

0250709



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 18, 1996

Mr. Ricardo Akerman
The French Valet
948 41st Street
Miami Beach, Florida 33140

Dear Mr. Akerman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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 is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

0250709

8/30 Spoke to Ricardo Akerman
he is the owner

p. 13

6. add title - owner

p. 14

1(a) fill in date control device
installed

1(c) should not be marked

3. classify as new small
area source

p. 15

(b)(c) + (f) should be
marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	THE FRENCH VALET // GABRICK CORPORATION			
2. Site Name (For example, plant name or number):	THE FRENCH VALET			
3. Hazardous Waste Generator Identification Number:	FLD 984246678			
4. Facility Location:	Street Address:	City:	County:	Zip Code:
	948-41 ST STREET	MIAMI BEACH	DADE	33140
5. Facility Identification Number (DEP Use):	0250409			

Responsible Official

6. Name and Title of Responsible Official:	RICARDO AKERMAN				
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City:	County:	Zip Code:
	THE FRENCH VALET	948-41 ST STREET	MIAMI BEACH,	DADE	33140
8. Responsible Official Telephone Number:	Telephone:	Fax:			
	(305) 672-4151	() -			

Facility Contact (If different from Responsible Official)

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

RECEIVED

AUG 21 1996

Facility Information

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

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>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber	X	1992							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

120 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

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)

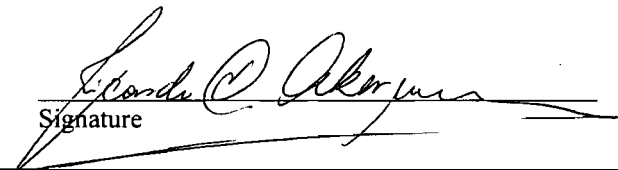
No air permits currently exist for the operation of the facility indicated in this notification form.

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.

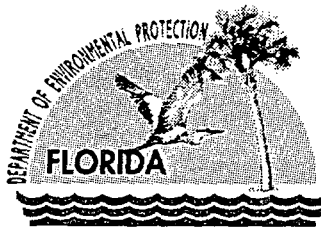
I will promptly notify the Department of any changes to the information contained in this notification.

Signature



Date

7-29-96



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

July 2, 2001

Ms. Gabriela Akerman
The French Valet
948 - 41 Street
Miami Beach, Florida 33140

Dear Ms. Akerman:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on June 29.

In reviewing your submittal, it was noted that The French Valet elected to surrender its existing Title V air general permit (AIRS ID 0250709). 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 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 840/921-9583.

Sincerely,

Sandra Bowman
Bureau of Air Monitoring
and Mobile Sources

SB/
Enclosure
cc: Ms. Mallika Muthiah, Dade County

"More Protection, Less Process"



TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 11:10 TIME OUT: 11:40 AIRS ID#: 0250704

TYPE OF FACILITY: Plant Dry Cleaner

FACILITY NAME: 1201 E. Emerald Valey DATE: 2/13/96

FACILITY LOCATION: 743 41st
St. Petersburg, FL 33712

RESPONSIBLE OFFICIAL: Ricardo Akerman PHONE NUMBER: _____

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
1) No TSCA 2nd tier report submitted w/ RC Reg. 11.00	submit keeping book
2) No RC Reg 11.00 by Feb 1996	submit keeping log
3) No RC Reg 11.00 for equipment	submitted in 1/96
4) No RC Reg 11.00 by	submit keeping book log.

COMMENTS: Facility equipment satisfactory.
Minor paperwork violations

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

DATE OF NEXT INSPECTION: June (Approximate)

INSPECTION CONDUCTED BY: Debbie Griner
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 720722

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: The French Valet DATE: 2/18/97
FACILITY LOCATION: 948 41 St. Miami Beach, FL 33140

Annual Reporting Period: 8-21-96 19 TO 2-18-97 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:

MISSING PAPER WORK

Exact period of non-compliance: from 8-21-96 to 2-18-97

Action(s) taken to achieve compliance: we'll start keeping logs and records

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: Ricardo D. Okun Name (Please Print) Ricardo D. Okun Signature Date 2-18-97

*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#: 0250709 DATE: 2/18/97 TIME IN: 11:10 TIME OUT: 11:40
FACILITY NAME: THE FRENCH VALLET
FACILITY LOCATION: 948 - 41 ST
MIAMI BEACH, 33140

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)
 - 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
 - 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ 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)

This is a correct facility classification Y N

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 120 gallons.

3/6/97
MPD

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
2. Examining the containers for leakage? Y N
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 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 basis? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
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
Is the temperature differential equal to or greater than 20° F? Y N
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
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
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N 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 N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N
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 N/A

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 type="checkbox"/> Y <input checked="" 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 | | |

Ricardo Akerman

Name of Responsible Official

Debbie Griner / Jaime Nataro

Inspector's Name (Please Print)

2/18/99

Date of Inspection

Debbie Griner / Jaime Nataro

Inspector's Signature

2/18/98

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>THE FRENCH VALET // GABRICK CORPORATION</i>
2. Site Name (For example, plant name or number): <i>THE FRENCH VALET</i>
3. Hazardous Waste Generator Identification Number: <i>FLD 984246678</i>
4. Facility Location: Street Address: <i>948-41ST STREET</i> City: <i>MIAMI BEACH</i> County: <i>DADE</i> Zip Code: <i>33140</i>
5. Facility Identification Number (DEP Use): <i>0250709</i>

Responsible Official

6. Name and Title of Responsible Official: <i>RICARDO AKERMAN, OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>THE FRENCH VALET</i> Street Address: <i>948-41ST STREET</i> City: <i>MIAMI BEACH,</i> County: <i>DADE</i> Zip Code: <i>33140</i>
8. Responsible Official Telephone Number: Telephone: <i>(305) 672-4151</i> Fax: () -

Facility Contact (If different from Responsible Official)

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

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AUG 21 1996

Facility Information

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

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>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber	X	1992	1992						
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

(b) If less than 12 months, how many? months
 Check why it is less than 12 months: New owner: New store: Did not keep records:

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____.
- No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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

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

X Richard C. Akerman
Richard C. Akerman
Signature

X 2-18-97

7-29-96
Date



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

September 18, 1996

RECEIVED
SEP 23 1996

Air Quality
Management Division

Mr. Ricardo Akerman
The French Valet
948 41st Street
Miami Beach, Florida 33140

Dear Mr. Akerman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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 is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

RECEIVED

SEP 13 1996

Air Quality
Management Division

0250709

8/30 Spoke to Ricardo Akerman
he is the owner

p. 13

6. add title - owner

p. 14

1(a) fill in date control device
installed

1(c) should not be marked

3. classify as new small
area source

p. 15

(b)(c) + (f) should be
marked

Duke

all

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

RECEIVED

GABRICK CORP RICARDO AKERMAN 948 41ST STREET MIAMI BEACH FL 33140	AIRS ID#0250709
--	-----------------

JAN 27 1998
Bureau of Air Monitoring
& Mobile Sources

Do NOT Remove Label

Annual Reporting Period: JANUARY 1st 1997 TO DECEMBER 31st 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:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

RECEIVED
MAIL ROOM
JAN 23 98

#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 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: *Ricardo Akerman* RICARDO AKERMAN 1-20-98

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.

BEST AVAILABLE COPY

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1130 TIME OUT: 1150 AIRS ID#: 0250709
 TYPE OF FACILITY: RETAIL
 FACILITY NAME: THE FRENCH VINEY DATE: 3-17-95
 FACILITY LOCATION: 140 41 ST
 RESPONSIBLE OFFICIAL: WILSON BROWN PHONE NUMBER: 672-4151

- 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: Facility in compliance

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

DATE OF NEXT INSPECTION: MARCH 1999 (Approximate)

INSPECTION CONDUCTED BY: THOMAS ANDREWS (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 3726922

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID# 0250709 DATE: 3-19-98 TIME IN: 1130 TIME OUT: 1150
FACILITY NAME: The French Valet
FACILITY LOCATION: 948 41 STREET
MIAMI BEACH
RESPONSIBLE OFFICIAL: RICARDO ALERMAN PHONE: 672-4451
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

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)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ 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
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 4 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 200 gallons.

MB
5/14/98
4/16/98
AT

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

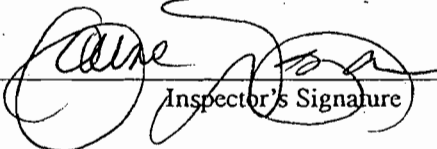
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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

JAMES NAZAREO

Inspector's Name (Please Print)

3-19-98

Date of Inspection



Inspector's Signature

March 1999

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

[Empty rectangular box for additional site information]

AIRS ID#: 0250709

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: THE FRENCH VALET DATE: 3-19-98
 FACILITY LOCATION: 948-41 ST
MIAMI BEACH

Annual Reporting Period: 2-7-97 1997 TO 3-19 1998

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:

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Exact period of non-compliance: from _____ to MAY 19 1998
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

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: RICHARD AXERMAN x [Signature] 3-19-98
 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

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS JUN 25 1999

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL [X] COMPLAINT/DISCOVERY [] RE-INSPECTION []

AIRS ID#: 250709 DATE: 06/14/99 TIME IN: 2:00pm TIME OUT: 2:30pm FACILITY NAME: The French Valet FACILITY LOCATION: 948 41st Miami FL 33140 RESPONSIBLE OFFICIAL: Ricardo Akerman PHONE: 305-672-4151 CONTACT NAME: Gabriela Akerman 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) A. 1. Existing small area source [] 2. New small area source [X] 3. Existing large area source [] 4. New large area source [] 5. This is a correct facility classification [] Y [X] N [] Can not determine [] If no, please check the appropriate classification: [] facility qualified for a general permit as number 4 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 200 gallons. Review + ARMS 06/18/99 DG

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating | <input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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:

The R.O. has changed. The new R.O. is Gabriela Akerman. She is the new president of the corporation. There is no name change for the corporation itself.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 2:00pm TIME OUT: 2:30pm. AIRS ID#: 250709
 TYPE OF FACILITY: PERC DRY CLEANER
 FACILITY NAME: The French Valet. DATE: 06/17/99
 FACILITY LOCATION: 948 41st.
Miami Beach FL 33140
 RESPONSIBLE OFFICIAL: GABRIELA MONICA AKERMAN PHONE NUMBER: (305) 672-4151

- 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.

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#: 250709

ACE

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Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

PERMIT 25 1999

Bureau of Air Monitoring & Mobile Sources

06/17/99

FACILITY NAME: The French Valet.

FACILITY LOCATION: 948 41 St.
Miami FL

Annual Reporting Period: 3/19 1998 TO 6/17 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: GABRIELA MONICA ARELLANO Gabriela Arellano 6-17-99

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

all

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERED
 RE-INSPECTION

RECEIVED
 AUG - 2000
 Bureau of Air Monitoring
 & Mobile Sources

AIRS ID#: 0250709 DATE: 4/21/00 TIME IN: 0940 TIME OUT: _____
 FACILITY NAME: The French Valet
 FACILITY LOCATION: 948 41 st.
Miami Beach, FL
 RESPONSIBLE OFFICIAL: Gabriela Akerman PHONE: 305-672-4151
 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

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 checked="" 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 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: 140 gallons.

APAS
7/24/00
DPC

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 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 type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input 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 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 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 type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

- | | |
|--|---|
| 1. Maintained receipts for perc purchased? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 2. Maintained rolling monthly total of perc consumption? | <input type="checkbox"/> Y <input checked="" 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? (for applicable direct reading instruments) | <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

Y N N/A

Muck cookers

Y N N/A

Door gaskets and seating

Y N N/A

Stills

Y N N/A

Filter gaskets and seating

Y N N/A

Exhaust dampers

Y N N/A

Pumps

Y N N/A

Diverter valves

Y N N/A

Solvent tanks and containers

Y N N/A

Cartridge filter housings

Y N N/A

Water separators

Y N 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

Ivan Fannin

Inspector's Name (Please Print)

4/21/00

Date of Inspection

Ivan Fannin

Inspector's Signature

4/01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

R.O. not onsite. Records not
available at time of inspection
NOV - receipts



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300760 ✓

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#0250709
GABRICK CORP RICARDO AKERMAN 948 41ST STREET MIAMI BEACH FL 33140

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

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

all

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 0940 TIME OUT: 1010 AIRS ID#: 0250709
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: The French Valet DATE: 4/21/00
 FACILITY LOCATION: 948 41 st.
Miami Beach, FL
 RESPONSIBLE OFFICIAL: Gabriela Akerman PHONE NUMBER: 305-672-4151

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
<i>Not maintaining rolling log, lack log on monitoring temperature of control equipment</i>	<i>Maintain recordkeeping requirements available for inspection at any time</i>
<i>Not maintaining receipts of perc purchases</i>	<i>Maintain receipts onsite for 5 year minimum.</i>

COMMENTS: *RO. not onsite. Records not available at time of inspection.*

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: Ivan Fannin
(Please Print)

INSPECTOR'S SIGNATURE: *Ivan Fannin* PHONE NUMBER: 305-372-6925

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

RECEIVED
APR 27 2000

FACILITY NAME: The French Valet DATE: 4/21/00

FACILITY LOCATION: 948 41 st.

Miami Beach, FL

Air Quality
Management Division

Annual Reporting Period: April 1999 TO April 192000

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:

Not maintaining recordkeeping log requirements

Exact period of non-compliance: from June 99 to April 00

Action(s) taken to achieve compliance: Maintain records + available for inspection

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:

Not maintaining receipts of perc purchases

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: GABRIELA M. AKERMAN *Gabriela M. Akerman* 4-21-00

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.



NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT
33 S.W. 2nd AVENUE
MIAMI, FLORIDA 33130-1540
(305) 372-6789

TO: Gabriela Akerman
ADDRESS: 948 41 st., Miami Beach, FL
SOURCE/LOCATION: The French Valet

YOU ARE HEREBY NOTIFIED that on 4/21/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Uncontrolled fugitive particulates
- Non-compliance with Stage II Vapor Recovery
- Excessive Visible Emissions
- Improper handling/removal of asbestos
- Non-compliance with CFC regulations
- OTHER

Specifically: Not in compliance with Title V General Air Permit Part II (6)(c)(1): Receipts of perc purchases are to remain onsite and available for inspection for 5 year minimum.

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within 7 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. FAX Perc purchase receipts For 1999 + 2000
- Within _____ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within _____ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,
John W. Renfrow, P.E.
Director

Received by: LAKEN NAADO
Title: CLERK
Date: 4/21/00

By: Ivan Fannin
Signature: [Signature]
Section: Air Facilities

BEST AVAILABLE COPY

FROM : THE FRENCH VALET

3056724151 FAX NO. : 305 672 4151

Apr. 26 2000 03:01PM P3

04/25/2000 14:13

3056724151

INDUST EQUIP&SUPPLIE

PAGE 04

JUN 25 1999

Industrial Equipment and Supplies
2055 NW 7th Avenue
Miami, Florida 33127
(305) 324-0410
1-800-969-4756 (Florida Only)

06/24/99 03:45 pm

ORDER NUMBER: 166294

ORDER DATE: 05/24/99

SOLO TO: THE FRENCH VALET
TMS48 GARRICK CORPORATION.
948 41ST STREET
MIAMI BEACH FL 33140

SHIP TO: THE FRENCH VALET
GARRICK CORPORATION.
948 41ST STREET
MIAMI BEACH FL 33140

SHIP VIA
OUR TRUCK

FOB
MANNY

P.O. #

TERMS
Net 30 days

SI
07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON
TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LN#	QUANTITY	UNIT	PRODUCT #	DESCRIPTION	UNIT PRC	EXTENSION
1)	19.50	19.50	0.00	Gal PERK Tetrachlorethylene, 6.1, UN1897, III, RQ, Marine Pollutant. EMERGENCY # (315) 524-5751	7.50	146.

04/25/2000 14:13

3056724151

INDUST EQUIP&SUPPLIE

PAGE 03

JUN 14 1999

Industrial Equipment and Supplies
2055 NW 7th Avenue
Miami, Florida 33127
(305) 324-0410
1-800-969-4756 (Florida Only)

05/13/99 02:47 pm

ORDER NUMBER: 163708

ORDER DATE: 05/13/99

SOLD TO: THE FRENCH VALET
TMS48 GARRICK CORPORATION.

SHIP TO: THE FRENCH VALET

X

2

BEST AVAILABLE COPY

FROM : THE FRENCH VALET
1412/2800 14:13

3056724151 FAX NO. : 305 672 4151
3056724151

Apr. 26 2000 03:01PM P2

INDUST EQUIP SUPPLIE

PAGE 05

APR 13 1999

Industrial Equipment and Supplies
2055 NW 7th Avenue
Miami, Florida 33127
(305) 324-0410
1-800-969-4766 (Florida Only)

08/12/95 04:10 pm

ORDER NUMBER: 169268

ORDER DATE: 08/12/99

SOLD TO: THE FRENCH VALET
78348 GARRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

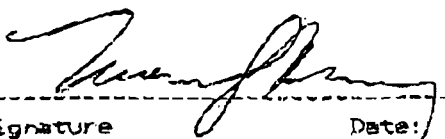
SHIP TO: THE FRENCH VALET
GARRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

SHIP VIA FOB P.O. # TERMS SHI
OUR TRUCK Net 30 days 07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON
TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LN#	ORDERED	SHIPPED	BACKORD	H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT	PRC	EXTENSI
1)	19.50	13.50	0.00	**	Gal	PERK	Perchloroethylene Tetrahydroethylene, 6.1, UN1897, PgIII, RQ, Marine Pollutant. EMERGENCY # (316) 524-5751	7.50		149.

FOR YOUR CONVENIENCE WE NOW ACCEPT VISA, MASTERCARD AND
AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALESPERSON FOR
MONTHLY SPECIALS.


Signature Date:

SUBTOTAL	146.25	0	0	FREIGHT	9.00	SALES TAX	9.51	PERK TAX	1.15	ENVIRON TAX	97.50	ADF TAX	0.00	REGCOM	0.00	TOTAL	264.41
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24 HOUR EMERGENCY NUMBER

RECEIVED TIME APR. 26. 2:04PM

PRINT TIME APR. 26. 2:06PM

SOLD TO: THE FRENCH VALET
19848 GABRICK CORPORATION
101 41ST STREET
MIAMI BEACH FL 33140

SHIP TO: THE FRENCH VALET
GABRICK CORPORATION
948 41ST STREET
MIAMI BEACH FL 33140

SHIP VIA OUR TRUCK POE MANNING P.O. # TERMS Net 30 days SM 07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LN#	ORDERED	SHIPPED	BACKORD	H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT	PRC	EXTENS
1)	19.50	19.50	0.00	**	Gal	PEPR	Perchloroethylene Tetrachloroethylene, 6.1, UN1897, PgIII, RQ, Marine Pollutant. EMERGENCY # (316) 524-5751	7.50		145.

FOR YOUR CONVENIENCE WE NOW ACCEPT VISA, MASTERCARD AND AMERICAN EXPRESS. PLEASE CHECK WITH YOUR SALESPERSON FOR MONTHLY FEES.

Signature: _____ Date: _____

SUBTOTAL \$	FREIGHT	SALES TAX	PERC TAX	ENVRN TAX	ALF TAX	REGCOM	TOTAL
145.00 0 0	0.00	9.51	1.15	27.50	0.00	0.00	254.00


24 HOUR EMERGENCY SERVICE

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON
TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

BEST AVAILABLE COPY

LN#	ORDERED	SHIPPED	BACKORD	HAZ	UNIT	PRODUCT #	DESCRIPTION	UNIT PRG	EXTENS
1)	19.50	19.50	0.00	**	Gal	PERK	Perchloroethylene Tetrachlorethylene, 6.1, UN1897, PGIII, RQ, Marine Pollutant. EMERGENCY # (316) 524-5751	7.50	146.

PLEASE NOTE!!! WE WILL BE CLOSED NOVEMBER 25TH
AND 26TH FOR THE THANKSGIVING HOLIDAY. PLEASE PLACE
YOUR ORDERS EARLY AND HAPPY THANKSGIVING!!!!



Signature Date:

SUBTOTAL \$ RECEIVED TIME APR.26. 2:00PM PRINT TIME APR.26. 2:02PM
SALES TAX PERC TAX ENVRN TAX ADF TAX REGION TOTBT.

1000 NW 10TH AVENUE
Miami, Florida 33127
(305) 324-0410
1-800-959-4766 (FLORIDA ONLY)

BEST AVAILABLE COPY

INVOICE NUMBER: 179926
ORDER DATE: 02/21/00

2

SOLD TO: THE FRENCH VALET
TH948 GARRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

SHIP TO: THE FRENCH VALET
GARRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

SHIP VIA: OUR TRUCK FOB: LINA P.O. # TERMS: Net 30 days SM: 07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

QTY	ORDERED	SHIPPED	BACKORD	N/M	UNIT	PRODUCT #	DESCRIPTION	UNIT	PRC	EXTENSION
1	18.50	18.50	0.00	**	GAL	PERK	Perchloroethylene Tetrachloroethylene, 6.1, UN1897, PpIII, RO, Marine Pollutant. EMERGENCY # (318) 324-8751	7.50		138.75
1	1.00	0.00	0.00		EACH	H5840	EMERGENCY SUPPLY 500Z PAD	9.85		9.85

04/25/2000 14:13 MASTERCARD 3853240889

INDUST. EQUIP & SUPPLIE

PAGE 07

NOV 30 1999

Industrial Equipment and Supplies
2055 NW 7th Avenue
Miami, Florida 33127
(305) 324-0410
1-800-959-4766 (Florida Only)

11/29/99 02:19 pm
INVOICE NUMBER: 175812
ORDER DATE: 11/29/99

SOLD TO: THE FRENCH VALET
TH948 GARRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

SHIP TO: THE FRENCH VALET
GARRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

SHIP VIA: OUR TRUCK FOB: FRANK P.O. # TERMS: Net 30 days SM: 07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

X

3

BEST AVAILABLE COPY

FROM : THE FRENCH VALET 3056724151 FAX NO. : 305 672 4151

Apr. 26 2000 02:57PM P2

04/25/2000 14:13 3053240029

INDUST EQUIP&SUPPLIE

PAGE 09

Industrial Equipment and Supplies
2055 NW 7th Avenue
Miami, Florida 33127
(305) 324-0410
1-800-969-4766 (FLORIDA ONLY)

03/02/00 31:08 pm

INVOICE NUMBER: 181985

ORDER DATE: 03/02/00

SOLD TO: THE FRENCH VALET
TH948 GARRICK CORPORATION.
948 41ST STREET
MIAMI BEACH FL 33140

SHIP TO: THE FRENCH VALET
GARRICK CORPORATION.
948 41ST STREET
MIAMI BEACH FL 33140

SHIP VIA
OUR TRUCK

FOB
DING

P.O. #

TERMS
Net 30 days

SM
07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON
TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

LN#	ORDERED	SHIPPED	BACKORD	H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT	PRC	EXTENSI
1)	19.50	19.50	0.00	**	Gal	PERK	Perchloroethylene Tetrachloroethylene, 5.1, UN1897, PgIII, RD, Marine Pollutant. EMERGENCY # (316) 524-5751	7.50		146.

FOR YOUR CONVENIENCE. WE ACCEPT VISA, MASTERCARD,
PLEASE CHECK WITH YOUR SALES

04/25/2000 14:13 3053240029

INDUST EQUIP&SUPPLIE

PAGE 09

JAN 31 2000

Industrial Equipment and Supplies
2055 NW 7th Avenue
Miami, Florida 33127
(305) 324-0410

01/31/00 08:41

INVOICE NUMBER: 189921

Industrial Equipment and Supplies
2055 NW 7th Avenue
Miami, Florida 33127
(305) 324-0410
1-800-989-4768 (FLORIDA ONLY)

04/19/00 03:15 am

INVOICE NUMBER: 184959

ORDER DATE: 04/19/00

SOLD TO: THE FRENCH VALET
THS48 GABRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

SHIP TO: THE FRENCH VALET
GABRICK CORPORATION,
948 41ST STREET
MIAMI BEACH FL 33140

SHIP VIA OUR TRUCK FOB DINA P.O. # TERMS Net 30 days SM 07

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE MADE ON TOTAL OUTSTANDING BALANCE OF PAST DUE ACCOUNTS.

NO	ORDERED	SHIPPED	BACKORD	H/M	UNIT	PRODUCT #	DESCRIPTION	UNIT	PRC	EXTENSION
1)	19.50	19.50	0.00	**	Gal	PERK	Perchloroethylene Tetrachloroethylene, 6.1, UN1899, PgIII, RQ,			
2)	2.00	2.00	0.00			Marine Pollutant. EMERGENCY # (316) 524-576.			7.50	
3)	2.00	2.00	0.00		Box	STRUT	Strut Rod			
						CASE THE FRENCH VALET				

EASE NOTE... WE WILL BE CLOSED ON FRIDAY APRIL 21ST
EASE PLACE YOUR ORDERS ACCORDINGLY. HAPPY HOLIDAYS
ALL OF OUR VALUED CUSTOMERS!!!!!!!!!!!!!!!!!!!!

[Handwritten Signature]
Signature _____ Date: _____

TOTAL	%	FREIGHT	SALES TAX	PERC TAX	ENVIRON TAX	ADF TAX	RECOOK	TOTAL
251.85	0	0.00	16.37	1.15	97.50	0.00	0.00	366.87

RECEIVED TIME APR.26. 2:00PM PRINT TIME APR.26. 2:02PM

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

258790 ✓

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

RECEIVED
MAIL ROOM

JAN 23 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

GABRICK CORP
RICARDO AKERMAN
948 41ST STREET
MIAMI BEACH FL 33140

AIRS ID# 0250709

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

LETE THIS SECTION ON DELIVERY

<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery 6/8/01</td> </tr> <tr> <td>C. Signature <i>[Signature]</i></td> <td><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</td> </tr> <tr> <td>D. Is delivery address different from item 1? If YES, enter delivery address below:</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery 6/8/01	C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery 6/8/01						
C. Signature <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee						
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0250709001AG GABRIELA AKERMAN THE FRENCH VALET 948 41ST STREET MIAMI BEACH FL 33140</p>	<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>						
<p>2. Article Number (Copy from service label) 70000600002641303352</p>							

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

RECEIVED
JUN 12 2001
Bureau of
& Mobile Sources

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

7000 0600 0026 4130 3352

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p style="text-align: center;">Postmark Here</p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<p>10 AIRS ID # 0250709001AG GABRIELA AKERMAN THE FRENCH VALET 948 41ST STREET MIAMI BEACH FL 33140</p>									

PS Form 3800, February 2000 See Reverse for Instructions



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 401199

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 # 0250709
THE FRENCH VALET GABRIELA AKERMAN 948 41ST STREET MIAMI BEACH FL 33140

RECEIVED
MAIL ROOM
DEC 28 00
JAN 2 2000
Bureau of Air Mail
& Mobile Services

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

12-28-00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391253

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 # 0250709

THE FRENCH VALET
GABRIELA AKERMAN
948 41ST STREET
MIAMI BEACH FL 33140

Bureau of Air Mail
& Mobile Services

JAN 21 2000

RECEIVED

JAN 19 00

RECEIVED
MAIL ROOM

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0355261

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

RECEIVED
MAIL ROOM
DEC 24 98

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250709
THE FRENCH VALET RICARDO AKERMAN 948 41ST STREET MIAMI BEACH FL 33140

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

Bureau of Air Morphin
 & Mobile Sources
 DEC 30 1998
RECEIVED