

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 24, 1997

Ms. Theresa Ramsay DTR Cleaners, Inc. 10609 Northwest 49 Court Coral Springs, Florida 33076

Re: One Hour Martinizing Facility No.: 0112372

Dear Ms. Ramsay:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 16, 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"

DRY CLEANER AIR QUALITY GENERAL PERMIT  ANNUAL COMPLIANCE CERTIFICATION FORM
() O1/2/3/2
FACILITY NAME: ONE HOUR MARTINIZING DATE: 10/30/17
FACILITY LOCATION: 4641 HOLLYWOOD BLVD. HOLLYWOOD FL. 33621
Annual Reporting Period: OCT 30 1996 TO CCT 30 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
· · · · · · · · · · · · · · · · · · ·
Exact period of non-compliance: from 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
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

BEST AVAILABLE COPY

\*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 discretion of the responsible official to use this form. NOV 1 2 1997

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

Bureau of Air Monitoring & Mobile Sources

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DISCOV	ERY 🗆
	RE-INSPECTION			
011 02.35	· ·		<del></del>	
AIRS ID#: 0112-372	DATE: 10/30/97	TIME I	N: 3:00 TIME	оит: <u>3:25</u>
FACILITY NAME: ONE	HOUR MARTIN	JIZING		
FACILITY LOCATION: 4	641 HOLLYWO	OD BLV	D. HOLLYWOOD	FL. 33021
			,	
RESPONSIBLE OFFICIAL :	THERESA RA	YAZME	PHONE: (954) 98	23-5853
		•		
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	1 30 days prior to startup			
2. Facility failed to notify DAF	RM to use general permit	<u>.</u>		
PART II: CLASSIFICATIO	N			2
Facility indicated on notificat			□ No no Acadon form	j
Facility indicated on notificat (check appropriate box)			□ No and Beation form □ Drap store/out of bus	iness/petroleum
Facility indicated on notificat	ion form that it is:	New small :	☐ Drap store/out of bus	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal	rcc	y-to-dry only	☐ Drep store/out of bus area source ☐ x < 140 gal/yr	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rcc 2. /yr dr	y-to-dry only ansfer only, x	Drep store/out of bus area source D , x < 140 gal/yr < 200 gal/yr	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal	rcc 2. /yr dr	y-to-dry only ansfer only, x oth types, x <	Drep store/out of bus area source D , x < 140 gal/yr < 200 gal/yr	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)	rce 2. /yr dry tra bo	y-to-dry only, x ansfer only, x oth types, x < onstructed on	Drep store/out of bus  area source  x < 140 gal/yr  < 200 gal/yr  140 gal/yr  or after 12/9/91)	
Facility indicated on notificat (check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour	rcc	y-to-dry only ansfer only, x oth types, x < onstructed on New large 2	Drep store/out of business source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  area source	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8	rcc	y-to-dry only only on types, x < onstructed on New large 2 y-to-dry only only, 2	Drep store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally transfer only to gally transfer only to gally transfer only to gally transfer only to gally transfer only, 200 gally transfer only, 140 size 2 transfer only, 200 size 1,800 both types, 140 size 1,800	rcc	y-to-dry only onser only, x oth types, x < onstructed on New large 2 y-to-dry only ansfer only, 2 oth types, 140	Drep store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,300 \text{ gal/yr}$	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally both types, x < 140 gally (constructed before 12/9/91)  3. Existing large area soundry-to-dry only, 140 < x < 2 transfer only, 200 < x < 1,80 both types, 140 < x < 1,800 (constructed before 12/9/91)	rce	y-to-dry only ansfer only, x oth types, x < onstructed on New large 2 y-to-dry only ansfer only, 2 oth types, 140 onstructed on	Drep store/out of business source $x \le 140 \text{ gal/yr}$ or after $x \le 12/9/91$	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sound ry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally transfer only to gally transfer only to gally transfer only to gally transfer only to gally transfer only, 200 gally transfer only, 140 size 2 transfer only, 200 size 1,800 both types, 140 size 1,800	rce	y-to-dry only onser only, x oth types, x < onstructed on New large 2 y-to-dry only ansfer only, 2 oth types, 140	Drep store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,300 \text{ gal/yr}$	
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sound ry-to-dry only, $x < 140$ gally transfer only, $x < 200$ gally to both types, $x < 140$ gally transfer only, $x < 200$ gally to both types, $x < 140$ gally transfer only, $x < 200$ gally the sound types, $x < 140$ gally transfer only, $x < 200$ gally transfer only transfer only gally transfer only, $x < 200$ gally transfer only transfer	rcc	y-to-dry only ansfer only, x oth types, x < onstructed on New large a y-to-dry only ansfer only, 2 oth types, 140 onstructed on \( \text{\tex{\tex	Drep store/out of business source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine	

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/A 2. Examining the containers for leakage? MD YM 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON BAYA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DNA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated m an condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

		0	1/2	372	•
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?	<b>Ø</b> Y	ПN		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			<b>⊠</b> N/A	
	Is the temperature differential equal to or greater than 20° F?	$\Box Y$	ПN	<b>12</b> 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	ОИ	<b>⊡</b> Ñ/A.	1000
	Is the perc concentration equal to or less than 100 ppm?	DУ	□N		
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	□и	<b>⊠</b> N/∧	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	ØŃ/A	;
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	<b>™</b> N/A	
<u> </u>					: سند با
Ρ.	ART V: RECORDKEEPING REQUIREMENTS				
II .	as the responsible official: heck appropriate boxes)	-			1
1.	Maintained receipts for perc purchased?	OY.	ПΝ		
1	Maintained rolling monthly averages of pers consumption?		□Nī		l

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

P.A	ART VI: LEAK DETECTION AND	REPAIRS		
=			s hi-weekly) leak detection ar	ad renair
•	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection as inspection?			DAY ON
2	Has the facility maintained a leak log?			DY ON
	Does the responsible official check the		;?	
	Hose connections, fittings,	_		_
	couplings, and valves	MY ON ON/A	Muck cookers	AN ON ONIA
	Door gaskets and seating	MY ON ON/A	Stills	OY ON ON/A
	Filter gaskets and seating	WY ON ON/A	Exhaust dampers	Y ON ON/A
	· Pumps	ØY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	מארם אם אא	Cartridge filter housings	DY ON ON/A
	Water separators	MY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	9			
	. 🗖			
Odor (noticeable perc odor)				g
	<u>م</u>			
Halogen leak detector				· 🗖
If using direct-reading instrumentation, is the equipment:				□4N/A
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON A
		standard gas prior to and	after each use	_
	(PID/FID only)?			DY DN
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			NO YO
	d. Kept in a clean and secure area when not in use?			DY DN
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON	
١	•			
	N_ 0			
_	HRT TENNETTA	int)	10/30/97	oction
	Inspector's Name (Please Pr	int)	Date of Inspe	Cuon

4 of 5

Approximate Date of Next Inspection

	#0112372 One Hour Martinizing
P.14 P.15	1.(c) mark out "\" 4. Should be new small area Source W/refrig.con.
,	

.

# Perchloroethylene Dry Cleaning Facility Notification RECEIVED

**Facility Name and Location** 

APR 1 6 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):Bureau of Air Monitori
& Mobile Sources
2. Site Name (For example, plant name or number):
2. Site Name (For example, plant name or number):
ONE HOUR MARTNIZING
3. Hazardous Waste Generator Identification Number:
FCD 079868048
4. Facility Location: 4641 Hollywood Boulevard
Street Address: City: Hollywood County: EROWARD Zip Code: 3302/
City. AS/14WORK County. BROWN 25 Zip Code. 3302/
5. Facility Identification Number (DEP Use): 01/23/76
06 <del>2502 196</del> 0 ettac+4
Responsible Official
Responsible Official
6. Name and Title of Responsible Official:
THERESA RAMSAY, PRESIDENT SECRETARY
AHIBAY, FRENTS DECKETTING
7. Responsible Official Mailing Address: 10609 NW 4974 CT Organization/Firm:
Street Address: ANG OR ALLY ELECTH OF
Organization/Firm:  Street Address: 106 09 NW 497H CT  City: CORAL SPRING COUNTY FL Zip Code: 33076
8. Responsible Official Telephone Number:
Telephone: (954) 983 - 5853 Fax: ( ) -
Facility Contact (If different from Responsible Official)
9. Name and Title of Fazility Contact (For example, plant manager):
7. Ivame and Title of Family Contact (Foy example, plant manager).
10. Facility Contact Address:
Samuel Address
Street Address: City: Zip Code:
City. / Zip code.
11. Facility Contact Telephone Number:
Telephone: (/ ) - / Fax: (/ ) - /

DEP Form No. 62-213.900(2)

Effective: 6-25-96

### **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.

A En . TECH 480 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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	Τ,	DN 7-	クルケ		• ,		•:	+#1, 1.1 - 1	
(1) w/ ref. condenser	17		1306293						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		i i i i i i i i i i i i i i i i i i i	1-11-1		<u> </u>	•		Temper 1997	·
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1.5				a profesional de la companya de la c		Tyr 3		
(7) w/ ref. condenser									
(8) w/ carbon adsorber			_						
(9) w/ no controls									
Reclaimer Unit			i de la companya de l	i gui			- 11 1		Mar Har
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the control devices  (b) If less than 12 montrol Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (	perc)	purchased in	`			[]
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	et one classifi	cation only.)	ew sn	nall area sour	rce $ u$	3) of	Part II?	
Existing large are	ea soi	urce []	N€	ew lai	rge area sour	ce []	]		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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				

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 15 of 16

# Surrender of Existing Air Permit(s)

Please indicate	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)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
I will proi	nptly notify the Department of any changes to the information contained in this notification.
Signature	Theres & Bamsan Date Date

DEP Form No. 62-213.900(2)

Effective: 6-25-96

# BEST AVAILABLE COPY

1.101 LC 11011 SUMMMART REPURT

TYPE OF INSPECTION: ANNUAL COM	PLAIN I/DISCOVERY RE-INSPECTION
TIME IN: 3:25	AIRS ID#: 01/2372
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: ONE HOUR MARTINIZIN	(2 DATE: 10/30/97
FACILITY LOCATION: 4641 HOLLYWOOD BLVD.	HOLLYWOOD FL 33021
	•
RESPONSIBLE OFFICIAL: THERESA RAMSAY	PHONE NUMBER: (954)983-5853
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	· · · · · · · · · · · · · · · · · · ·
· ·	
	•
·	-
·	
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: OCT	1998
Λ	proximate)
INSPECTION CONDUCTED BY:  A (Pie	PENNETTA  case Print)
INSPECTOR'S SIGNATURE: Arthu Counts	PHONE NUMBER: (954) 519-1428

Page\_\_\_of\_\_\_. Revised 10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0112372 DTR INC

THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021

Do NOT Remove Label

Annual Reporting Period: March	2 3rd 1997 TO 110 3/110 1997
	e V general air permit, my facility has remained in compliance with DEP Rule F.A.C.), during the period covered by this statement.
If NO, complete the following:	
#1. Term or condition of the general permi	it that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permi	it 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:	
4.4	

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: Theresa Ramsay

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 X COMP	PLAINT/DISCOVERY RE-INSPECTION
FACILITY LOCATION: 4641 Holly word Blu	7
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administrate Based on the results of the compliance requirements evaluate discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	ive Code (F.A.C.).
	Pro
Facility is in compliance	Sur Jun of L
	le Suncasto Inc.
	. • · · · · · · · · · · · · · · · · · ·
COMMENTS:	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES V NO
DATE OF NEXT INSPECTION: May	1999
INSPECTION CONDUCTED BY: OCTAVI	ase Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (957) 5/9 -/42 C
Page 2	$_{\text{of}}$ 2. Revised 10/96



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One #0	rer Madinizi	ng D	ATE:
FACILITY LOCATION: 4641	Hollywood Blu	J	
Holly u	1000, Fl. 3302	2/	
Annual Reporting Period:	19 <u>97</u>	TO May	1998
Based on each term or condition of the Title	V general air permit, my facility h	nas remained in compliance w	ith DEP Rule
62-213.300, Florida Administrative Code (F.			□NO
If NO, complete the following:		P	, <b>^</b>
#1. Term or condition of the general permit	that has not been in continuous co	ompliance during the reporting	g errod stated above:
Exact period of non-compliance: from	· 	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	9 50
Action(s) taken to achieve compliance:		* S. 18	~ ~ <b>~</b>
Method used to demonstrate compliance:		, Cg	COLINA
#2. Term or condition of the general permit	that has not been in continuous co	ompliance during the reporting	g period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:			
		· .	
As the responsible official, I hereby certify, be made in this notification are true, accurate a upon purchase receipts, does not exceed 2,10 combination facilities.	nd complete. Further, my annual	consumption of perchloroeth	ylene solvent, based
RESPONSIBLE OFFICIAL: THE	RESA Ramsay	Theresa Ra	mag 5/22/9
Nan	ne (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.

# TITLE V CENERAL PERMIT

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTIO	ом 🗆
AIRS ID#: 0/12372 DATE: 05/2	2/98 TIME IN: 10:00 TIME OUT: W; 001
FACILITY NAME: Oug Horer	Madinizing "Moral 1959
FACILITY NAME: Oue Horer FACILITY LOCATION: 4641 Holl	ywood Blud. South
t/olly woo	1, 11,33021
RESPONSIBLE OFFICIAL: THERESA	RAMSAY PHONE: (957) 983-5853
	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	
2. Facility failed to notify DARM to use general pe	rmit a
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr mansfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	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)
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 $12/9/91$ )	4. New 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 on or after $12/9/91$ )
5. This is a correct facility classification	■Y □N □Can not determine
_	neral permit as number above nits and is not eligible for a general permit

# 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? MY ON ONA AVAC NO YO 2. Examining the containers for leakage? DY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at AND ND YE least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON MOYA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY ON 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the Y DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the BY ON ONA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:	
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?	<b>ď</b> Y ⊡N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON BYNA
	Is the temperature differential equal to or greater than 20° F?	DY DN STVA
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 YNA
	(s the perc concentration equal to or less than 100 ppm?	OY ON ÉZN/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?	OY ON ANA
3.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ANY
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN ØN/A
_		
P.	ART V: RECORDKEEPING REQUIREMENTS	
l	as the responsible official: heck appropriate boxes)	
l.	Maintained receipts for perc purchased?	BY ON
2.	Maintained rolling monthly total of perc consumption?	MY ON
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or:	AND NO YO
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AA ON ONY

Revised 9/15/97

DY DN ØN/A

OY ON ZNA

MY ON ONA

BY ON ONA

DY ON MN/A

MD ADN

4. Maintained calibration data? (for applicable direct reading instruments)

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

7. Maintained deviation reports?

Problem corrected?

8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS				
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			AC JA	
2. Has the facility maintained a leak log	?		ey □n	
3. Does the responsible official check th	ne following areas for leaks	?		
Hose connections, fittings, couplings, and valves	by an ana	Muck cookers	AA ON ON'Y	
Door gaskets and seating	AIND ND YS	Stills	אומם מם אם	
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	12Y ON ON/A	
Pumps	RY ON ONIA	Diverter valves	אימם אם אים	
Solvent tanks and containers	Gy on on/a	Cartridge filter housings	DY ON ON/A	
Water separators	9Y ON ON/A	·		
4. Which method of detection is used by	y the responsible official?			
Visual examination (condensed	solvent on exterior surface	:5)	<u> </u>	
Physical detection (airflow felt	through gaskets)		<b>a</b>	
Odor (noticeable perc odor)			<b>g</b> .	
Use of direct-reading instrumen	ntation (FID/PID/calorimen	ric tubes)	- W/A	
Halogen leak detector			D V/K	
If using direct-reading ins	trumentation, is the equip	oment:	<b>Ø</b> N/A	
a. Capable of detection	g perc vapor concentration	s in a range of 0-300 ppm?	ND YD	
<ul><li>b. Calibrated against (PID/FID only)?</li></ul>	a standard gas prior to and	after each use	ay ax	
c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	ND YE	
d. Kept in a clean and	secure area when not in us	se?	NC YC	
e. Varified for accura	cy by use of duplicate samp	oles (calorimetric only)?	ND YC	

OCTAVIAN OPRIS	05/22/98
Inspector's Name (Please Print)	Date of Inspection
Anspecior's Signature	May 1999 Approximate Date of Next Inspection
- I a signature	· ippronomina Dato of French moposition

# PERCELOROETHYLENE DRY CLEMERS

# TITLE V GENERAL PERMIT

FLD 984 908 202

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION RE-	DE E DE COMPLAINT/DISCOVERY
AIRS ID#: 0112372 DATE: 6/16/90	Monitoring
FACILITY NAME: One Hour Mg	internet Al Agrices
FACILITY LOCATION: 4641 Holly	wood Blvd.
Hollywood,	FL 33021
RESPONSIBLE OFFICIAL: Therese	Prompay PHONE: (954) 983-5853
CONTACT NAME:	// PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A.  1. Existing small area source   dry-to-dry only, x < 140 gal/yr	2. New small area source
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )
transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr	transfer only, x < 200 gal/yr both types, 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	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, $140 \le x \le 1,800 \text{ gal/yr}$
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  facility qualified for a general facility exceeds above limes.	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 $12/9/91$ ) $\square$

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 12 ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □Y □N □N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

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

installed prior to September 22, 1993

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?	OY"	ĺΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			OM/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	₫N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ПY	ΠN	MN/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	©M/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?	ΠV	ПΝ	<b>Q</b> N/A
	or expansion, and downsdeam from no other filter.			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	. ĜN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□N	ON/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	DAY ON			
2. Maintained rolling monthly total of perc consumption?	DY ON			
3. Maintained leak detection inspection and repair reports for the following:	٠.			
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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)	OY ON ONA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DANA			
6. Maintained startup/shutdown/malfunction plan?	DAY ON			
7. Maintained deviation reports?	DY ON ON/A			
Problem corrected?	DY ON ON/A			
8. Maintained compliance plan, if applicable?	DY DN ZEN/A			

# PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			DY ON
2.	Has the facility maintained a leak log?			ON ON
3.	Does the responsible official check the f	ollowing areas for leaks?	•	
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	by on on/a
	Solvent tanks and containers	ON ON/A	Cartridge filter housings	ON ON/A
	Water separators	DY ON ON/A		·
4.	Which method of detection is used by th	e responsible official?		
	Visual examination (condensed so	lvent on exterior surfaces	s)	<u>u</u>
	Physical detection (airflow felt three	ough gaskets)		
Odor (noticeable perc odor)				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector		•	
	If using direct-reading instru	mentation, is the equip	ment:	ÜM/A
	a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	UY UN
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior to and a	after each use	OY ON
	c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not in us	e?	OY ON
	e. Verified for accuracy b	by use of duplicate sampl	es (calorimetric only)?	OY ON

6/16/99
Date of Inspection
6/16/00
Approximate Date of Next Inspection

# BEST AVAILABLE COPY

Kevised 09/15/97

# DRY CLANER AIR QUALITY GENEFAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FLD984908202

FACILITY NAME: One Hour Martinizing  FACILITY LOCATION: 1641 Hollywood, FL 33021  Hollywood y FR. 33021	DATE: 6/16/99
FACILITY LOCATION: 1641 Hollywood, FL 33021	
Hollywhod, Fr. 33021	
Annual Reporting Period: May 19 98 TO May	19 <i><b>97</b></i>
Based on each term or condition of the Title V general air permit, my facility has remained in complian 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 repo	orting 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 repo	orting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	<del></del> .
As the responsible official, I hereby certify, based on information and belief formed after reasonable in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallon combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	roethylene solvent, based

<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.

# BEST AVAILABLE COPY

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTIO	N.

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 010372 DATE: 06 15 00 TIME IN: 10:38m TIME OUT: 11:05mm

FACILITY NAME: One Hour Mortinizing.

FACILITY LOCATION: 4641 Hollywood, Bl &d.

[ Jollywood, Fl. 33021 PHONE: (954) 488-5853 O

CONTACT NAME: Santo Russo PHONE: Reme

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	

P	ART II: CLASSIFICATION	
II .	ncility indicated on notification form that it is: heck appropriate box)	□ No notification form  □ Drop store/out of business/petroleum
	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)	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)
	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 $12/9/91$ )	4. New 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 on or after $12/9/91$ )
	☐ facility qualified for a ger	d from New Lange to wend Small based action:  neral permit as number above  nits and is not eligible for a general permit
B.	The total quantity of perchloroethylene (perc) pure facility was gallons.	archased within the preceding 12 months by this dry cleaning

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN ÖN/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?	DRY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON No reports PROBURDS YE.
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	FRIBUTUS YC.  OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΠY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	$\square N$	□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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩΝ	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	□N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ØY ON		
2.	Has the facility maintained a leak log?			CHY ON		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A		
	Door gaskets and seating	OY ON ON/A	Stills ·	DOY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	he responsible official?				
	Visual examination (condensed so	olvent on exterior surfaces	s) ·	-0/		
	Physical detection (airflow felt thi	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)			
	Halogen leak detector			a		
	If using direct-reading instr	umentation, is the equip	ment:	□N/A		
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	מם צם		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each use	OY ON		
	c. Inspected for leaks an	d obvious signs of wear or	n a weekly basis?	OY ON		
	d. Kept in a clean and so	ecure area when not in use	?	DY DN		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	מם צם		
			or helan			
-	Inspector's Name (Please Prin	nt)	Date of Inspe	ction		
2	Malch F Dusley		06/15/01			
	Inspector's Signature		Approximate Date of 1	Next Inspection		

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: On Hour Martin	3179		DATE	: 06 15/00
FACILITY LOCATION: 464   Holley 1000				
followood, FL	33021			
Annual Reporting Period:	19099	то	June	20 <u>a</u> )
Based on each term or condition of the Title V general air periode (F.A.C.), during the			~ 1	P Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has not been	in continuous c	ompliance during t	he reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:		·		
Method used to demonstrate compliance:				
#2. Term or condition of the general permit that has not been	in continuous c	ompliance during t	he reporting perio	d stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on information this notification are true, accurate and complete. Further, purchase receipts, does not exceed 2,100 gallons per year for combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  In Lieu of Mes Ramsay not lawy	my annual cons dry-to dry facil	umption of perchlo ities or 1,800 gallo	roethylene solvent ns per year for tra /	, based upon nsfer or
willen of liks nampy 101 bring	الم معتدر	NC KUSSO YE	EC maunity !	· · · · · · · · · · · · · · · · · · ·

Page of .

<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 NOV 8 2004

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

112372 THERESA RAMSAY ONE HOUR MARTINIZING 4641 HOLLYWOOD BLVD • HOLLYWOOD FL 33021

FOR GOVERNMENT USE ONL Org.: 37550101000 EO: A1 O Fund: 20-2-035001

Obj.: 002273

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

437751 MAR222944

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 # 112372

THERESA RAMSAY ONE HOUR MARTINIZING 4641 HOLLYWOOD BLVD HOLLYWOOD, FL 33021

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

completed on			Consult postmaster for fee.
IN ADDRESS comp	AIRS ID 0112372  DTR INC THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021	4a. Article No. 3 4b. Service 1 Registere Part Return Rec 7. Date of De 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Type  ad Certified  Mail Insured  ceipt for Merchandise COD  ceiptivery
s your RET	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Betty Dan Zon  PS Form 3811, December 4994	8. Addressee and fee is	e's Address (Only if requested

US Postal Service Receipt for Ce	rtified Mail
710	AIRS ID 0112372
r inc Heresa ramsey	
41 HOLLYWOOD BLV	/D
DLLYWOOD FL 33021	
•	
Postage	\$
Certified Fee	
Certified Fee Special Delivery Fee	
Special Delivery Fee Restricted Delivery Fee	
Special Delivery Fee Restricted Delivery Fee	
Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to	·

.

# This portion must be attached to remittance for proper handling 304001

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** 

Do NOT Remove Label

AIRS ID 0112372

DTR INC THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

7795	CERTII (Domestic	Stal ServiceTM FIED MAILTM RECEIPT Mail Only; No Insurance Coverage Provid	
174	For delivery	information visit our website at www.usps.com	D 2001 2001
1	Р	Postage \$	
h000	Certifi	led Fee Postmark	3
	Return Reck (Endorsement Re	ept Fee   THere f	90-
0200	Restricted Delive (Endorsement Re	ery Fee oquired)	.•
	Total Po TH	AIRS ID # 112372 HERESA RAMSAY	
7003		NE HOUR MARTINIZING 41 HOLLYWOOD BLVD	
7		OLLYWOOD, FL 33021	
}	City, State		
	PS Form 3800, J	June 2002 See Reverse for In	structions

,

.

<u> </u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 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> </ul>	A. Signature  X Judy Ho Space Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1?
AIRS ID # 112372 THERESA RAMSAY ONE HOUR MARTINIZING	
4641 HOLLYWOOD BLVD HQLLYWOOD, FL 33021	3. Service Type  "☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number	44 7795
PS Form 3811, August 2001 Domestic Retu	

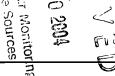
UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

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



8557	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only): No Insurance Coverage Provided)
ì	For delivery information visit our website at www.usps.com
5650	OFFICIAL,USE
	Postage \$
0003	Certified Fee
1	Return Reciept Fee (Endorsement Required)
192	Restricted Delivery Fee (Endorsement Required)
m	Total Postara & Fans   S ID# 112372
	Sent To THERESA RAMSAY
700	Street, Apt. ONE HOUR MARTINIZING
	or PO Box 1 4641 HOLLYWOOD BLVD
	City, State, HOLLYWOOD, FL 33021
	PS Form 38

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 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> </ul>	A. Signature  X Betty Out 3 over Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  U  D. Is delivery address different from Item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1?
ID# 112372 THERESA RAMSAY ONE HOUR MARTINIZING 4641 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 20	260 0003 5650 8557
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DARW/MOBILE SOURCE CONTROL PROGRAM SOURCE CON

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
39	
17	OFFICIAL USE
7976	Postage \$
7	Certified Fee Postman
17	Return Receipt Fee (Endorsement Required)
0001	Restricted Delivery Fee (Endorsement Required)
	Tot-1 Parame 6 Ears   d
E B	Sen ONE HOUR MARTINIZING
	THERESA RAMSAY  Stre 4641 HOLLYWOOD BLVD
7001	HOLLYWOOD FL
~	33021
	PS

	·		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul> <li>■ Complete items 1, 2, and 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>1. Article Addressed to:         <ul> <li>AIRS ID#0112372</li> <li>ONE HOUR MARTINIZING THERESA RAMSAY</li> <li>4641 HOLLYWOOD BLVD</li> </ul> </li> </ul>	A. Signature  X		
HOLLYWOOD FL 33021	3. Service Type  C Certified Mail		
2. Article Number (Transfer from service label) 7001 0320 0001 7976 4139			
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1035		



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

5

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MONITORING SOURCES MONITORING SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MONITORING SOURCES OF THE MO M



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**

425226 MAR10 2005

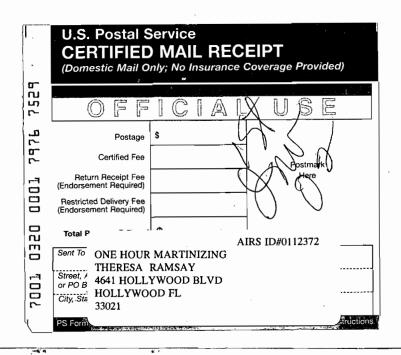
Do NOT Remove Label

AIRS ID#0112372

ONE HOUR MARTINIZING THERESA RAMSAY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021

FOR GOVERNMENT USE ONL Org.: 37550101000 EO; A1 Fund: 20-2-035001

Obj.: 002273



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 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> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Bett Dec 2000   Agent   Addressee  D. Is delivery address different from item 1?   Yes
AIRS ID#0112372 ONE HOUR MARTINIZING THERESA RAMSAY 4641 HOLLYWOOD BLVD	If YES, enter delivery address below: ☐ No
HOLLYWOOD FL 33021	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from 7001 0320 [	1001 7976 7529
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789



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

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES TEB
DEPT. OF ENVIRONMENTAL PROTECTIONS
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

70 M

halladallalalalahandalahilladbaddaldaddal

FOLD AT DOTTED LINE TICKER AT TOP OF ENVELOPE  **TICKER AT TOP OF ENVELOPE	HLOL STION ON DELIVERY				
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  AIRS ID # 0112372  ONE HOUR MARTINIZING  THERESA RAMSEY	A. Received by (Please Print Clearly)  B. Date of Belivery  C. Signature  X July Grant Gra				
4641 HOLLYWOOD BLVD					
HOLLYWOOD FL 33021	3. Service Type  ☑ Certified Mail ☐ Express Mail				
• • • • • • • • • • • • • • • • • • • •	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee)				
2. Article Number (Copy from service label) 7000 0600 0026 4126 6855					
PS Form 3811, July 1999 Domestic Re					
1	<u> </u>				

LB55		MAIL REC	EIPT Coverage Provided)
0026 4126	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
2000 0000	Reci, ONE HOUR M. Stree THERESA RA 4641 HOLLYWOOD	ARTINIZING MSEY OOD BLVD	D # 0112372

	· · ·
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also comp item 4 if Restricted Delivery is desired. ■ Print your name and address on the revision so that we can return the card to you. ■ Attach this card to the back of the mails or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0112372  ONE HOUR MARTINIZING  THERESA RAMSAY  4641 HOLLYWOOD BLVD  HOLLYWOOD FL	verse C. Signature
33021	3. Service Type Certified Mail
7001 0320 0001 7976	2524: : ,:
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789
	•

.

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)					
25	OFF	1 <u>C</u>	IAL	<u>. U</u>	SE	
75	Postage	\$				
7976	Certified Fee			Po	ostmark	l
]]	Return Receipt Fee (Endorsement Required)				Here	
0007	Restricted Delivery Fee (Endorsement Required)		- "			
0	Total Posi		AIRS ID #	0112372		
표	ONE HOUR MARTINIZING					
ED	THERES					
13	Street, Apt. 4641 HOLLYWOOD BLVD or PO Box t HOLLYWOOD FL					
7007	City, State, 33021					
ii .	PS Form 3800, January 28	001	* 27. *******	See Re	verse for Inst	ructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1; 2, and 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>1. Article Addressed to:</li> <li>AIRS ID # 0112372 ONE HOUR MARTINIZING</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
THERESA RAMSAY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021	3 Service Type  S-Certified Mail
7001 0320 0001 7975 9944	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

•

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
1 t				
6	OFF	IGIAL	, USE	
2	Postage	\$		
7-12	Certified Fee		Postmark	
77	Return Receipt Fee (Endorsement Required)		Here	
0007	Restricted Delivery Fee (Endorsement Required)	AIKS ID#U	117572	
n n	Total P ONE HOU	R MARTINIZING	1123.	
0	Sent To THERESA RAMSAY 4641 HOLLYWOOD BLVD			
7007	Street, A HOLLYWOOD FL			
][.	City, Stati	,		
	PS Form 3800, January 20	001	See Reverse for Instru	ctions :

405928 FEB222001 (

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 # 0112372

ONE HOUR MARTINIZING THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

SENDER: COMPENS SINT STANDARS OF STICKER AT TOP OF ENVELOPE THE RIGHT OF RETURN ADDRESS.	
<ul> <li>Complète items 1, 2, and 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>1. Article Addressed to:</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
10 AIRS ID # 0112372001AG THERESA RAMSAY ONE HOUR MARTINIZING	
4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021	3. Service Type  Certified Mail
000 2870 0000 10244039	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Reta	urn Receipt 102595-00-M-0952

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail' Only; No Insurance Coverage Provided)						
4039	OFF		I A			8	cars House
<b>}</b> ~	Postage	\$					1
7027	Certified Fee				a.	_ 	$\mathcal{L}$
	Return Receipt Fee (Endorsement Required)			Mi	H.	ere	
0000	Restricted Delivery Fee (Endorsement Required)						
	Total	. –		•			
2870	Sent 10 THERESA	_	ID# 0112	2372001 <i>A</i>	G	-	
j.	ONE HOUR		-				
	Street 4641 HOLL						
2000	City, & HOLLYWO					••••	
[	PS Form 3800, May 2	000		See Reve	rse fo	Ínstru	ctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  Addressed to:  AIRS ID # 0112372  THERESA RAMSAY  HOLLYWOOD BLVD  13021	A. Received by (Please Print Clearly)  C. Signature  X
	3. Service Type Certified Mail
100028 100000 N274941	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-09
:	

}	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance				e Coverage Provided)			
~	A Company of the Comp					•••		١.
1164	OFF	l C	I A	<u>.</u>		5	Sans Sans Sans	
7027	Postage Certified Fee	\$						
1	Return Receipt Fee (Endorsement Required)					tmark lere		
0000	Restricted Delivery Fee (Endorsement Required)	.1	AIKS	ווט# עוו	2312			
2870	Total Post ONE HOUR MARTINIZIN THERESA RAMSAY 4641 HOLLYWOOD BLVI			ZING				
2000	Street, Apt. HOLL 33021 City, State, 2	YWOOD	FL	· TO # 01	10000			
1	PS Form 3800, May	2000			leverse fo	r Inctr	uotion	

	Marie Carlos Car	
1	U.S. Postal Service™	111
□	CERTIFIED MAIL REC	PEIDT
75		
m	(Domestic Mail Only; No Insurance C	Coverage Provided)
\	For delivery information visit our website	at www.usps.com <sub>®</sub>
33	OFFICIAL	USE
┏		
m	Postage \$	
ru		1
000	Certified Fee	Postmark
	Return Receipt Fee	Here
1_	(Endorsement Required)	-
510	Restricted Delivery Fee (Endorsement Required)	
	(Zindorsonioni rioquiod)	-
ľu	Total Postaç AIRS ID# 112372 1stC	
7004	— ONE HOLD MADTINI	
	Sent To ONE HOUR MARTING 4641 Hollywood Blvd	121110
	T-0	021
	or PO Box No. HOLLYWOOD, FL 33	021
	City, State, ZII	1
	"No company of the co	The second state of the second
	PS Form 3800, June 2002	See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT	+
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 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> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. It delivery address different from item 12  Yes
Article Addressed to:	D. If delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIRS ID# 112372 1stC ONE HOUR MARTINIZING	· ·
4641 Hollywood Blvd HOLLYWOOD, FL 33021	3. Service Type Certified Mail
7004 2510 0002 3939 37	52 ricted Delivery? (Extra Fee)
(Transfer from service label)	<del>'</del>
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DARMMOBILE SOURCE CONTROL PROBRAMES
OF T. OF ENVIRONMENTAL PROTECTION
MALL STATION 5510
MOD BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 9

22454

Tallanlatildahlandahallingladahlalind

8245	U.S. Postal Service™ CERTIFIED MAIL™ REC (Domestic Mail Only; No Insurance C	overage Provided)
in .	For delivery information visit our website a	TOWWAUS PS.COIII
m	OFFICIAL	USE
33	Postage \$	
	Certified Fee	Postmark
	Return Receipt Fee (Endorsement Required)	Here
2570	Restricted Delivery Fee (Endorsement Required)	
l Lú	AIRS ID# 112372 3rd Cert04	
<b>+</b>	ONE HOUR MARTINIZING	
7004	4641 Hollywood Blvd	
7-	HOLLYWOOD, FL 33021	
	7	·
1		
	PS Form 3800, June 2002	See Reverse for Instructions

<u>'</u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 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> </ul>	A. Signature  X Jud II
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID# 112372 3 <sup>rd</sup> Cert04 ONE HOUR MARTINIZING	· /
4641 Hollywood Blvd HOLLYWOOD, FL 33021	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7004 2510	0002 3939 8245
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540
1*	



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

• Sender: Please print your name, address, and ZIP+4 in this box •

DARWMOBILE SOURCE CONTROL FINDS
DEPT. OF ENVIRONMENTAL PROTECTION
5510 DARM/MOBILE SOURCE CONTROL PROGRAM 2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

la Radala Halalada ala H

APR 1 4 2005

Bureau

& Moone Sources

7613	the contract of the contract o	Service <sub>TM</sub> D MAIL <sub>TM</sub> RE(  Only; No Insurance C	
L-	For delivery informa	ation visit our website	at www.usps.com
93	OFF	ICIAL	. USE
m	Postage	\$	
띰	Certified Fee		
000	Return Receipt Fee (Endorsement Required)		Postmark Here
5.10	Restricted Delivery Fee (Endorsement Required)		
'n	Total Postage & Face	l œ	
AIRS ID#01123722 <sup>nd</sup> Cert 05 ONE HOUR MARTINIZING			
~	or PO Box No. HO	l Hollywood Blvd LLYWOOD, FL	33021
	City, State, ZIP+4 PS Form 3800, Ju	LLY WOOD, FL	

<u> </u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Signature  X Judi Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	
Article Addressed to:	D. is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#01123722 <sup>nd</sup> Cert 05 ONE HOUR MARTINIZING 4641 Hollywood Blvd	O Conto Toro
HOLLYWOOD, FL 33021	3. Service Type  Certified Mall Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
	4. Hoomotod Dontory's (Extra 7 CO)
2. Article Number 7004 25	310 0002 3939 7613



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

• Sender: Please print your name, address, and ZIP+4 inสีดีใร box •

BUR. OF AIR MONITORING & MOBILE SOURCES BUR. OF AIR MODEL DEPT. OF ENVIRONMENTAL PROTEGUE AND STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-24005

e de la companya del companya de la companya del companya de la co		<u>.</u>	
	•		
Fold at line over top of envelop			
Complete items 1 and/or 2 for addition  Complete items 3, 4a, and 4b.  Print your name and address on the n	nal services. everse of this form so that we can return this	I also wish to receive the following services (for an extra fee):	ai .
card to you. —  Attach this form to the front of the mai permit.	ilpiece, or on the back if space does not	1. Addressee's Address	Service
■ Write "Return Receipt Requested" on t	the mailpiece below the article number.		
The Return Receipt will show to whom delivered.	in the article was delivered and the date	Consult postmaster for fee.	td d
3. Article Addressed to:	4a. Article N Z 3 3 AIRS ID # 0112372		eturn Rece
ONE HOUR MARTINIZING	4b. Service T		Ret 
	<u> </u>	, _	Buis ?
4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021		ceipt for Merchandise 🔲 COD	2
\ <b>Z</b>	7. Date of De		you fo
5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)	Thank
6. Signature: (Addressee or Age	(nt) (. Kan say		}
PS Form <b>3811</b> , December 1994	4 102595-97-B-0179	Domestic Return Receipt	}

US Postal S <b>Receipt</b> No Insuranc	for Co		468	'WW	<i>\</i>
Receipt No Insurance	for Co	. 1 4 1		100	
Do not use f		ge Provid	∍d.		
,			AIDC II	ا ۱۳۵۱ م	270
ONE HOUR	R MART	INIZING	ZIÍZO II	) # U112.	3/2
4641 HOLL	YWOOL	BLVD		•	
HOLLYWO	OD FL 3	3021		•	
Certified Fee					
Special Delive	ry Fee				
	ivery Fee				
Return Receip Whom & Date		0			
Return Receipt S Date, & Address		om,	•		
TOTAL Posta		\$			
Postmark or D	ate				
	THERESA 4641 HOLL HOLLYWO  Certified Fee Special Delive Restricted Del Return Receipt S Date, & Addressa TOTAL Posta	THERESA RAMSE 4641 HOLLYWOOD HOLLYWOOD FL 3  Certified Fee  Special Delivery Fee  Restricted Delivery Fee	ONE HOUR MARTINIZING THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021  Certified Fee  Special Delivery Fee  Restricted Delivery Fee	ONE HOUR MARTINIZING THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021  Certified Fee  Special Delivery Fee  Restricted Delivery Fee	THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021  Certified Fee  Special Delivery Fee  Restricted Delivery Fee

0393534

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 MARTINIZING THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021

TOTAL AMOUNT DUE: \$50.00

MAR

DIT Remove Label

AIRS ID # 0112372

ARTINIZING

LMSEY

ARTINIZING

LMSEY

FOR GOVERNMENT USE ELV Org.: \$7550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

t line over top of envelope to right of the return address	
Complete items 1, 2, ard 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 # 0112372  ONE HOUR MARTINIZING  THERESA RAMSEY  4641 HOLLYWOOD BLVD  HOLLYWOOD FL 33021	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789
US Postal Service Receipt for Certific No Insurance Coverage Prov Do not use for International N Sent to  ONE HOUR MARTINIZING THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021	AIRS ID # 0113372
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	
Postmark or Date	

0360919

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**

FEB 18

ROOM 8 99

Do NOT Remove Label

AIRS ID # 0112372

ONE HOUR MARTINIZING THERESA RAMSEY 4641 HOLLYWOOD BLVD HOLLYWOOD FL 33021

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER: COMPLETE THIS SECTION	Former Anna Anna Former top Former top at the right to the right of th
<ul> <li>Complete items 1, 2, and 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> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X
1. Article Addressed to:  AIRS ID # 0112372	If YES, enter delivery address below:
ONE HOUR MARTINIZING THERESA RAMSEY	
4641 HOLLYWOOD BLVD	3. Service Type
HOLLYWOOD FL 33021	Gertified Mail
Z 333 667 062	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label) .	
PS Form 3811, July 1999 Domestic Retu	rn Receipt 102595-99-M-1789

	Z 333	667 062
	US Postal Service . Receipt for Cer	
,	No. Inc.	AIRS ID # 0112372
TH 464	IE HOUR MARTINIZI ERESA RAMSEY 41 HOLLYWOOD BL' DLLYWOOD FL 33021	VD .
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
, April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
S Form <b>3800</b> , April 1995	Postmark or Date	