is:				
Facility indicated on notification form					
Facility indicated on notification form (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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source				
Facility indicated on notification form (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	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)				
Facility indicated on notification form (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 classificate only, please check the appropriate facility qualification.	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91)  ion  □ Y □ N □ Can not determine				

Revised 8/11/97

Ρ.	ART III: GENERAL CONTRO REQUIREMENTS	
	the responsible official of the dry cleaning facility: heck appropriate boxes)	
1.	Storing perchloroethylene in tightly sealed and impervious containers?	ØY □N □N/A
2.	Examining the containers for leakage?	ZY ON ON/A
3.	Closing and securing machine doors except during loading/unloading?	ZY ON
4.	Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	OY ON ONA
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A
P.	ART 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 refrig (complete A below).	erated condenser
	If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	
	If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
	. Has the responsible official of all new sources and existing large area sources: heck appropriate boxes)	
l.	Equipped all machines with the appropriate vent controls?	ØÝ □N
2.	Equipped dry-to-dry machines with a closed-loop, vapor venting system?	ØY ON ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	AY ON ON/A
∔.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	Q. On
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	BY ON ONA

ØY ON

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?	I OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° F?	DY DN DN/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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
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?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	אם אם אם.
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	QÝ ON
2. Maintained rolling monthly averages of perc consumption?	ZÝ ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/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?	OZÝ ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	AND NO YE
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	bā on
7. Maintained deviation reports?	MY ON ONA

ON ON/A

AND NO Y

Problem corrected?

8. Maintained compliance plan, if applicable?

PA	RT VI: LEAK DETECTION	ND REPAIRS		
l.	Does the responsible official condu	ct a weekly (for small source	es, bi-weekly) leak detection ar	nd repair
	inspection?			MY ON
2.	Has the facility maintained a leak	og?		NO Y
3.	Does the responsible official check	the following areas for leaks	s?	
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	ØY □N □N/A
	Door gaskets and seating	AY ON ON/A	Stills	ØY □N □N/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØÝ □N □N/A
	Pumps	ØY ON ON/A	Diverter valves	ØY □N □N/A
	Solvent tanks and containers	BY ON ON/A	Cartridge filter housings	BY ON ON/A
	Water separators	AVA ON OYA		
4.	Which method of detection is used	by the responsible official?		
	Visual examination (condens	ed solvent on exterior surfac	es)	<b>2</b>
	Physical detection (airflow fe	lt through gaskets)		<b>2</b> ′
	Odor (noticeable perc odor)			Q <sub>r</sub>
	Use of direct-reading instrum	nentation (FID/PID/calorime	tric tubes)	
	Halogen leak detector			Ø
	If using direct-reading i	nstrumentation, is the equi	pment:	□N/A
	a. Capable of detect	ing perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
	b. Calibrated agains (PID/FID only)?	st a standard gas prior to and	l after each use	OY ON
	c. Inspected for lead	cs and obvious signs of wear	on a weekly basis?	OY ON
	d. Kept in a clean a	nd secure area when not in t	ise?	OY ON
	e. Verified for accu	racy by use of duplicate sam	ples (calorimetric only)?	OY ON
_				

December 17, 1997
Date of Inspection

Pecember 98 B Thorups
Inspector's Name (Please Print)

Approximate Date of Next Inspection

# BEST AVAILABLE COPY

### ..... · GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY 🔾

RE-INSPECTION

AIRS DH: 011234/ DATE: 03//8	7/98 TIME IN: 11-30 TIME OUT: 12:30
FACILITY NAME: One lure	(leoners
FACILITY LOCATION: 9075 Tof-	d. Street
Pouhous	lines, Florida 33024
RESPONSIBLE OFFICIAL: <u>2017-149</u>	AR LAKHA PHONE (954) 437-9101
CONTACT MAME:	PHONE:
	· A
PART I: NOTIFICATION	P <sub>A</sub>
(check appropriate box)	· ·
L. New facility notified DARM 30 days prior to star	πup R R C
2. Facility failed to notify DARM to use general per	mic Mary 2 1
	60 2 3 M
PART U: CLASSIFICATION	वृक् 🗸
	<del></del>
Facility indicated on notification form that it is:	□ No nowicadon form
Facility indicated on notification form that it is: (check appropriate box)	☐ No noutication form ☐ Drop store/out of business/getroleum
(check appropriate box) A.  1. Existing small area source	Drop store/out of business/petroleum  2. New small area source
(check appropriate box)	Drop store/out of business/petroleum
(check appropriate box)  A.  I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box)  A.  I. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
(check appropriate box)  A.  I. 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	Drop store/out of business/getroleum  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 (2/9/91)  4. New large area source
(check appropriate box)  A.  I. 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	Drop store/out of business/getroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < (40 gal/yr (constructed on or after (2/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr
(check appropriate box)  A.  I. 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	Drop store/out of business/petroleum  2. New small area source  dry-to-dry only, $x < 140$ gal/yr  transfer only, $x < 200$ gal/yr  both types, $x < 140$ gal/yr  (constructed on or after $(2/9/91)$ )  4. New large area source  dry-to-dry only, $140 \le x \le 2,100$ gal/yr  transfer only, $200 \le x \le 1,300$ gal/yr  both types, $140 \le x \le 1,300$ gal/yr
(check appropriate box)  A.  I. 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	Drop store/out of business/getroleum  2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after $(2/9/91)$ )  4. New large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.300$ gal/yr
(check appropriate box)  A.  I. 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	Drop store/out of business/petroleum  2. New small area source  dry-to-dry only, $x < 140$ gal/yr  transfer only, $x < 200$ gal/yr  both types, $x < 140$ gal/yr  (constructed on or after $(2/9/91)$ )  4. New large area source  dry-to-dry only, $140 \le x \le 2,100$ gal/yr  transfer only, $200 \le x \le 1,300$ gal/yr  both types, $140 \le x \le 1,300$ gal/yr
(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  If no, please check the appropriate classific	Drop store/out of business/getroleum  2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after $(2/9/91)$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,300$ gal/yr (constructed on or after $(2/9/91)$ )  21 Y $\square N$ $\square$ Can not determine
(check appropriate box)  A.  I. 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  If no, please check the appropriate classification	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after $(2/9/91)$ )  4. New large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.300$ gal/yr both types, $140 \le x \le 1.300$ gal/yr (constructed on or after $(2/9/91)$ )  At $x \ge 1.300$ gal/yr (constructed on or after $(2/9/91)$ )  Can not determine
(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  If no, please check the appropriate classific acidity qualified for a general facility exceeds above times.	Drop store/out of business/getroleum  2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after $(2/9/91)$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,300$ gal/yr both types, $140 \le x \le 1,300$ gal/yr (constructed on or after $(2/9/91)$ )  21 Y $\square N$ $\square$ Can not determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	AND NO YE		
2. Examining the containers for leakage?	אואם אם אַבּאַ		
3. Closing and securing machine doors except during loading/unloading?	MC AQ		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	. אמם מם צובי		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אַאען אָם אַם		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification I has been checked, no controls are required. Proceed to P	art 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). Curbon adsorber must have been installed prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a (complete A and B below).	refrigerated condenser		
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	ces:		
1. Equipped all machines with the appropriate vent controls?	אם צב		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AND AC AC		
<ol> <li>Equipped the condenser with a diverter value so airtlow will be directed away from the condenser upon opening the door?</li> </ol>	He DY DWA		
4. Measured and recorded the temperature of the outlet exhaust stream of a rethigerated condenser on a weekly/bi-weekly basis?	אם צם		
5 Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	Y DN DN/A		
6 Conducted all temperature monitoring after an appropriate cooldown period and after ventying that the coolant had been completely charged?	י אם צם		

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
l.	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	ЙD	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ИD	ΩN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ИD	ΩN/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?	ŊΥ	ЛN	AWE
	Is the perc concentration equal to or less than 100 ppm?	γD	ИD	AME
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	IJЮ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ИŪ	さるこ
6.	Routed airflow to the carbon adsorber (if used) at all times?	ŊΥ	ИП	<b>AWD</b>
=				

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
L. Maintained receipts for perc purchased?	AYY ON		
2. Maintained rolling monthly total of perc consumption?	MC AND		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or:	אואם אם אאלי		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND NO YK		
4. Maintained calibration data? (for applicable direct reading instruments)	ו אַאמּמְ אָנוּ אָנוּ		
Maintained exhaust duct monitoring data on perc concentrations?	PANK RE AC		
o. Maintained startup/shutdown/malfunction plan?	AD A DA		
7 Maintained deviation reports?	AND NO YOK		
Problem corrected?	AND NO YA		
3 Maintained compliance plan, if applicable?	אאס אם אם		

	3 2 2 2 1 2 3 1 3 1 1 M 1 D 1	۵۲,۰۰۰	BEOT AVAIL	ADLE GULT
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			MD YD
2.	Has the facility maintained a leak log?			MD AM
3.	Does the responsible official check the f	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	AYN ON ONA	Muck cookers	AND YOU YO
	Door gaskets and seating	AYY ON ONA	Stills	אואב אם אם
	Filter gaskets and seating	AND NO YA	Exhaust dampers	אואנל אם אם
	Pumps	AND NO YE	Diverter valves	אואולף אם צם
	Solvent tanks and containers	AN DN DNY	Cartridge filter housings	AND NO Y
	Water separators	AND ND YK		
<b>4</b> .	Which method of detection is used by the	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces	5)	À
	Physical detection (airflow felt thr	rough gaskets)		74
	Odor (nouceable perc odor)			À
	Use of direct-reading instrumenta	tion (FID/PID/calorimetr	ic (ubes)	20 N/A
	Halogen leak detector			à W/A
	If using direct-reading instr	umentation, is the equip	ment;	A.IM
	aCapable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	אם אם
	b. Calibrated against a s (PD/FD only)?	tandard gas prior to and a	utter each use	UV UV
	c. (nspected for leaks an	d obvious signs of wear o	n a weekly basis?	AD AC
	d. Kept in a clean and so	ecure area when not in use	€?	ND YC
	e. Venfied for accuracy	by use of duplicate sample	es (calonimetric only)?	70 AC

OCTAVIAN OPRIS
Inspector's Name (Please Print)

Approximate Date of Next Inspection

AIRS ID#: 0/12341 Paried 10/12/10

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 1 HR Cleaners:	RECEIVED
FACILITY LOCATION: 9075 Tall St.	MAY 1 0 1999
Pembrone lives,	F1. 33 O Burdau of Air Monitoring & Mobile Sources
Annual Reporting Period:	1998 TO April 1999
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in cont	inuous 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 cont	inuous 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:	<u>.                                    </u>
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, n upon purchase receipts, does not exceed 2,100 gallons per year for discombination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)	ny annual consumption of perchloroethylene solvent, based ry-to dry facilities or 1,800 gallons per year for transfer or

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

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

RE-INSPECTION	ON   COMPLAINI/DISCOVERY	•
AIRS ID#: 01/2341 DATE: 04/0	08/99 TIME IN: 11:00 TIME OUT: 12:0	0
FACILITY NAME: 1 HR. CLe	/	
FACILITY LOCATION: 9075 To		· ·
	ue Pines, Fl. 33024	
	uar Lakka PHONE: (954) 437-91	01
CONTACT NAME:	PHONE:	
·		
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	artup	l
2. Facility failed to notify DARM to use general pe	ermit $\square$	l
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:		
	☐ No notification form ☐ Drop store/out of business/petroleu	ım
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source	☐ Drop store/out of business/petroleu  2. New small area source ☐	ım
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	Drop store/out of business/petroleu  2. New small area source dry-to-dry only, x < 140 gal/yr	ım
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	Drop store/out of business/petroleum. 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	ım
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	Drop store/out of business/petroleu  2. New small area source dry-to-dry only, x < 140 gal/yr	ım
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)	Drop store/out of business/petroleum.  2. New small area source $\Box$ dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )	ım
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	Drop store/out of business/petroleu  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source	ım
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr	☐ Drop store/out of business/petroleu  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	ım
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	Drop store/out of business/petroleu  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	ım
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr transfer only, 200 \le x \le 1.800 gal/yr	☐ Drop store/out of business/petroleu  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	ım
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr transfer only, 200 \le x \le 1.800 gal/yr both types, 140 \le x \le 1.800 gal/yr	Drop store/out of business/petroleum.  2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	ım
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr transfer only, 200 \le x \le 1.800 gal/yr both types, 140 \le x \le 1.800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum.  2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )	ım
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr transfer only, 200 \le x \le 1.800 gal/yr both types, 140 \le x \le 1.800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classifi	Drop store/out of business/petroleum.  2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after $12/9/91$ )	ım
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2.100 gal/yr transfer only, 200 \le x \le 1.800 gal/yr both types, 140 \le x \le 1.800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classification gality qualified for a get	Drop store/out of business/petroleum.  2. New small area source	ım

Is the responsible official of the dry cleaning facility:			
(check appropriate boxes)			
1. Storing perchloroethylene in tightly sealed and impervious containers?	STY ON ON/A		
2. Examining the containers for leakage?	AY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	MY ON		
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	KAY ON ON/A		
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MEN/A		
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
15 - 1 1 has been absolved to part V	ļ		
If classification 1 has been checked, no controls are required. Proceed to Part V.	Ì		
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)			
Equipped all machines with the appropriate vent controls?	אם צם		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A		
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם צם		
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	QY ON ON/A		
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם		

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:			
ι.	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	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ИD	□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?	u OY	Ωи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	Пν	□N/A
=				
P.ª	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: neck appropriate boxes)			

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	ØTY □N			
2. Maintained rolling monthly total of perc consumption?	<b>27</b> A □ M			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or:	XY ON ON/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?	מארם מם אמל			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON MYNA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MANA			
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	A/N <b>E</b> ND Y			
Problem corrected?	AINDE NO YO			
8. Maintained compliance plan, if applicable?	DY DN WNA			

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? ПN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, AIND ND YED couplings, and valves MY ON ONA Muck cookers DYY ON ON/A AYAD AD YA Stills Door gaskets and seating DYY ON ONIA Exhaust dampers Filter gaskets and seating AND ND YES MY ON ON/A MY ON ONA Pumps Diverter valves MY ON ON/A AND ND YA Solvent tanks and containers Cartridge filter housings Water separators AND NO YES 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) ďΥ Odor (noticeable perc odor) Ø N/A Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? אם צבי b. Calibrated against a standard gas prior to and after each use (PID/FID only)? MC AC OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? DY ON d. Kept in a clean and secure area when not in use? e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

OCTAVIAN OPRIS	Amil 1999
Inspector's Name (Please Print)	Date of Inspection
$\Delta M^{\prime}$	April 2000
Inspector's Signature	Approximate Date of Next Inspection

# PERCHLURUEINYLENE DRY / "EANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N O	COMPLAINT/DISCO	VERY 🗖
AIRS ID#:	One Hour C 9075 Taff Pembroke Pil :TAHTIR	Street	33024 PHONE: (4754)	60x 1480  - 200 ED  - 200
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARN	A 30 days prior to start	up		a
2. Facility failed to notify DA	• •	•		а
PART II: CLASSIFICATIO	N			
☐ facil	rce /yr  rce /yr  rce /,100 gal/yr  gal/yr  classification  appropriate classificatity qualified for a general	transfer only, 20 both types, 140 constructed on construction	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  The source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$ $= x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  The contraction of the source is a second of the sourc	siness/petroleum
				!!

PART III: GENERAL C	ROL REQUIREMENTS	
Is the responsible official of (check appropriate boxes)	the dry cleaning facility:	
1. Storing perchloroethylene	in tightly sealed and impervious containers?	DY ON ONA
2. Examining the containers	for leakage?	DY ON ONA
3. Closing and securing mach	nine doors except during loading/unloading?	DY ON
<ol> <li>Draining cartridge filters in least 24 hours prior to disp</li> </ol>	n their housing or in sealed containers for at osal?	DÝ ON ONA
5. Maintaining solvent-to-car beds according to the manu	bon ratios and steam pressure for carbon adsorber afacturer's specifications?	DY ON MINA

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 refri (complete $\bf A$ below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	NA
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□Ү □И
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	

OY ON

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:	N //	7	
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?	ΩY	ПИ	ON/A
	Is the temperature differential equal to or greater than 20° F?	'QY	ПN	□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 certain edge ther?	ΠV	□N	□n/a
	if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	ux	ЦN	□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?	ΩY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ey on
2. Maintained rolling monthly total of perc consumption?	CHÝ ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ON/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?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN CENIA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON CON/A
6. Maintained startup/shutdown/malfunction plan?	OX ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY DN ØN/A
8. Maintained compliance plan, if applicable?	OY ON ON/A

		v nei Ains	DESTAVAI	LABLE CUPY
1.	Does the responsible office conduction	t a weekly (for small sources,	, bi-weekly) leak detection a	ind repair
1	inspection?	•		dy on
2.	Has the facility maintained a leak log	g?		ery on
3.	Does the responsible official check the	he following areas for leaks?		
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	CY ON ON/A	Exhaust dampers	CHY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	OY ON ONA
	Solvent tanks and containers	CTY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water separators	BY ON ONA		
4.	Which method of detection is used by	y the responsible official?		/
	Visual examination (condensed	solvent on exterior surfaces	)	<b>B</b>
	Physical detection (airflow felt	through gaskets)		<b>a</b>
	Odor (noticeable perc odor)	-		· <b>a</b>
	Use of direct-reading instrumen	tation (FID/PID/calorimetric	c tubes)	O N/A
	Halogen leak detector			ON/A
	If using direct-reading ins	trumentation, is the equipn	nent:	ØN/A
	a. Capable of detecting	g perc vapor concentrations i	n a range of 0-500 ppm?	DY DN
	b. Calibrated against a (PID/FID only)?	standard gas prior to and af	ter each use	OY DN
	c. Inspected for leaks a	and obvious signs of wear on	a weekly basis?	מס עם
	d. Kept in a clean and	secure area when not in use?	?	סא סא
	e. Verified for accurac	y by use of duplicate samples	s (calorimetric only)?	DY DN
				,

Paul R. Shelton	oet 3, 2000
Inspector's Name (Please Print)	Date of Inspection
Pail K. Sheling	001.3, 2001
Inspector's Signature	Approximate Date of Next Inspection



# AIRS ID#: \_\_\_\_\_O11934/\_\_\_\_ DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Hour Cleaners DATE: 10/3/00 FACILITY LOCATION: 9075 TAFF Street
FACILITY LOCATION: 9075 Taft Street
Pembroke Pines FL 33024
Annual Reporting Period: Oct. 3 2001 TO Oct. 3 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.
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: fromto
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: fromtoto
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: Softail KHAM July 1013/00
Name (Please Print) Signature Date

<sup>\*</sup>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 TUIS SECTION  340134VB 40 40T 1	
<ul> <li>Complete items 1, 2, anú 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> <li>AIRS ID # 0112341001AG FARAH N AKHTAR ONE HOUR CLEANERS 9075 TAFT STREET PEMBROKE PINES FL 33024</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X
Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
7000 0520 0020 9372 PS Form 3811, July 1999 Domestic Ret	

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9075 TAFT STREET PEMBROKE PINES FL 33024	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merch □ Insured Mail □ C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)

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0026 4125	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
7000 0600	Recipie FARAH N A	R CLEANERS AKHTAR STREET E PINES FL 33024	RS ID # 0112341	nstructions

## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

406534 FEB 22901

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 # 0112341

ONE HOUR CLEANERS FARAH N AKHTAR 9075 TAFT STREET PEMBROKE PINES FL 33024

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

SENDER: CC SHALLOPESS.	DIA 3HT OT	Υ
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 # 0112341  ONE HOUR CLEANERS FARAH N AKHTAR 9075 TAFT STREET		Date of Delivery
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on the reverse	■Attach this form to the front of the mailpiece, or on the back if space permit. ■Write *Return Receipt Requested* on the mailpiece below the article ■The Return Receipt will show to whom the article was delivered and delivered.	le number.	Addressee's Address     Restricted Delivery Consult postmaster for fee.	eceipt Service
ADDRESS completed	AIRS ID#: 0112341  NEW LOOK ENTERPRISES INC  ZULFIQAR LAKHA  9075 TAFT STREET  PEMBROKE PINES FL 33024	4b. Service 1 Registere Express I Return Rec	Type  ed	you for using Return R
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-	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

P. 265 302 409 **US Postal Service** Receipt for Certified Mail
No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0112341 **NEW LOOK ENTERPRISES INC** ZULFIQAR LAKHA 9075 TAFT STREET PEMBROKE PINES FL 33024 Cerunea Les Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261309

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

RECEIVED MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00** 

FEB 24 97

Do NOT Remove Label

AIRS ID#: 0112341 NEW LOOK ENTERPRISES INC ZULFIQAR LAKHA 9075 TAFT STREET PEMBROKE PINES FL 33024 FOR GOVERNMENT USE ONLY

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.	A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
AIRS ID # 0112341 ONE HOUR CLEANERS ZULFIQAR LAKHA	If YES, enter delivery address below: LJ No
9075 TAFT STREET PEMBROKE PINES FL 33024	3. Service Type  Certified Mail
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TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	

### 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.

Do NOT Remove Label

ONE HOUR CLEANERS

9075 TAFT STREET

PEMBROKE PINES FL 33024

TOTAL AMOUNT DUE: \$50.00

TOTAL AMOUNT DUE: \$50.00

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TOTAL AMOUNT DUE: \$50.00

FOR GOVERNMENT USE ONLY OF JUNE 20-2-035001

Obj.: 002273

the reverse side?	SSƏJPPE UJITLƏJ EQLI 10 TALEST EQLI OL ƏDOL DEN LE PLOS ENDER:  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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	pt Service.
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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** 

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AIRS ID # 0112341

ONE HOUR CLEANERS ZULFIQAR LAKHA 9075 TAFT STREET PEMBROKE PINES FL 33024 MAIL ROOM FEB 23 99

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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) —	PS Form <b>3811</b> , December 1994		Domestic Ref	urn Receipt

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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 card to you.  Attach this form to the front of the mailpiece, of permit.  Write 'Return Receipt Requested' on the mailpiece.	or on the back if space does not	also wish to receive the ollowing services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery
The Return Receipt will show to whom the article delivered.	icle was delivered and the date	Consult postmaster for fee.
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