



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

May 9, 1997

Ms. Elizabeth Cardona
Cricket Cleaners
4669 University Drive
Coral Springs, Florida 33067

Re: Facility No.: 0112367

Dear Ms. Cardona:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 17, 1997.

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"

#0112367

Cricket Cleaners

- p. 14 1. (c) mark out "v" and initial
3. should be new small area
source
- p. 15 4. should be new small area
source w/refrig. con.

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

MAR 17 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
 BRIGHT DAUGHTERS CLEANERS INC.

2. Site Name (For example, plant name or number):
 DBA- CRICKET CLEANERS

3. Hazardous Waste Generator Identification Number:
 FLD 982 168 668

4. Facility Location:
 Street Address: 4669 University Drive
 City: Coral Springs County: Broward Zip Code: 33067

5. Facility Identification Number (DEP Use):
 0112367

Responsible Official

6. Name and Title of Responsible Official:
 ELIZABETH CARDONA - (SECRETARY)

7. Responsible Official Mailing Address:
 Organization/Firm: CRICKET CLEANERS
 Street Address: 4669 University Drive
 City: Coral Springs County: Broward Zip Code: 33067

8. Responsible Official Telephone Number:
 Telephone: (954) 344-2140 Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:
 Street Address:
 City: County: Zip Code:

11. Facility Contact Telephone Number:
 Telephone: () - Fax: () -

RECEIVED

MAR 17 1997

BUREAU OF AIR REGULATION

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Dry to Dry MACHINE									
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	(1)	02-30-94	02-20-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing small area source

New small area source

Existing large area source

New large area source

new
 show
 PC.

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

Equipment Monitoring and Recordkeeping Information

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

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Elizabeth Cardona
Signature

ELIZABETH CARDONA (SEC.)

3-13-97
Date

Z 333 613 749

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID# 0112367

CRICKET CLEANERS
ELIZABETH CARDONA
4669 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

PS Form 3800 April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0112367
CRICKET CLEANERS
ELIZABETH CARDONA
4669 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

4a. Article Number

Z 333 613 749

4b. Service Type

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

7. Date of Delivery

6/25/98

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X *Juda Hawk*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

JUN 29 1998

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Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either **Sandra Bowman at 850/921-9583** or **Rick Butler at 850/921-9586**.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing-list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

Name (please print)

Signature

Date

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

Facility Owner or Operator
Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

A handwritten signature in cursive script that reads "Sandra Bowman".

Sandra Bowman
Title V Air General Permit Program

/SB

cc: District/Local program

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112367 DATE: 11-25-97 TIME IN: 11:00 TIME OUT: 12:00
 FACILITY NAME: Cricket Cleaners of Coal Springs
 FACILITY LOCATION: 11331 W ATLANTIC BLVD CS. 33067
 RESPONSIBLE OFFICIAL: Elizabeth Cordova PHONE: (954) 344-2140
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

*Talk to Frank
He said he would FAX
the info. either
Friday 12/11/97 or
Monday 12/22/97.
TUES 12/30/97 NA*

*Left message
w/ Cricket for RO
12/18 - 2:44 PM
12/19 - 9:30 AM
to call me back
to RO out*

PART II: CLASSIFICATION

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

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

A.

- | | |
|--|--|
| <p>1. Existing small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)</p> | <p>2. New small area source <input type="checkbox"/>
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)</p> |
| <p>3. Existing large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/>
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)</p> |
5. This is a correct facility classification Y N Can not determine

*↑
entitled
4/97 - has
status
changed to
drop store?
If a drop-
store, pls
send a
ltr -*

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 9 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

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

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

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment: N/A

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

B Thomas
Inspector's Name (Please Print)

11-25-97
Date of Inspection

[Signature]
Inspector's Signature

Not
Approximate Date of Next Inspection

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 11:00 TIME OUT: 12:00 AIRS ID#: 0112367
 TYPE OF FACILITY: Dry Clean & Laundry Drop off Facility
 FACILITY NAME: Cricket Cleaners of Coral Springs DATE: 11-25-97
 FACILITY LOCATION: 11331 W Atlantic Boulevard
Coral Springs Florida 33067
 RESPONSIBLE OFFICIAL: Elizabeth Cardona PHONE NUMBER: 344-2140

- 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
<u>- Drop off store -</u>	

COMMENTS:

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

DATE OF NEXT INSPECTION: not (Approximate)

INSPECTION CONDUCTED BY: B Thomas B THOMAS (Please Print)

INSPECTOR'S SIGNATURE: B Thomas PHONE NUMBER: 519-1459

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

acc

FACILITY NAME: Cricket DATE: 11-25-97
 FACILITY LOCATION: 11331 W Atlantic Blvd
Coral Springs Florida 33067

Annual Reporting Period: Nov 1996 TO Nov 1997

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

This is a drop off facility, no dry clean equipment.

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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DEC 15 1997

Bureau of Air Monitoring
& Mobile Sources

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: Elizabeth Cardona ELIZABETH CARDONA 11-25-97
Name (Please Print) Signature Date

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 3:00

TIME OUT: 4:00

AIRS ID#: 011 2367

TYPE OF FACILITY: Dry Cleaners

FACILITY NAME: Cricket Cleaners of Coral Springs DATE: 3-10-98

FACILITY LOCATION: 11331 West Atlantic Blvd

Coral Springs 33067

344-2140
341-1347

RESPONSIBLE OFFICIAL: Elizabeth Cardona PHONE NUMBER: 011 2387

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:

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APR 20 1998
Bureau of Air Monitoring
& Mobile Sources

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
11331 West Atlantic Boulevard facility has two (2) Dry Clean Machines	other two (2) store locations are drop off only stores. 4669 university Drive C.S. (954) 344-2140 10653 wiles Road C.S. (954) 346-7220

COMMENTS:

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

DATE OF NEXT INSPECTION: March 1999 (Approximate)

INSPECTION CONDUCTED BY: B Thomas (Please Print)

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

Cricket Cleaners

4469 University Drive ~ Coral Springs, Florida 33067

August 03, 1998

ATTN: Rick Butler
Bureau of Air Monitoring and Mobile Sources
MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399

0112367
Please file,
Thanks,
Rick

Dear Mr. Butler:

Pursuant to our conversation, I am writing regarding the present location of the Dry Cleaning Plant for Cricket Cleaners.

Cricket Cleaners presently has three locations. The Dry Cleaning Plant was previously located at Bright Daughters Cleaners, Inc., dba Cricket Cleaners, 4669 University Drive, Coral Springs, Florida. This location is now known as Academy Gardens Dry Cleaners, dba Cricket Cleaners, 4669 University Drive, Coral Springs, Florida, and the Dry Cleaning plant has been removed from this location and it is only used as a drop-off store. The Dry Cleaning Plant is now located at Cricket Cleaners of Coral Springs, 11331 West Atlantic Boulevard, Coral Springs, Florida 33072. Our third location is Redi Cleaners Inc., dba Cricket Cleaners of Brookside, 10653, Wiles road, Coral Springs, Florida, and has always been and continues to be a drop-off store.

I hope the above information is satisfactory for your purposes. Should you have any questions or need any further information do not hesitate to contact me.

Sincerely,


Frank Cardona 

RECEIVED

AUG - 6 1998

Bureau of Air Monitoring
& Mobile Sources

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL



COMPLAINT/DISCOVERY



RE-INSPECTION



AIRS ID#: 0112367 DATE: 3/11/99 TIME IN: 3:30 TIME OUT: 3:40

FACILITY NAME: CRICKET CLEANERS

FACILITY LOCATION: 4669 UNIVERSITY DRIVE CORAL SPRINGS, FL 33067

RESPONSIBLE OFFICIAL: FRANK MARRERO PHONE: 341-1347

CONTACT NAME: - PHONE: -

RECEIVED
APR 8 1999

Bureau of Air Monitoring
& Mobile Sources

THIS FACILITY IS NOW DROP OFF ONLY. THE MACHINE HAS BEEN MOVED TO CRICKET CLEANERS AT 11331 WEST ATLANTIC BLVD CORAL SPRINGS. PLEASE INACTIVATE THIS FACILITY IN ARMS.

Fold at line over top of envelope to the right of the return address

SENDER

Is your RETURN ADDRESS completed 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 delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112367

CRICKET CLEANERS
ELIZABETH CARDONA
4669 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

4a. Article Number
P 174 052 236

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/27/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 236 *1999*

US Postal Service

AIRS ID # 0112367

CRICKET CLEANERS
ELIZABETH CARDONA
4669 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

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

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

is your RETURN ADDRESS completed 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 delivered.

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0112367</p> <p>CRICKET CLEANERS ELIZABETH CARDONA 4669 UNIVERSITY DRIVE CORAL SPRINGS FL 33067</p>	<p>4a. Article Number 2333 668 469</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 2/13/99</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p>X <i>Elizabeth Cardona</i></p>	

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 469

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

Sent to AIRS ID # 0112367

CRICKET CLEANERS
ELIZABETH CARDONA
4669 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

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

PS Form 3800, April 1995

P 174 052 295

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0112367

CRICKET CLEANERS
ELIZABETH CARDONA
4669 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

PS Form 3800, April 1995

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

is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

2 Article Addressed to:

CRICKET CLEANERS
ELIZABETH CARDONA
4669 UNIVERSITY DRIVE
CORAL SPRINGS FL 33067

AIRS ID # 0112367

4a. Article Number

174052295

4b. Service Type

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

7. Date of Delivery

4/3/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Elizabeth Cardona*

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring
& Mobile Sources

APR - 7 1999

RECEIVED

32399/2400



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

CERTIFIED

Z 333 613 459

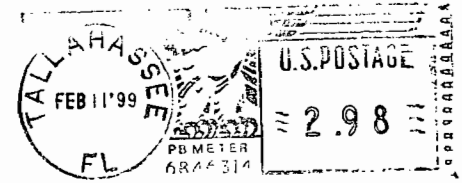
MAIL

550304
MS# 5510
3755030

- Moved, left no address
- No such number
- Moved, not forwarding
- Addressee unknown

~~NULOOK ONE HOUR #54
DARREN HENRY
1140 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071~~

AIRS ID # 0112267



Handwritten: 2/17/99

RECEIVED
FEB 18 1999
Bureau of Air Monitoring
& Mobile Sources

33071XB31B 11

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0112267

NULOOK ONE HOUR #54
DARREN HENRY
1140 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

4a. Article Number

7333613459

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

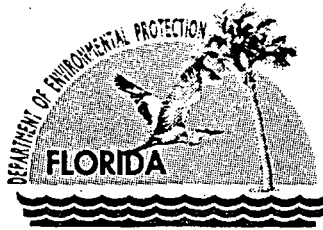
X

Thank you for using Return Receipt Service.



POSTAGE
REQUIRED

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



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400
February 12, 1999

David B. Struhs
Secretary

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 1998. 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, 1999**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that 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

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



Department of Environmental Protection

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

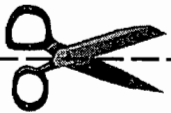
TO: Holder of Title V Air General Permit

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**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112267
NULOOK ONE HOUR #54
DARREN HENRY
1140 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2/4/00</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0112367001AG ELIZABETH CARDONA CRICKET CLEANERS 4669 UNIVERSITY DRIVE CORAL SPRINGS FL 33067</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label) <u>7000 2870 0000 7027 3865</u></p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
OFFICIAL USE											
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage</td><td></td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage		Postmark Here <u>Receipt</u>
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage											
<table border="1"> <tr><td>Sent To</td><td>10 AIRS ID # 0112367001AG</td></tr> <tr><td>Street, Apt</td><td>ELIZABETH CARDONA</td></tr> <tr><td>City, State</td><td>CRICKET CLEANERS 4669 UNIVERSITY DRIVE CORAL SPRINGS FL 33067</td></tr> </table>	Sent To	10 AIRS ID # 0112367001AG	Street, Apt	ELIZABETH CARDONA	City, State	CRICKET CLEANERS 4669 UNIVERSITY DRIVE CORAL SPRINGS FL 33067					
Sent To	10 AIRS ID # 0112367001AG										
Street, Apt	ELIZABETH CARDONA										
City, State	CRICKET CLEANERS 4669 UNIVERSITY DRIVE CORAL SPRINGS FL 33067										
PS Form 3800, May 2000 See Reverse for Instructions											

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0112367

BRIGHT DAUGHTERS CLEANERS INC
 ELIZABETH CARDONA
 4669 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33067

4a. Article Number

2 3 3 3 6 1 3 3 9 0

4b. Service Type

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

7. Date of Delivery

4/2/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Yonda Hewitt*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 390

US Postal Service

Receipt for Certified Mail

No Insurance Coverage

AIRS ID# 0112367

BRIGHT DAUGHTERS CLEANERS INC
 ELIZABETH CARDONA
 4669 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33067

PS Form 3800, April 1995

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

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2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID 0112367
 BRIGHT DAUGHTERS CLEANERS INC
 ELIZABETH CARDONA
 4669 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33067

4a. Article Number: 2 333 613 304

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Yvonda Howell

7. Date of Delivery: 2/14/98

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

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 304

US Postal Service
Receipt for Certified Mail
 AIRS ID 0112367
 BRIGHT DAUGHTERS CLEANERS INC
 ELIZABETH CARDONA
 4669 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33067

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

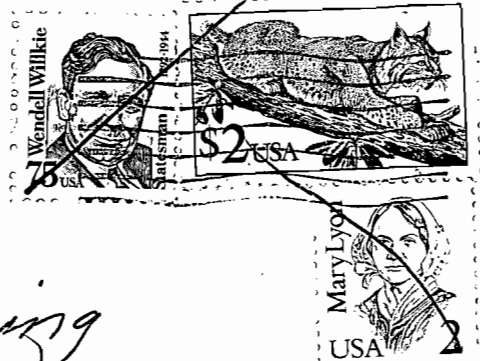
PS Form 3800, April 1995

Civnet Cleaners
4669 University Drive
Coral Springs Fla. 33067

CERTIFIED

Z 126 139 096

MAIL



Attn.
Rick Butler

Bureau of Air Monitoring
and Mobile Sources
Department of Environmental Protection
2600 Blais Stone Road
Tallahassee, Fla. 32399

32399/2400

