



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 6, 1996

Mr. Peter Brito  
Southpark Cleaners  
12671 South Dixie Highway  
Miami, Florida 33156

Dear Mr. Brito:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 12, 1996.

Please note that in November 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 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

cc: Mr. Ewart Anderson, Dade County

# 0250697

Southpark Cleaners

- spoke with Peter Brito - 8/22/96

p.13 6. add title - President

p.14 1.(a) add month and day to dates

p.15 5. (c) not required  
(f) required

\* please give copy of  
EPA's SS&M plan

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PETER BRITO BRITO ENTERPRISES INC		
2. Site Name (For example, plant name or number):	SOUTHPARK CLEANERS		
3. Hazardous Waste Generator Identification Number:	FLD 981478530		
4. Facility Location: 12671 So DIXIE Hwy Street Address: City: MIAMI County: DADE Zip Code: 33156			
5. Facility Identification Number (DEP Use):	0250697		

## Responsible Official

6. Name and Title of Responsible Official:	PETER BRITO		
7. Responsible Official Mailing Address: Organization/Firm: 12671 So DIXIE Hwy Street Address: City: MIAMI County: DADE Zip Code: 33156			
8. Responsible Official Telephone Number: Telephone: (305) 255-2433 Fax: (305) 255-4905			

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	N/A		
10. Facility Contact Address: Street Address: City: County: Zip Code:			
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -			

RECEIVED

AUG 12 1996

Bureau of Air Monitoring  
& Mobile Sources

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>1</i>	<i>1985</i>		<i>2</i>	<i>1985</i>				
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

*existing  
small  
none*

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

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

NONE  
 EXISTING SMALL AREA SOURCE

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
- Ⓒ Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- Ⓓ Start-up, shutdown, malfunction plan

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:


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

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

**Responsible Official Certification**

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

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

  
\_\_\_\_\_  
Signature

08-07-96  
\_\_\_\_\_  
Date



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

June 21, 2001

Mr. Peter Brito  
Southpark Cleaners  
12671 South Dixie Highway  
Miami, Florida 33156

Dear Mr. Brito:

Thank you for your submittal of the Perchloroethylene Dry Cleaner Air General Permit Notification Form. The Department received your submittal on June 18.

In reviewing your submittal, it was noted that Southpark Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0250697). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section  
Bureau of Air Monitoring and Mobile Sources, MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

If you no longer wish to operate as a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman  
Bureau of Air Monitoring  
and Mobile Sources

SB/  
Enclosure  
cc: Ms. Mallika Muthiah

"More Protection, Less Process"

TITLE V AIR QUALITY GENERAL PERMIT

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:30 am TIME OUT: 11:30 am AIRS ID#: 0250697  
 TYPE OF FACILITY: Dry Cleaner  
 FACILITY NAME: Southpark Cleaners DATE: 3/26/97  
 FACILITY LOCATION: 12671 S. Dixie Hwy  
Miami, FL 33150  
 RESPONSIBLE OFFICIAL: Peter Brito PHONE NUMBER: 255-2433

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Facility had perc purchase receipts only for the last 8 months.	Facility must keep perc receipts on site for a minimum of 5 years.

COMMENTS: Facility + equipment Satisfactory.

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

DATE OF NEXT INSPECTION: 4/98  
(Approximate)

INSPECTION CONDUCTED BY: Debbie Griner  
(Please Print)

INSPECTOR'S SIGNATURE: Deborah Griner PHONE NUMBER: 372-6936



DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Southpark Cleaners DATE: 3/26/97  
FACILITY LOCATION: 12071 South Dixie Highway  
Miami, FL 33156

Annual Reporting Period: 8 / 7 1996 TO 8 / 7 1997

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

If NO, complete the following:

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

LACK OF SOME PERK. RECEIPTS

Exact period of non-compliance: from 8-7-96 to 3-26-97

Action(s) taken to achieve compliance: BRING RECEIPTS FROM HOME

Method used to demonstrate compliance: LOG BOOK

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Peter Brito [Signature] 3/26/97  
Name (Please Print) Signature Date

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



**PERCHLOROETHYLENE DRY CLEANERS**  
**TITLE V GENERAL PERMIT**  
**COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 0250697 DATE: 3/26/97 TIME IN: 10:30am TIME OUT: 11:30am  
 FACILITY NAME: Southpark Cleaners  
 FACILITY LOCATION: 12071 South Dixie Highway  
Miami, FL 33156

**PART I: NOTIFICATION**

(check appropriate box)

1. Existing facility notified DARM by 9/1/96   
 2. New facility notified DARM 30 days prior to startup   
 3. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

A.

1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	<input checked="" type="checkbox"/>	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)	<input type="checkbox"/>
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)		4. New large area source dry-to-dry only, $140 < x < 2,100$ gal/yr transfer only, $200 < x < 1,800$ gal/yr both types, $140 < x < 1,800$ gal/yr (constructed on or after 12/9/91)	<input type="checkbox"/>

This is a correct facility classification  ~~NO~~

If no, please check the appropriate classification:

facility qualified for a general permit as number 3 above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 195 gallons.

MB  
 4/3/97  
 4/4/97

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  NA  
Is the temperature differential equal to or greater than 20° F?  Y  N  NA
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  NA  
Is the perc concentration equal to or less than 100 ppm?  Y  N  NA
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  NA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?  Y  N  NA
6. Routed airflow to the carbon adsorber (if used) at all times?  Y  N  NA

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly leak detection and repair inspection?  Y  N

2. 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)

If using direct-reading instrumentation, is the equipment:

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

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

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

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

*Peter Brito*

Name of Responsible Official

*Debbie Griner*

Inspector's Name (Please Print)

*Deborah J. Griner*

Inspector's Signature

*3/26/97*

Date of Inspection

*4/98*

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Mr. Brito, President, had only the last 8 months of perc purchase receipts on site. 190 gallons were purchased in those 8 months. Therefore their classification has changed from an existing small area source to an existing large area source.



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

September 6, 1996

Mr. Peter Brito  
Southpark Cleaners  
12671 South Dixie Highway  
Miami, Florida 33156

Dear Mr. Brito:

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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

cc: Mr. Ewart Anderson, Dade County

Southpark Cleaners

- spoke with Peter Brito - 8/22/96

ion  
**RECEIVED**

SEP 12 1996

Air Quality  
Management Division

- p.13 6. add title - President
- p.14 1.(a) add month and day to dates
- p.15 5. (e) not required  
(f) required

Code: 33156

\* please give copy of  
EPA's SS+M plan

Zip Code: 33156

- 4905

il)

9. Name and Title of Facility Contact (For example, president)

N/A

10. Facility Contact Address:

Street Address:

County:

Zip Code:

City:

11. Facility Contact Telephone Number:

Telephone: ( ) -

Fax: ( ) -

**RECEIVED**

AUG 12 1996

Bureau of Air Monitoring  
& Mobile Sources



# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	PETER BRITO BRITO ENTERPRISES INC
2. Site Name (For example, plant name or number):	SOUTHPARK CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 981478530
4. Facility Location: Street Address: City: Miami County: DADE Zip Code: 33156	12671 SO DIXIE HWY
5. Facility Identification Number (DEP Use):	0250697

## Responsible Official

6. Name and Title of Responsible Official:	PETER BRITO - PRESIDENT
7. Responsible Official Mailing Address: Organization/Firm: 12671 SO DIXIE HWY Street Address: City: MIAMI County: DADE Zip Code: 33156	
8. Responsible Official Telephone Number: Telephone: (305) 255-2433 Fax: (305) 255-4905	

## Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	N/A
10. Facility Contact Address: Street Address: City: County: Zip Code:	
11. Facility Contact Telephone Number: Telephone: ( ) - Fax: ( ) -	

RECEIVED

AUG 12 1996

Bureau of Air Monitoring  
& Mobile Sources

**Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit		<i>MAY 1</i>			<i>MAY 1</i>				
(1) w/ ref. condenser	<i>1</i>	<i>1985</i>		<i>2</i>	<i>1985</i>				
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
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(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

NONE

EXISTING SMALL AREA SOURCE

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

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

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

**Equipment Monitoring and Recordkeeping Information**

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

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

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:


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

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

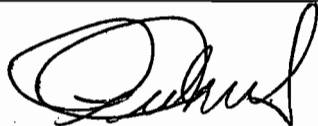
**Responsible Official Certification**

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

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

  
\_\_\_\_\_  
Signature

08-07-96  
Date



03-26-97

acc  
D

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250697
BRITO ENTERPRISES PETER BRITO 12671 SOUTH DIXIE HWY MIAMI FL 33156

Do **NOT** Remove Label

Annual Reporting Period: \_\_\_\_\_ 19 \_\_\_\_ TO \_\_\_\_\_ 19 \_\_\_\_

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

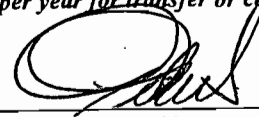
Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

Bureau of Air Monitoring  
& Mobile Sources  
APR 5 1998  
RECEIVED

*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: <u>PETER BRITO</u>		<u>3-30-98</u>
Name (Please Print)	Signature	Date

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

PERCHLOROETHYLENE DRY CLEANERS

RECEIVED ✓

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

OCT 28 1998

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

Bureau of Air Monitoring  
& Mobile Sources

AIRS ID#: 0250097 DATE: 7/23/98 TIME IN: 3:00pm TIME OUT: 3:30pm  
FACILITY NAME: Southpark Cleaners  
FACILITY LOCATION: 12671 S. Dixie Hwy  
Miami, FL 33154  
RESPONSIBLE OFFICIAL: Peter Brito PHONE: 255-2433  
CONTACT NAME: Same PHONE: same

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

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

A.

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 160 gallons.

MB  
7/23/98  
AAMS  
Revised 9/15/97

MB  
10/15/98

**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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

- |  |   |
|--|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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



**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A            | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Debbie Griner  
Inspector's Name (Please Print)

7/23/98  
Date of Inspection

Debbie Griner  
Inspector's Signature

7/99  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Mr. Peter Brito, owner and RO, informed me that he now has only 1 machine. Machine #2 was disposed of in 1997.

INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 3:00 pm TIME OUT: 3:30 pm AIRS ID#: 0250097

TYPE OF FACILITY: Perc Dry Cleaners

FACILITY NAME: Southpark Cleaners DATE: 7/23/98

FACILITY LOCATION: 12071 S. Dixie Hwy  
Miami, FL 33154

RESPONSIBLE OFFICIAL: Peter Brito PHONE NUMBER: 255-2433

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS:

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

DATE OF NEXT INSPECTION: 7/99 (Approximate)

INSPECTION CONDUCTED BY: Debbie Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debbie Griner* PHONE NUMBER: (305)372-0936

ACE

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Southpark Cleaners DATE: 7/23/98  
 FACILITY LOCATION: 12671 S. Dixie Hwy  
Miami, FL 33156

Annual Reporting Period: 7 19 98 TO 7 19 98

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

If NO, complete the following:

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

RECEIVED

OCT 27 1998

Bureau of Air Monitoring  
& Mobile Sources

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: PETER BRITO [Signature] 7-23-98  
 Name (Please Print) Signature Date

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

DEPT. OF ENVIRONMENTAL 248955  
 RESOURCES MANAGEMENT (DERM)  
 AIR QUALITY MANAGEMENT DIVISION  
 33 S.W. SECOND AVENUE, SUITE 900  
 MIAMI, FLORIDA 33130-1540

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

JUN 25 1999

TYPE OF INSPECTION: ANNUAL  COMPLAINT DISCOVERY   
RE-INSPECTION  Bysewer Monitoring & Mobile Sources

AIRS ID#: 250697 DATE: 06/16/99 TIME IN: 1:45pm TIME OUT: 2:15

FACILITY NAME: South Park Cleaners

FACILITY LOCATION: 12671 S Dixie Hwy  
Miami FL 33154

RESPONSIBLE OFFICIAL: Peter Buito PHONE: (305) 205-6473

CONTACT NAME: Same. PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

Facility indicated on notification form that it is:  No notification form  
(check appropriate box)  Drop store/out of business/petroleum

A.

1. Existing small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91)	2. New small area source <input type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source <input checked="" type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source <input type="checkbox"/> dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91)

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 240 gallons.

Renew + ARMS  
6/18/99 DRG

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

- |  |                                       |                            |   |
|--|---------------------------------------|----------------------------|---|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> 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?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N
2. Has the facility maintained a leak log?  Y  N
3. Does the responsible official check the following areas for leaks?
- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment:  N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
- c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
- d. Kept in a clean and secure area when not in use?  Y  N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

KRISTAL YIPON  
Inspector's Name (Please Print)

06/16/99  
Date of Inspection

Kristal Yipon  
Inspector's Signature

06/2000  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional site information.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:45 pm. TIME OUT: 2:45 pm AIRS ID#: 250697  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: South park Cleaners. DATE: 06/16/99  
 FACILITY LOCATION: 12671 S. Dixie Hwy.  
Miami FL 33156  
 RESPONSIBLE OFFICIAL: Peter Brito PHONE NUMBER: (305) 255-2933

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
N/A	N/A

COMMENTS: Shop in Compliance. Records in compliance

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

DATE OF NEXT INSPECTION: 06/2000  
(Approximate)

INSPECTION CONDUCTED BY: KRISTAL YIPON  
(Please Print)

INSPECTOR'S SIGNATURE: Kristal Yipon PHONE NUMBER: (305) 372-6925

AIRS ID#: 250697

*ACC*

Revised 10/10/96

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

**RECEIVED**

FORM 25 1999

Bureau of Air Monitoring  
& Mobile Sources

DATE: 06/06/99

FACILITY NAME: South Park Cleaners

FACILITY LOCATION: 8 12671 S. Dixie Hwy.  
Miami FL 33154

Annual Reporting Period: 7/23 1998 TO 06/26 1999

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

If NO, complete the following:

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

N/A

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

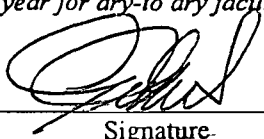
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: PETER BRITO  6-16-99  
Name (Please Print) Signature Date

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

**PERCHLOROETHYLENE DRY CLEANERS**

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0250097 DATE: 3/30/00 TIME IN: 2:55pm TIME OUT: 2:20pm  
 FACILITY NAME: SouthPark Cleaners  
 FACILITY LOCATION: 12071 S Dixie Hwy  
Miami, FL 33156  
 RESPONSIBLE OFFICIAL: Peter Brito PHONE: (305) 255-2433  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

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

RECEIVED  
JUN 15 2000  
Bureau of Air Monitoring  
& Mobile Sources

**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 transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	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) <input type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

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

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

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

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Deborah Griner  
Inspector's Name (Please Print)

Deborah G.  
Inspector's Signature

3/30/00  
Date of Inspection

4/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]



**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:55 pm TIME OUT: 2:20 pm AIRS ID#: 0250697  
 TYPE OF FACILITY: Perc Dry Cleaners  
 FACILITY NAME: 12671 S Dixie Hwy DATE: 3/30/00  
 FACILITY LOCATION: SouthPark Cleaners  
Miami, FL 33157  
 RESPONSIBLE OFFICIAL: Peter Brito PHONE NUMBER: (305) 255-2433

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Logs were not available for inspection.	Fax or mail logs to the Dept. within 10 days.

COMMENTS: R.O. measuring the freon exit stream on ref. condenser instead of the exhaust stream temperature on the outlet side of ref. condenser. R.O. will begin monitoring temp. in appropriate location... "Hot Air Out" gauge located at the back of the machine.

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

DATE OF NEXT INSPECTION: 4/01  
(Approximate)

INSPECTION CONDUCTED BY: Debora Griner  
(Please Print)

INSPECTOR'S SIGNATURE: Debora Griner PHONE NUMBER: (305) 372-0934

*ACC*

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

FACILITY NAME: SouthPark Cleaners DATE: 3/30/00  
 FACILITY LOCATION: 12071 S Dixie Hwy  
Miami, FL 33156

Annual Reporting Period: 3 19 99 TO 3 2000

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

If NO, complete the following:

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

Keep logs on site for a minimum of 5 years

Exact period of non-compliance: from 3/99 to 3/00

Action(s) taken to achieve compliance: Bring logs to store

Method used to demonstrate compliance: Calendar

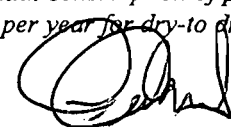
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

*As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.*

RESPONSIBLE OFFICIAL: Deter Brito  3/30/00  
 Name (Please Print) Signature Date

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

**SOUTHPARK CLEANERS**  
DRY CLEANING DELUXE • LAUNDRY SERVICE

12671 SO. DIXIE HIGHWAY  
MIAMI, FLORIDA 33156

PHONE: 255-2433

TO DERBY GRINER

CONDENSER TEMP LOG

MARCH 2000  
PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp. less than or equal to 45°F (7.2°C)?	
3	45	<input checked="" type="radio"/> Y	<input type="radio"/> N
10	44	<input checked="" type="radio"/> Y	<input type="radio"/> N
17	44	<input checked="" type="radio"/> Y	<input type="radio"/> N
24	45	<input checked="" type="radio"/> Y	<input type="radio"/> N
31	44	<input checked="" type="radio"/> Y	<input type="radio"/> N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED MARCH 1999		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED			
	3	10	17	24	31						
HOSES	N	Y	N	Y	N	Y	N	Y	<i>3-2000</i>	<i>3-2000</i>	<i>3-2000</i>
DOOR	N	Y	N	Y	N	Y	N	Y			
PUMP	N	Y	N	Y	N	Y	N	Y			
SOLVENT TANK	N	Y	N	Y	N	Y	N	Y			
WATER SEPARATOR	N	Y	N	Y	N	Y	N	Y			
MUCK COOKER	N	Y	N	Y	N	Y	N	Y			
STILL	N	Y	N	Y	N	Y	N	Y	<i>3-2000</i>	<i>3-2000</i>	<i>3-2000</i>
EXHAUST DAMPER	N	Y	N	Y	N	Y	N	Y			
DIVERter VALVE	N	Y	N	Y	N	Y	N	Y			
FILTER GASKET	N	Y	N	Y	N	Y	N	Y			
CARTRIDGE FILTER	N	Y	N	Y	N	Y	N	Y			
WASTE CONTAINERS	N	Y	N	Y	N	Y	N	Y	LABELED Y N	DATED Y N	

RECEIVED TIME APR. 7. 9:22AM

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04/06/00 21:09 FAX 305 2554905

ARITO ENTERPR IN

**CONDENSER TEMP LOG**

**FEBRUARY 2000  
PERC PURCHASES RUNNING TOTAL**

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?
3	45	Y N
11	44	Y N
16	44	Y N
21	45	Y N
27	44	Y N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED FEBRUARY 1999		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

**INSPECTIONS**

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	3	11	16	21	27			
HOSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABELED Y N	DATED Y N	

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JANUARY 2000

CONDENSER TEMP LOG

PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
4	45	Y	N
11	45	Y	N
15	44	Y	N
21	44	Y	N
29	45	Y	N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED JANUARY 1999		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
1-10	+ 20	
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	4	11	15	21	29			
HOSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABELED Y N	DATED Y N	

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**CONDENSER TEMP LOG**

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
3	45°	Y	N
10	44	Y	N
14	43	Y	N
18	44	Y	N
23	45	Y	N

**DECEMBER 1999  
PERC PURCHASES RUNNING TOTAL**

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED DECEMBER 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

**INSPECTIONS**

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	3	10	14	18	23			
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERTER VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABLED Y N	DATED Y N

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CONDENSER TEMP LOG

NOVEMBER 1999  
PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
2	44	Y	N
8	45	Y	N
12	43	Y	N
23	44	Y	N
30	45	Y	N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED NOVEMBER 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	2	8	12	23	30			
HOSES	N	Y	N	Y	N	Y	N	Y
DOOR	N	Y	N	Y	N	Y	N	Y
PUMP	N	Y	N	Y	N	Y	N	Y
SOLVENT TANK	N	Y	N	Y	N	Y	N	Y
WATER SEPARATOR	N	Y	N	Y	N	Y	N	Y
MUCK COOKER	N	Y	N	Y	N	Y	N	Y
STILL	N	Y	N	Y	N	Y	N	Y
EXHAUST DAMPER	N	Y	N	Y	N	Y	N	Y
DIVERTER VALVE	N	Y	N	Y	N	Y	N	Y
FILTER GASKET	N	Y	N	Y	N	Y	N	Y
CARTRIDGE FILTER	N	Y	N	Y	N	Y	N	Y
WASTE CONTAINERS	N	Y	N	Y	N	Y	N	Y
						LABLED Y N	DATED Y N	

RECEIVED TIME APR. 7. 9:22AM

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04/06/00 21:09 FAX 305 2554905

ARITO ENTERPR IN



**OCTOBER 1999  
PERC PURCHASES RUNNING TOTAL**

**CONDENSER TEMP LOG**

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
3	45	Y	N
11	44	Y	N
16	44	Y	N
19	45	Y	N
24	44	Y	N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED OCTOBER 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
10-21	+ 20	
<del>10-21</del>	+ <del>20</del>	

NOTES

**INSPECTIONS**

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	3	11	16	19	24			
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERTER VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABLED Y N	DATED Y N

RECEIVED TIME APR. 7. 9:22AM

PRINT TIME APR. 7. 9:28AM

04/06/00 21:09 FAX 305 2554905

ARITO ENTERPR IN

09

CONDENSER TEMP LOG

SEPTEMBER 1999  
PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
6	44	Y	N
14	41	Y	N
21	43	Y	N
24	44	Y	N
30	45	Y	N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED SEPTEMBER 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
9-16	+ 20	
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	9	14	21	24	30			
HOSES	N	Y	N	Y	N	Y	N	Y
DOOR	N	Y	N	Y	N	Y	N	Y
PUMP	N	Y	N	Y	N	Y	N	Y
SOLVENT TANK	N	Y	N	Y	N	Y	N	Y
WATER SEPARATOR	N	Y	N	Y	N	Y	N	Y
MUCK COOKER	N	Y	N	Y	N	Y	N	Y
STILL	N	Y	N	Y	N	Y	N	Y
EXHAUST DAMPER	N	Y	N	Y	N	Y	N	Y
DIVERTER VALVE	N	Y	N	Y	N	Y	N	Y
FILTER GASKET	N	Y	N	Y	N	Y	N	Y
CARTRIDGE FILTER	N	Y	N	Y	N	Y	N	Y
WASTE CONTAINERS	N	Y	N	Y	N	Y	N	Y
						LABLED Y N	DATED Y N	

RECEIVED TIME APR. 7. 9:22AM

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04/06/00 21:09 FAX 305 2554905

ARITO ENTERPR IN

08

**AUGUST 1999  
PERC PURCHASES RUNNING TOTAL**

**CONDENSER TEMP LOG**

DATE	TEMP	Is temp less than or equal to 45° F. (7.2° C)?	
8	44	Y	N
14	44	Y	N
21	43	Y	N
23	45	Y	N
28	45	Y	N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED AUGUST 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
8-20	+ 20	
	+	

NOTES

**INSPECTIONS**

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	8	14	21	23	28			
HOSES	N	Y	N	Y	N	Y		
DOOR	N	Y	N	Y	N	Y		
PUMP	N	Y	N	Y	N	Y		
SOLVENT TANK	N	Y	N	Y	N	Y		
WATER SEPARATOR	N	Y	N	Y	N	Y		
MUCK COOKER	N	Y	N	Y	N	Y		
STILL	N	Y	N	Y	N	Y		
EXHAUST DAMPER	N	Y	N	Y	N	Y		
DIVERter VALVE	N	Y	N	Y	N	Y		
FILTER GASKET	N	Y	N	Y	N	Y		
CARTRIDGE FILTER	N	Y	N	Y	N	Y		
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABLED Y N	DATED Y N

RECEIVED TIME APR. 7. 9:22AM

PRINT TIME APR. 7. 9:28AM

JULY 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
3	44	Y	N
10	44	Y	N
14	43	Y	N
16	45	Y	N
23	44	Y	N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED JULY 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	3	10	14	16	23			
HOSES	N	Y	N	Y	N	Y	N	Y
DOOR	N	Y	N	Y	N	Y	N	Y
PUMP	N	Y	N	Y	N	Y	N	Y
SOLVENT TANK	N	Y	N	Y	N	Y	N	Y
WATER SEPARATOR	N	Y	N	Y	N	Y	N	Y
MUCK COOKER	N	Y	N	Y	N	Y	N	Y
STILL	N	Y	N	Y	N	Y	N	Y
EXHAUST DAMPER	N	Y	N	Y	N	Y	N	Y
DIVERTER VALVE	N	Y	N	Y	N	Y	N	Y
FILTER GASKET	N	Y	N	Y	N	Y	N	Y
CARTRIDGE FILTER	N	Y	N	Y	N	Y	N	Y
WASTE CONTAINERS	N	Y	N	Y	N	Y	LABLED Y N	DATED Y N

RECEIVED TIME APR. 7. 9:22AM

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JUNE 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
3	45	Y	N
11	44	Y	N
16	43	Y	N
21	45	Y	N
24	44	Y	N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH			
SUBTRACT PERC PURCHASED JUNE 1998			-
SUBTOTAL			
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL	
6-9	+ 20		
	+		

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	3	11	16	21	24			
HOSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABLED Y N	DATED Y N	

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ARITO ENTERPR IN

05

MAY 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
5	45	Y	N
11	44	Y	N
19	43	Y	N
24	44	Y	N
27	45	Y	N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED MAY 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	5	11	19	24	27			
HOSES	N Y	N Y	N Y	N Y	N Y			
DOOR	N Y	N Y	N Y	N Y	N Y			
PUMP	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	N Y	N Y	N Y	N Y	N Y			
STILL	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	N Y	N Y	N Y	N Y	N Y	LABLED Y N	DATED Y N	

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ARITO ENTERPR IN

04

APRIL 1999

CONDENSER TEMP LOG

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
8	44	Y	N
12	45	Y	N
16	44	Y	N
21	43	Y	N
26	44	Y	N

PERC PURCHASES RUNNING TOTAL

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED APRIL 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	8	12	16	21	26			
HOSES	N	Y	N	Y	N	Y	N	Y
DOOR	N	Y	N	Y	N	Y	N	Y
PUMP	N	Y	N	Y	N	Y	N	Y
SOLVENT TANK	N	Y	N	Y	N	Y	N	Y
WATER SEPARATOR	N	Y	N	Y	N	Y	N	Y
MUCK COOKER	N	Y	N	Y	N	Y	N	Y
STILL	N	Y	N	Y	N	Y	N	Y
EXHAUST DAMPER	N	Y	N	Y	N	Y	N	Y
DIVERTER VALVE	N	Y	N	Y	N	Y	N	Y
FILTER GASKET	N	Y	N	Y	N	Y	N	Y
CARTRIDGE FILTER	N	Y	N	Y	N	Y	N	Y
WASTE CONTAINERS	N	Y	N	Y	N	Y	N	Y
						LABLED Y N	DATED Y N	

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ARITO ENTERPR IN

MARCH 1999

CONDENSER TEMP LOG

PERC PURCHASES RUNNING TOTAL

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
6	45	<del>Y</del>	N
11	44	<del>Y</del>	N
16	43	<del>Y</del>	N
23	44	<del>Y</del>	N
29	44	<del>Y</del>	N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED MARCH 1998		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
3-29	+ 20	
3-16	+ 20	

NOTES

3-8 20

INSPECTIONS

INSPECTED	LEAKING?					DATE PARTS ORDERED	DATE PARTS RECEIVED	DATE REPAIRED
	6	11	16	23	29			
HOSES	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
DOOR	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
PUMP	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
SOLVENT TANK	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
WATER SEPARATOR	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
MUCK COOKER	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
STILL	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
EXHAUST DAMPER	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
DIVERTER VALVE	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
FILTER GASKET	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
CARTRIDGE FILTER	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y			
WASTE CONTAINERS	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	<del>N</del> Y	LABLED Y N	DATED Y N	

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BRITO ENTERPR IN





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0357914

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 # 0250697  
SOUTHPARK CLEANERS  
PETER BRITO  
12671 SOUTH DIXIE HWY  
MIAMI FL 33156

RECEIVED  
MAIL ROOM  
JAN 20 99

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



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259611

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

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**TOTAL AMOUNT DUE: \$50.00**

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Fund: 20-2-035001  
Obj.: 002273

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0391310

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**TOTAL AMOUNT DUE: \$50.00**

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PETER BRITO  
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MIAMI FL 33156

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Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273

PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0309437

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**

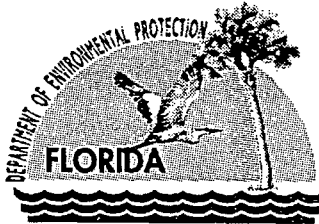
Do NOT Remove Label

AIRS ID 0250697

BRITO ENTERPRISES  
PETER BRITO  
12671 SOUTH DIXIE HWY  
MIAMI FL 33156

Bureau of Air Monitoring  
& Mobile Sources

APR-1 2009  
RECEIVED  
MAIL ROOM  
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: B1  
Fund: 20-2-035001  
Obj.: 002273



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405665 FEB20 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 # 0250697

SOUTHPARK CLEANERS  
PETER BRITO  
12671 SOUTH DIXIE HWY  
MIAMI FL 33156

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 6-8
1. Article Addressed to:		C. Signature <i>Peter Brito</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
10 AIRS ID # 0250697001AG PETER BRITO SOUTHPARK CLEANERS 12671 SOUTH DIXIE HWY MIAMI FL 33156		<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">JUN 12 2001</p> <p style="text-align: center;">Bureau of Air Monitoring &amp; Mobile Sources</p>	
2. Article Number (Copy from service label) 70000600002641303512		3. Service Type	<input type="checkbox"/> Express Mail
		<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Return Receipt for Merchandise
		<input type="checkbox"/> Registered	<input type="checkbox"/> C.O.D.
		<input type="checkbox"/> Insured Mail	
		4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
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)	
7000 0600 0026 4130 3512	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To 10 AIRS ID # 0250697001AG	
Rec PETER BRITO	
Street SOUTHPARK CLEANERS	
12671 SOUTH DIXIE HWY	
City MIAMI FL 33156	
PS Form 3800, February 2000 See Reverse for Instructions	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250697

BRITO ENTERPRISES  
 PETER BRITO  
 12671 SOUTH DIXIE HWY  
 MIAMI FL 33156

4a. Article Number  
**Z 333 660 304**

4b. Service Type

Registered                       Certified  
 Express Mail                       Insured  
 Return Receipt for Merchandise    COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

**X** *Peter Brito*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 304

US Postal Service  
**Receipt for Certified Mail**

AIRS ID 0250697

BRITO ENTERPRISES  
 PETER BRITO  
 12671 SOUTH DIXIE HWY  
 MIAMI FL 33156

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

PS Form 3800, April 1995

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

7000 0600 0026 4326 6374

--	--

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
Here

AIRS ID # 0250697

SOUTHPARK CLEANERS  
PETER BRITO  
12671 SOUTH DIXIE HWY  
MIAMI FL 33156
