

## Department of **Environmental Protection**

Lawton Chiles Governor

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 March 25, 1998

Virginia B. Wetherell Secretary

Mr. Michael Fundiller South Harbor Cleaners 1406 Southeast 17th Street Fort Lauderdale, Florida 33316

Re: Facility No.: 0112403

Dear Mr. Fundiller:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 12, 1998.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title  $\mbox{\tt V}$ 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

Mr. John Coppola, Broward County

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

, -,	0112403
p1) 1(a)	Ald date control device installed Blood and be marked Mark out and mild
10 820	Responsible Official signand dute for changes
	for changes

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## Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

	-
Perchloroet	hylene Dry Cleaning Facility Notification
	Facility Name and Location
	tacinty realite and Education & Micros 2 199
1. Facility Owner/Company Nan  Clean et al.	hylene Dry Cleaning Facility Notification  Facility Name and Location  The (Name of corporation, agency, or individual owner):  The transport of the corporation of t
2. Site Name (For example, plan	at name or number):
3. Hazardous Waste Generator Id	dentification Number:
TO BE APPLIED	FOR
4. Facility Location: Street Address:	
City: 1406 5. F 1747 St	the County: Broward Zip Code: 33316
5 Facility Identification Number	r (DEP Use):
	Responsible Official
6. Name and Title of Responsible	le Official:
7. Responsible Official Mailing A Organization/Firm: 140 b Street Address: Zip Code:	Address: SIE 17th Street Land Fl 33316
8. Responsible Official Telephon Telephone: (954) 76	
Facility (	Contact (If different from Responsible Official)
9. Name and Title of Facility Con	ontact (For example, plant manager):
10. Facility Contact Address:	
_	AME AS ABOUE
Street Address: — S	Zip Code:

Effective: 6-25-96

11. Facility Conta	ct Tel	ephone	Number	:	-					
Telephone:	(	)	-		Fax	(	)	-	-	

PKCK LE VED VED WORK SOURCES OUR CO.

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.

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID ·	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit								-	
(1) w/ ref. condenser		3/94					********		
(2) w/ carbon adsorber		5/94							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser						1			
(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	requi	ired but not	vet installed	г	1				

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(c) No control devices are required to be installed

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2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [
(b) If less than 12 months, how many? [] months  Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []
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
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
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

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#### **Equipment Monitoring and Recordkeeping Information**

this notification form.

Check all logs v	which are required to be kept on-site in accordance w	vith the requirements of this general per	mit:
(a) Purchase red	ceipts and solvent purchases	(+)	
(b) Leak detect	ion inspection and repair		
(c) Refrigerated	condenser temperature monitoring		
(d) Carbon adso	orber exhaust perc concentration monitoring		
(e) Instrument of	calibration		
(f) Start-up, sh	utdown, malfunction plan	$\pm$	
	Surrender of Existing Air Pe	rmit(s)	
Please indicate	with an "X" the appropriate selection:		
	I hereby surrender all existing air permits authorizing facility indicated in this notification form; specifical	<del>-</del> -	
$\mathcal{A}$	No air permits currently exist for the operation of the	ne facility indicated in	

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#### **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.

Signature

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WAR 12 1998

Bureau of Air Monitoring

Bureau Mobile Sources

#### PERCALOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY  ON  O
(	78 TIME IN: 1:30 TIME OUT: 2:10  5 INC. (SOUTH HARBOR CLEANERS)
FACILITY LOCATION: 1406 SE 17  FT. LAUDERS  RESPONSIBLE OFFICIAL: MICHAEL FOR	DALE 333/6
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	ırtup
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	<u> </u>
PART II: CLASSIFICATION  Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is:	
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)  4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classific facility qualified for a ge	Drop store/out of business/petroleum  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  4. New large area source dry-to-dry only, $140 \le x \le 2,100$ 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 $12/9/91$ ) $Y$ $P$

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
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?  Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A □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?	DY DN DN/A
o. Routed an flow to the carbon adsorber (if used) at an times:	di di diva
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PART V: RECORDKEEPING REQUIREMENTS	ar an ana
	T GN GNA
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official:	ET GN GNA
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)	
PART V: RECORDKEEPING REQUIREMENTS  Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	ØÝ □N
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?	ØÝ □N
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:	
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:  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 ON/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:  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 and parts installed w/in 5 days of receipt?	
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:  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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)	
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:  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 and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for applicable direct reading instruments)  5. Maintained exhaust duct monitoring data on perc concentrations?	

8. Maintained compliance plan, if applicable?

DY DN WN/A

P/	PART VI: LEAK DETECTION AND REPAIRS						
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			MY ON			
2.	Has the facility maintained a leak log?		4	Øfy □n			
3.	Does the responsible official check the	following areas for leaks'	?				
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	DY ON ON/A			
	Door gaskets and seating	MY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	CY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	Y ON ON/A	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	Y ON ON/A					
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed se	olvent on exterior surface	s)	<b>Y</b>			
	Physical detection (airflow felt th	rough gaskets)					
	Odor (noticeable perc odor)	<u>a</u>					
	Use of direct-reading instrumenta	a a					
	Halogen leak detector						
	If using direct-reading instr	umentation, is the equip	ment:	DEN/A			
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	OY ON			
	<ul><li>b. Calibrated against a s (PID/FID only)?</li></ul>	tandard gas prior to and a	ifter each use	OY ON			
	c. Inspected for leaks ar	nd obvious signs of wear o	on a weekly basis?	□Y □N			
	d. Kept in a clean and so	ecure area when not in us	e? ,	OY ON			
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	QY QN			
	·						
	100 P		9.290				
-	ART TENNETTA  Inspector's Name (Please Prin	nt)	9-8-98 Date of Inspection				
	001	,					
	let late		SEPT 1999				
	Inspector's Signature		Approximate Date of 1	Next Inspection			

BEST AVAILABLE COPY	PERINTIPOLISCOVERY . REHINSPECTION .
TIME IN: 1:30   TIME OUT: 2:10	AIRS ID#: 01(2403
TYPE OF FACILITY: PERC. DRY CLEANER	
FACILITY NAME: MY CLEANERS INC.	DATE: 9-8-98
FACILITY LOCATION: 1406 SE 17TH ST. FT.	LAUDERDALE 33316
RESPONSIBLE OFFICIAL: MICHAEL FUNDILLER	PHONE NUMBER: (954) 764-0533
Based on the results of the compliance requirements evaluate	ted during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluate	ted during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
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	Sur Chi, Chi L
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	Moral A
	Modil & Monto
	Windley College
	* &
	<u></u>
COMMENTS.	
, 	
The Annual Compliance Certification form has been properly certifi	Ted and submitted to the inspector. YESTV: NOT
DATE OF NEXT INSPECTION: SEPT.	1999
	proximate)
INSPECTION CONDUCTED BY: ART	PENNETCA
	ease Print)
IMSPECTOR'S SIGNATURE: Lit Path	PHONE NUMBER: (954)519-1428
5325	of Revised 10

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

FACILITY NAME: MY CLEAUERS I	uc. (5000	H HARBO	R CLEANE	RS) DATE	c: <u>9-8-98</u>
FACILITY LOCATION: 1406 SE	17th ST.	FT. LA	UDERDALE	- 33316	
					<u>.</u>
Annual Reporting Period: SEPT 8	·	1997	TO	SEPT 8	19 <u><b>98</b></u>
Based on each term or condition of the Title V gr 62-213.300, Florida Administrative Code (F.A.C	•			<u> </u>	DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit that	has not been in	i continuous (	compliance duri	ng the repoping per	riod stated above:
Exact period of non-compliance: from			to	-s0c	£/,
Action(s) taken to achieve compliance:				e du or	The state of the s
Method used to demonstrate compliance:	_			Mobile Mos	<i>y</i>
#2. Term or condition of the general permit than	has not been it	i continuous d	compliance durit	ng the reporting per	riod 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, hase made in this notification are true, accurate and spon purchase receipts, does not exceed 2,100 grambination facilities.	complete. Furt	her, my annuc	al consumption o	of perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	Fundance		Vg		92198
Name (	Please Print)			асиге	Date -

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391003

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 # 0112403

SOUTH HARBOR CLEANERS MICHAEL FUNDILLER 1406 SE 17TH STREET FT LAUDERDALE FL 33316

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

	TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST				
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COME	PLAINT/DISCOVERY		
FACILITY NAME:	Us Cleaners OG S.E. I ORt Landers	Onc. (Auth 1th St. Jake, FL 33	e: <u>(954) 764 -</u>	ers)	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startu			0	
2. Facility failed to notify DARI	M to use general permi	t			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	on form that it is:		notification form p store/out of business/p	ctroleum	
dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr di tr bo	New small area sour ry-to-dry only, x < 140 ansfer only, x < 200 ga oth types, x < 140 gal/y onstructed on or after 1	gal/yr l/yr r	Bureau of Air Moniton & Mobile Sources	

3. Existing 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 before 12/9/91)

5. This is a correct facility classification

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,  $140 \le x \le 1,800$  gal/yr (constructed on or after 12/9/91)

ПN

□Can not determine

If no, please check the appropriate classification:

facility qualified for a general permit as number 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 120 gallons. To quely 2 manho

### 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? ÓN □N/A 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? DY ON DYNA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN OKIA 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	ПY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ΠN	□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	ОΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ΠN	□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?	מאל סא			
3. Maintained leak detection inspection and repair reports for the following:	No Leaks athistin			
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON DAN/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?	באעם אם צם			
4. Maintained calibration data? (for applicable direct reading instruments)	אולם אם צם AN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	DN DN/A			
6. Maintained startup/shutdown/malfunction plan?	DAY ON			
7. Maintained deviation reports?	OY ON DAYA			
Problem corrected?	OY ON DATA			
8. Maintained compliance plan, if applicable?	A NO PO			

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings. DY DN DN/A DY ON ON/A couplings, and valves Muck cookers MY ON ON/A MY ON ON/A Door gaskets and seating Stills Y ON ON/A Filter gaskets and seating DY ON ON/A Exhaust dampers ON ON/A DY ON ON/A Diverter valves Pumps Cartridge filter housings DY DN DN/A DY ON ON/A Solvent tanks and containers Water separators 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: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? $\Box$ Y $\Box$ N DY DN 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)? Flizabeth F-SUSky Inspector's Name (Please Print) Classification Inspector's Signature ate Date of Next Inspection

#### **BEST AVAILABLE COPY**

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Aco

ACILITY NAME:	S.E. 17th St	
TORY OF	underdale, FL 33310	(o
nnual Reporting Period: <u>Reptem</u>	DER 19 <u>98</u> TO	Deptemba 1999
used on each term or condition of the Title -213 300, Florida Administrative Code (F		
NO, complete the following:		
. Term or condition of the general permit	that has not been in continuous comp	oliance during the reporting period stated above:
act period of non-compliance: from		. to
cuon(s) taken to achieve compliance:		
thod used to demonstrate compliance:		
Term or condition of the general permit	that has not been in continuous comp	liance during the reporting period stated above:
act period of non-compliance: from		to
con(s) taken to achieve compliance:		
thod used to demonstrate compliance:		
e in this notification are true, accurate a purchase receipts, does not exceed 2,10 pination facilities.  PONSIBLE OFFICIAL:	and complete. Further, my annual cor	ed after reasonable inquiry, that the statements insumption of perchloroethylene solvent, based ulities or 1,800 gallons per year for transfer or apply a page 1299

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

Page of

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/I	DISCOVERY	<b>,</b>
	RE-INSPECTION	1 🗅			11
			j	<u>LD9617003</u>	3528,
AIRS ID#: <u>OIB463</u> FACILITY NAME:	DATE: 08/31 00	TIME I	N: 3:15pg	TIME OUT AID	2600 2000
FACILITY NAME:	Cleaners Ar	vc CSout	n Harber	Clearors Jour	Onitoring
FACILITY LOCATION: <u>}</u>	106 SE 17	-tr St.			
<u>I</u>	ort laudera	lale, Fi	33316		
RESPONSIBLE OFFICIAL	: Michael Fi	enxeller	_ PHONE: <u>(</u> 95 4	1) 764-053	3
CONTACT NAME:			PHONE:	· 	
BARTI NOTIFICATION			· ·		
PART I: NOTIFICATION				6	
(check appropriate box)				š <b>.</b>	
New facility notified DARN	$\Lambda$ 30 days prior to start	лb			
2. Facility failed to notify DA	RM to use general perm	nit 			
PART II: CLASSIFICATIO	N				
Facility indicated on notification (check appropriate box)  A.	tion form that it is:		☐ No notification☐ Drop store/ou	on form at of business/petrol	eum
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr d r t t	2. New small a dry-to-dry only, transfer only, x oboth types, x < 1 (constructed on	x < 140 gal/yr < 200 gal/yr	0	
3. Existing large area soudry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$	2,100 gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ g}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	/yr	
5. This is a correct facility of	classification (	DY DN	□Can not determ	mine	
☐ facil	e appropriate classificat lity qualified for a gene lity exceeds above limit	ral permit as nu			
B. The total quantity of perchl facility was <u>100-12</u> gallons		chased within th	ne preceding 12 m	onths by this dry clo	eaning

### 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? 2. Examining the containers for leakage? □N/A 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? DY DN DYN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN BY/ 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? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?		N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		N □N/A
	Is the temperature differential equal to or greater than 20° F?		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?	ם צם	n □n/a
	Is the perc concentration equal to or less than 100 ppm?		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?	0Y 0	N □N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N □N/A

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

#### 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A MY ON ON/A Muck cookers couplings, and valves MY ON ON/A MY ON ON/A Stills Door gaskets and seating Y ON ON/A DY ON ON/A Exhaust dampers Filter gaskets and seating ON ON/A DY DN DN/A Diverter valves Pumps Cartridge filter housings DY DN DN/A MY ON ON/A Solvent tanks and containers DY ON ON/A Water separators 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: DY DN a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? $\Box$ Y $\Box$ N 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)? Elizabeth F. SUSky Inspector's Name (Please Print) Clauser Susky Inspector's Signature

PART VI: LEAK DETECTION AND REPAIRS

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

BEST AVAILABLE COPY

nual Reporting Period: <u>Reptem</u>	bee 1998 to Doptember 1999
ed on each term or condition of the Title	V general air permit, my facility has remained in compliance with DEP Rule  A.C.), during the period covered by this statement.   YES   NO
O, complete the following:	
Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above:
ct period of non-compliance: from	to
on(s) taken to achieve compliance:	·
hod used to demonstrate compliance:	•
and to demonstrate and primary,	
Term or condition of the general permit	that has not been in continuous compliance during the reporting period stated above:
Term or condition of the general permit	
Term or condition of the general permit ct period of non-compliance: from on(s) taken to achieve compliance:	

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

Page of

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/D	SCOVERY C
	RE-INSPECTION			
			+1	_D9814C03538
AIRS ID#: <u>্রারশ্র</u>	DATE: 08/31/00	TIME II	N: <u>3:15pu</u> 1	IME OUTA, A. HOLD
FACILITY NAME: <u></u>	y Cleaners And	c CSout	n Harber	Clearors ources
FACILITY LOCATION:	406 SE 17	tn St.		
	Fort lauderd	ale, Fi	<u> 33316</u>	
RESPONSIBLE OFFICIA	I. Michael Fr	wedteller	PHONE: 954	764-0533
CONTACT NAME:				
CONTACT NAME.	<del></del>		FHORE.	
The state of the s				
PART I: NOTIFICATIO	N			
(check appropriate box)		•		د
1. New facility notified DA	RM 30 days prior to startup	,		
2. Facility failed to notify I	DARM to use general permi	t		
PART II: CLASSIFICAT	TON			
Facility indicated on notificheck appropriate box)  A.	cation form that it is:		☐ No notification☐ Drop store/out	of business/petroleum
1. Existing small area dry-to-dry only, x < 140 transfer only, x < 200 ga both types, x < 140 gal/y (constructed before 12/9)	gal/yr di ll/yr tr yr bo	New small arry-to-dry only, ansfer only, x < oth types, x < 1 constructed on cons	x < 140 gal/yr < 200 gal/yr	19-
3. Existing large area and dry-to-dry only, $140 \le x$ transfer only, $200 \le x \le x \le 1$ , the second types, $140 \le x \le 1$ , the second constructed before $12/9$ .	≤ 2,100 gal/yr dr 1,800 gal/yr tr 300 gal/yr be	ansfer only, 20 oth types, 140 <	rea source $140 \le x \le 2,100 \text{ ga}$ $0 \le x \le 1,800 \text{ gal/y}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	
5. This is a correct facili	ty classification	Y □N	□Can not determ	ine
☐ fi	the appropriate classification acility qualified for a general acility exceeds above limits	al permit as nur and is not cligi	ible for a general p	

#### 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? □N □N/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? OY ON 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DN DN/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN DN/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? 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 □N □N/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 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:	-		
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?	ПY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	ПN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	<b></b>	<b>53</b> N	CONTA
	if machines are equipped with a carbon adsorber?	ЦY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ПN	□N/A
5. •	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	CYY DN				
2. Maintained rolling monthly total of perc consumption?	מס אם				
3. Maintained leak detection inspection and repair reports for the following:	No feats decumete				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DAYA				
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 DAVA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON ON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A				
6. Maintained startup/shutdown/malfunction plan?	OPY □N				
7. Maintained deviation reports?	DY ON DAYA				
Problem corrected?	מאנם אם צם				
8. Maintained compliance plan, if applicable?	DY ON ON/A				

P	ART VI: LEAK DETECTION AND R	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small se	ources, bi-weekly) leak detection as	nd repair
	inspection?			pay ⊓n
2.	Has the facility maintained a leak log?			DY DN
3.	Does the responsible official check the	following areas for	leaks?	•
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY, ON ON/A	Stills	DN/A
,	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DAY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	DAY ON ON/A
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A
	Water separators	DY ON ON/A		
4.	Which method of detection is used by th	ne responsible offic	ial?	
	Visual examination (condensed so	olvent on exterior si	urfaces)	
,	Physical detection (airflow felt thr	ough gaskets)		
•	Odor (noticeable perc odor)			$\Theta'$
	Use of direct-reading instrumental	tion (FID/PID/calor	rimetric tubes)	
	Halogen leak detector			
	If using direct-reading instru	imentation, is the	equipment:	□N/A
	a. Capable of detecting p	erc vapor concentr	ations in a range of 0-500 ppm?	□Y □N
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	landard gas prior to	and after each use	OY ON
	c. Inspected for leaks and	d obvious signs of v	vear on a weekly basis?	□Y □N
	d. Kept in a clean and se	cure area when not	in use?	OY ON
	e. Verified for accuracy l	by use of duplicate	samples (calorimetric only)?	□Y □N
	•			,
Á.	Florabeth F. Susky		୦%  <i>୦୩ ୭</i>	
_	Inspector's Name (Please Prin	t)	Date of Inspe	ection
	Stolen & Aunti		cellials	
_	Inspector's Signature		Approximate Date of	Next Inspection

AIRS 17#: 0179103

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: My Cleoners Anc (South Harbor Cleoners) DATE: 08/09/	<u>w</u>
ACILITY NAME: My Cleoners Anc. (South Harbor Cleoners) DATE: 08/09/	
Fret Condendo 1. FC 33316	
Fort Cauderdal, FC 33316	
nnual Reporting Period: August 12619 TO August 20	) <u>cò</u>
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
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	/e:
xact period of non-compliance: fromto	
ction(s) taken to achieve compliance:	<del></del>
lethod 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.	⁄e:
xact period of non-compliance: fromtoto	
ction(s) taken to achieve compliance:	
Tethod used to demonstrate compliance:	
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon urchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or ombination facilities.  ESPONSIBLE OFFICIAL: Sery Edwards Bear Signature Date	
Nac. Signature of Name (Please Print) Signature Date	

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

#### **BEST AVAILABLE COPY**

SEND  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article to the mailpiece was delivered and delivered.	1. Addressee's Address  number. the date  Consult postmaster for fee.
3. Article Addressed to:  AIRS ID # 0112403  SOUTH HARBOR CLEANERS  MICHAEL FUNDILLER  1406 SE 17TH STREET  FT LAUDERDALE FL 33316	4b. Septice (Types)  Registered.  Registered.  Registered.  Registered.  Resum Receipt for Merchandise  COD  7. Date of Delivery
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressée's Addréss (Only if requested and fee is paid)  Domestic Return Receipt

	P 174 05	5 P82
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	US Postal Service	(97)
	<b>Receipt for Cer</b>	tified Mail 🐪 🔪
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	Do not use for Internation	nal Mail (See reverse)
	Sent to	I
		AIRS ID # 0112403
S	OUTH HARBOR CLE	
	MICHAEL FUNDILLE	
1	406 SE 17TH STREET	:
F	T LAUDERDALE FL	33316
	I Ceruneo ree	
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
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7.11	Return Receipt Fee (Endorsement Required)		
	Restricted Delivery Fee (Endorsement Required)		
1140	Total Posta  AIRS ID # 112403  Sent To  SOUTH HARBOR CLEANERS		
7007	Street, Apt. MICHAEL FUNDILLER POBOX 22 1450		
700	City, State, 2 HOLLYWOOD, FL 33022		
L	PS/Form 3800; January 2001 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. Signature  A. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  D. Is delivery address different from item 17  Yes
1. Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
AIRS ID # 112403 SOUTH HARBOR CLEANERS MICHAEL FUNDILLER	33022-1450
P O BOX 22-1450 HOLLYWOOD, FL 3	3. Service Type  □ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
S. Chapter and Mr. Commission of the Commission	4. Restricted Delivery? (Extra Fee)
2.Article.Number 7001 1140 0001 7556 4057	
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

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

DEPT. OF ENVIRONMENTAL PROTECTION AIR MONITORING & MOBILE SCHECES MAIL STATION 5510
2600 BLAIR STONE ROAD
2601 BLAIR STONE ROAD
2602 BLAIR STONE ROAD
2603 BLAIR STONE ROAD
2604 BLAIR STONE ROAD
2605 BLAIR STONE ROAD
2606 BLAIR STONE ROAD

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID# 112403 MICHAEL FUNDILLER SOUTH HARBOUR CLEANERS	A. Signature  X
P O BOX HOLLYWOOD FL	Service Type     XIX Certified Mail
2. Article Number 7003 05	500 0004 0140 7775
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

7894	(Demostic Mail Only: No Incurance Coverage Provided)					
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m	ioani o	MICHA	EL FUNDI	LLER		
700	Sent To	SOUTH	HARBOR	CLEAN	ERS	
~	Street, Ar	1406 SE	17TH STR	REET		
-	or PO Bo	FILAU	DERDALE	E, FL 333	16	,
1	City, Stat	•				
	PS Form 3	— — 800, June 200	2	Tomore and analysis	See Reverse for	Instructions

5754	U.S. Postal Service CERTIFIED MAIL RECE (Domestic Mail Only; No Insurance C	
7976	Postage \$  Certified Fee	h Politinark
0007	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Priere
7001 0350	AIRS I  Seni SOUTH HARBOR CLEANERS  MICHAEL FUNDILLER  Strei or P. 1406 SE 17TH STREET  City, 33316	D#0112403
<u> </u>	PSA	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 Secon Successful Agent  B. Received by ( Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID#0112403 SOUTH HARBOR CLEANERS MICHAEL FUNDILLER	
1406 SE 17TH STREET FT LAUDERDALE FL 33316	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 0320 0001 7 (Transfer from se	976 5754
PS Form 3811, August 2001 Domestic Reti	urn Receipt 1'02595-02-M-1540

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 •

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIK STONE ROAD
TALLAHASSEE, FLORIDA 32399-24000

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7976	Postage \$	
~	Certified Fee	
0007	Return Receipt Fee (Endorsement Required)	
8	Restricted Delivery Fee (Endorsement Required)	
딦	Total F AIRS ID#0112403	
033	SOUTH HARBOR CLEANERS  Sent To MICHAEL FUNDILLER	ı l
	1406 SE 17TH STREET	П
<u>-</u>	Street, FT LAUDERDALE FL	
7007	City, Sta 33316	
<u></u>	PS Form 3800, January 2001	

ICKER AT TOP OF ENVELOPE TOTHE RIGHT	PLACE STI
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> </ul> AIRS ID#0112403 SOUTH HARBOR CLEANERS	A. Received by (Please Print Clearly)  C. Signature  X
MICHAEL FUNDILLER 1406 SE 17TH STREET FT LAUDERDALE FL 33316	3. Service Type  Certified Mail
2. Article Number (Copy fr. 7001 0320 000	1 7976 7468
PS Form 3811, July 1999 Domestic Ret	urn Receipt - 102595-99-M-1789

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

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

BURLOF AIR MONITORING & MOBILE SOURCES

DEPT. OF SINGLONALDITAL PROTECTIONS OF AIR MODITORING MAIL STATIOLISMO SOURCES

TALLAGE AGGILE, PLOTEDA 32399-2400

TALLAGE AGGILE, PLOTEDA 32399-2400

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m	ID# 112403
700	Sent To MICHAEL FUNDILLER
<u></u>	Street, Apt. No.: SOUTH HARBOR CLEANERS
	or PO Box No. 1406 SE 17TH STREET
	City, State, ZiP+4 FT LAUDERDALE, FL 33316
}	
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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  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  Address of Delivery  D. Is delivery address different from Item 1?  Yes
Article Addressed to:	If YES, enter delivery address below:
ID# 112403 MICHAEL FUNDILLER SOUTH HARBOR CLEANERS 1406 SE 17TH STREET	
FT LAUDERDALE, FL 33316	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003	2260 0003 5650 8618
PS Form 3811, August 2001 Domestic R	eturn Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



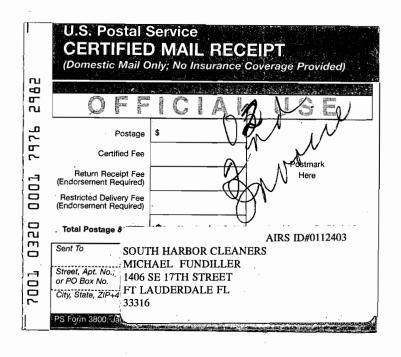
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• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES OF ENVIRONMENTAL PROTECTION (INC.) MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  10 AIRS ID # 0112403001AG MICHAEL FUNDILLER SOUTH HARBOR CLEANERS	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
1406 SE 17TH STREET FT LAUDERDALE FL 33316	3. Service Type  ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

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0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7099 3400	Name 10 AIRS II MICHAEL Stree SOUTH HA City, 1406 SE 17	© # 0112403001AG FUNDILLER RBOR CLEANERS TH STREET RDALE FL 33316	



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.  AIRS ID#0112403  SOUTH HARBOR CLEANERS  MICHAEL FUNDILLER  MICHAEL FUNDILLER	A. Received by (Please Print Clearly)  B. Date of Delivery  Agent  Addressee  D. Is delivery address different from item 1?  If YES, enter delivery address below:
1406 SE 17TH STREET FT LAUDERDALE FL 33316	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 (Transfer from service labe 7001 0320 00	O1 7976 2982
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

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 IV

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



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

414355 FEB212002

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 # 0112403 SOUTH HARBOR CLEANERS MICHAEL FUNDILLER 1406 SE 17TH STREET FT LAUDERDALE FL 33316

FOR GOVERNMENT USE ONLY Org.: 37550001000 EO: A1 Fund: 20-2-035001 [7] Obj.: 002273 5

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

406596 MAR 1 2001

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

## **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0112403

SOUTH HARBOR CLEANERS MICHAEL FUNDILLER 1406 SE 17TH STREET FT LAUDERDALE FL 33316

FOR GOVERNMENT ÜSE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0112403 SOUTH HARBOR CLEANERS MICHAEL FUNDILLER	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Seon Sclust   Agent   Addressee  D. Is delivery address different from item 1?   Yes   No	
1406 SE 17TH STREET FT LAUDERDALE FL 33316	3. Service Type  Certified Mail	
2. Article Number (Copy from service label) 7000 0600 0026 78 25 6 737		
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789	

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	<u> </u>
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	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> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery 2 900.  C. Signature  X Agent Addressee  D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 0112403 SOUTH HARBOR CLEANERS MICHAEL FUNDILLER 1406 SE 1777H STREET	ii (25, she) danay addiess seem.
FT LAUDERDALE FL 33316	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 700052000000000000000000000000000000000	220
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

#### **BEST AVAILABLE COPY**

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:
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-24000

PLACÉ STICKER AT TOP OF ENVELOPE	6
SENDER: COMPLETE THIS SECTION	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. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AIRS ID # 0112403 SOUTH HARBOR CLEANERS MICHAEL FUNDILLER 1406 SE 17TH STREET	
FT LAUDERDALE FL 33316	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Copy from service lebel)	4. Restricted Delivery? (Extra Fee) Yes
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1	MICHAEL FUND 1406 SE 17TH STI			•••••
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1				se for Instructions

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### **BEST AVAILABLE COPY**

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,</li> </ul>	A. Signature  X □ Agent □ Addresse  B. Received by ( Printed Name) □ C. Date of Deliver
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  `` If YES, enter delivery address below: ☐ No
AIRS ID # 112403 MICHAEL FUNDILLER SOUTH HARBOR CLEANERS 1406 SE 17TH STREET FT LAUDERDALE, FL 33316	3. Service Type  3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7003 0500 0004 0144	7894
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-154

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MS#5516 MC Acct #5521  Department of Environmental Protection 2600 Blair Stone Rd  Tallahassee FL 32399-2400	7003 0500 0004 0144 7894 FL 05TALIA 513236
	Bureau of Air Monitor
	SOUT406 BB3169700 1303 13 03/12/04 FORWARD TIME EXP RTN TO SEND SOUTH HARBOUR CLEANERS PO BOX 1450 HOLLYWOOD FL 33020 RETURN TO SENDER
33316	Toponicana I II I I I I I I I I I I I I I I I I

ed on the reverse side?	Ol adolanua jo dol jano auli le plod SENDAN:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:	e does not e number.	I also wish to rect following service extra fee):  1. □ Address 2. □ Restricte Consult postmas	ee's Address
N ADDRESS completed	AIRS ID # 0112403 SOUTH HARBOR CLEANERS MICHAEL FUNDILLER 1406 SE 17TE STREET FT LAUDERDALE FL 33316	4b. Service  Registere Express I Return Rec	ed Mail ceipt for Merchandise	Courified COD
Is your RETURI	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X  PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only paid)  Domestic Ret	if requested Hand

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

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

# **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0112403

SOUTH HARBOR CLEANERS MICHAEL FUNDILLER 1406 SE 17TH STREET FT LAUDERDALE FL 33316

FOR GOVERNMENT USE ONLY

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

Obj.: 002273