

### Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 17, 1996

Mr. Barry Zeidel Atrium Cleaners 7937 Northwest 53 Street Miami, Florida 33166

Dear Mr. Zeidel:

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

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

• :	0250710
8/30	Spoke to the facility
	+ Barry Zeidel is
	the owner
p. 13	
6.	add title-owner
0 14	
1(a)	should not be marked
3.	Should Classify as
	new large area source
p. 15	
4.	newlarge r.c. should
	be marked
!	, and the second
1	

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
1.	racinty Owner/Company Name (Name of Corporation, agency, or individual owner).
	ZEIDEL ENTERPRISES INC
2.	Site Name (For example, plant name or number):
	ATP WAR CLOANERS
3.	Hazardous Waste Generator Identification Number:
٥.	razardous waste denerator identification number.
4.	Facility Location: 7937 NW 53 5T
	City: MIAMI County: DADC Zip Code: 33/66
5.	Facility Identification Number (DEP Use):
	0250710
	Responsible Official
6.	Name and Title of Responsible Official:
	^
	BARRY ZEIDBL
7.	Responsible Official Mailing Address: Organization/Firm: ATC WM CLEANER
	Street Address: 7937 NW 53 5T
	Organization/Firm: ATRIWM CLEANERS  Street Address: 7937 NW 53 5J  City: MIAMI  County: DADE  Zip Code: 33/66
8.	Responsible Official Telephone Number:  Telephone: (305) 59 4 - 0845  Fax: ( ) -
	1 m. ( )
	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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### **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device	15	Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	April 1985		198			¥.2.,		and the same and the same at
(1) w/ ref. condenser									
(2) w/ carbon adsorber	#1	1-1446	5-51W9D						
(3) w/ no controls	,	<b>-</b>							
Washer Unit			Statistic of the	11.					Markey e.
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls								L	
Dryer Unit	1.75	griffan ee	ation fo	Million			r strig	Mari Air	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	1773		ar da, Qante.	i, c. of P	riatiri	(Jajaran)	1.42		Thomas #-
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are  (c) No control devices  2.(a) What was the total of the second of the secon	are ruant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (] months	perc)	purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar Existing large are	Selec ea so	ource	cation only.)	ew sn	initions found	rce [	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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### Surrender of Existing Air Permit(s)

lease indica	te 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)
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	Baugisle Date  Baugisle Date

DEP Form No. 62-213.900(2) Effective: 6-25-96

# TITLE V AIR QUALITY GENERAL PERMIT VECTION SUMMARY REPORT

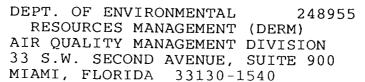
TYPE OF INSPECTION:	ANNUAL COM	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2 - 22	тіме о <b>и</b> т:3:= 0	AIRS ID#:	(507/0
TYPE OF FACILITY: 12.1	1 Day 116	ANCILS .	7/1/1/2
FACILITY NAME:	June Gearle	[ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	DATE:
FACILITY LOCATION:	737 MW 53	<u></u>	
			1.61-
RESPONSIBLE OFFICIAL:	KRY EXIONS	PHONE NUMBER:	574 - U)95
compliance with DEP Rule	62-213.300, Florida Administra		
Based on the results of the discrepancies were noted:	compliance requirements evalua	ated during this inspection, the follow	ing compliance
COMPLIANCE REQUII	REMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
No lank log	·	WART Ecoping	, look 159
,			
<del>-</del>			
			•
	. ,		
COMMENTS: Eggs 1, sme	int is in Con	nyserrace. Pha	lify 13
SN-TIS FACTURE	9		
The Annual Compliance Certification			YES NO
DATE OF NEXT INSPECTION:	2/98		
	and the same of th	oproximate)	
INSPECTION CONDUCTED BY		M2 ARRO / Debbu	2 Griner
	(PI	ease Print)	- 12 AG19
INSPECTOR'S SIGNATURE:	May Z	PHONE NUMBER:	2100166
	Alla Tun Page	/of / .	Revised 10/9

AIRS 10#: 02507/0

# DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ATRIUM CLEGNERS	55. De 2 4-1997, 97
FACILITY LOCATION: 7937 NW 53 ST MIAMI, PL 33/66	Air Quality  Management Division
Tringel, FL 33786	
Annual Reporting Period: February 19 19 96 TO February 19 19 19 96	bruary 19 1997
Based on each term or condition of the Title V general air permit, my facility has remained in 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during	ng the reporting period stated above:
Exact period of non-compliance: from	
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 duri	ng the reporting period stated above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	<u> </u>
Method used to demonstrate compliance:	<u>.</u>
As the responsible official, I hereby certify, based on information and belief formed after reamade in this notification are true, accurate and complete. Further, my annual consumption upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Sign	of perchloroethylene solvent, based

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





### PERCHLOROETHYLENE DRY CLEANERS

·	COMPLIANCE IN					
TYPE OF INSPECTION:	ANNUAL	ιν	(	COMPLAINT/DISCO	WEDV.	
THE OF MISIECTION.	RE-INSPECTION	_		COM LANTIDISCO	JVERT	u
	RE-INSPECTION					
AIRS 10#: 0250710	DATE: 2/18/	] ] _ TI	ME ]	IN: <u>2 30.</u> TIM	E OUT:	3.00
FACILITY NAME: Atrium Cleaners						
FACILITY LOCATION:	937 Nort	hwe s	t	53 St		
	liami, F					
	(TOCKYON)					
PART I: NOTIFICATION						
(check appropriate box)						
1. Existing facility notified DA	<b>IRM</b> by 9/1/96					Ø
2. New facility notified DARM	1 30 days prior to start	tup				
3. Facility failed to notify DAI	RM to use general per	mit				a
PART II: CLASSIFICATIO	N					
Facility indicated on notificat	tion form that it is:					
(check appropriate box)						l
A.	•					
1. Existing small area sou	irce . 🗆	2. New s	mall	area source		
dry-to-dry only, x<140 gal/	yr		_	∕, x<140 gal/yr		
transfer only, x<200 gal/yr				x<200 gal/yr		
both types, x<140 gal/yr				140 gal/yr n or after 12/9/91)		
(constructed before 12/9/91	)	(construc	tea o	n or affer 12/9/91)		
3. Existing large area sou	irce 🗆	4. New l	arge	area source	DZ	
dry-to-dry only, 140 <x<2,< td=""><td></td><td>and the second second</td><td>•</td><td>y, 140<x<2, 100="" gal="" td="" yr<=""><td>•</td><td></td></x<2,></td></x<2,<>		and the second second	•	y, 140 <x<2, 100="" gal="" td="" yr<=""><td>•</td><td></td></x<2,>	•	
transfer only, 200 <x<1,800< td=""><td></td><td></td><td></td><td>200<x<1,800 gal="" td="" yr<=""><td></td><td>1</td></x<1,800></td></x<1,800<>				200 <x<1,800 gal="" td="" yr<=""><td></td><td>1</td></x<1,800>		1
both types, 140 <x<1,800 ga<="" td=""><td>-</td><td></td><td></td><td>0<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800>	-			0 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
(constructed before 12/9/91	.)	(construc	ted o	n or after 12/9/91)		
This is a correct facility classi	fication	<b>∮</b> Y ∣	ПΠ		٠,	
If no, please check the approp	oriate classification:	-				
☐ facility quali	ified for a general peri	mit as num	ber	above		
	eds above limits and is		_	<del></del>		
B. The total quantity of perch facility was 335 gallon		ırchased w	ithin	the preceding 12 month	ns by this d	ry cleaning

Revised 10/28/96

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?	by A □N				
2. Examining the containers for leakage?	DY DN				
3. Closing and securing machine doors except during loading/unloading?	DY ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/A				
DADENI, DECOMENTO CONTROLO					
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 refrig (complete A below).	gerated condenser				
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber mus installed prior to September 22, 1993	•				
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).					
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	DY ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	MY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY ON				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON NA				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON				

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY C	JN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY C		`
	Is the temperature differential equal to or greater than 20° F?		JN	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?	OY C	_	
	Is the perc concentration equal to or less than 100 ppm?		NC	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?	OY (	אכ	ΝĄ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?		ו מכ	MN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	ו מב	M/A
_				
1				
=	ART V: RECORDKEEPING REQUIREMENTS			
н	ART V: RECORDKEEPING REQUIREMENTS  as the responsible official: heck appropriate boxes)			
H (c	as the responsible official:	ØY (		_
H (c	as the responsible official: heck appropriate boxes)	ω√y (		
H (c 1.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	Ð⁄x ι	ИС	
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?		ИС	NA
H (c 1.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	Ð⁄x ι	่⊶√ั	
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	□Y (	  N N	NA DN/A
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	□Y (	  N N	NA DN/A
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	□Y (		NA DN/A
H (c) 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?		ДИ ДИ ДИ ДИ ДИ	NA UNIA NA
H (c) 1. 2. 3. 4. 5. 6.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?			NA WA NA NA
H (c 1. 2. 3.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?			NA UNIA NA
H (cc 1. 2. 3. 4. 5. 6. 7. 8.	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?			NA WA NA NA
H (c) 1. 2. 3. 4. 5. 6. 7. 8	as the responsible official: heck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?			NA WA NA NA

2.	Which method of detection is used by	the respons	sible offic	ial?		
	Visual examination (condensed s	₽.				
	Physical detection (airflow felt th	\(\sigma'\)				
	Odor (noticeable perc odor)				Ø	
	Use of direct-reading instrument	ation (FID	/PID/calc	rimetric tubes)	ष्ट	
	If using direct-reading instrum	entation, i	is the equ	ipment:	,	
	a. Capable of detecting	perc vapor	r concent	rations in a range of 0-500 ppm?	ØΥ	□и
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard g	as prior t	o and after each use	ΟY	□и ИД
	c. Inspected for leaks a	nd obvious	signs of	wear on a weekly basis?	ΩY	DN NA
	d. Kept in a clean and secure area when not in use?					on NA
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					DN NA
3.	3. Has the facility maintained a leak log?					МM
4.	Does the responsible official check the	e following	areas for	· leaks?		
	Hose connections, fittings, couplings, and valves	MY	ПИ	Muck cookers	ΟY	ДИ ИО
	Door gaskets and seating	VY	ПИ	Stills	ØY	□и
	Filter gaskets and seating	ØΥ	ПN	Exhaust dampers	ØΥ	DИ
ļ	Pumps	ØY	DИ	Diverter valves	<b>D</b> Y	ПΩ
	Solvent tanks and containers	ØY	ПN	Cartridge filter housings	ΦY	ПN
	Water separators	ØΥ	ПИ			

Barry Zeidel	
Name of Responsible Official	,
Debbie Griner Taine Nat	Pario 2/18/97
Inspector's Name (Please Print)	Date of Inspection
Joseph (Tria	2/98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			
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### Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ZEIDEL ENTERPRISES INC Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	ATOMA CLOSE DAG
_	ATRIUM CLEANERS
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location:
	Facility Location: 7937 NW 53 ST
	City: MIAMI County: DADC Zip Code: 33/66
5.:	Facility Identification Number (DEP Use)
[ 77 <b>115</b> 2]	
	Responsible Official
6.	Name and Title of Responsible Official:
[	DADA STATE
<u> </u>	BARRY ZEIDEL - Ewner president  Responsible Official Mailing Address:
7.	Responsible Official Mailing Address: Organization/Firm: ATRIUM CLEANERS
	Street Address: 7937 NW 53 5J
	City: County: O A A = Zin Code: S = A =
	City: MIAMI County: DADE Zip Code: 33/66
8.	Responsible Official Telephone Number:
	Telephone: $(305)594 - 0845$ Fax: ( ) -
L	
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
ļ <sup>^</sup> .	Trains and Thie of Lacinty Contact (For example, plant manager).
	·
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Talankana Number
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fax: ( ) -
	Telephone: ( ) - Fax: ( ) -

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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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
·.		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	lD	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9.
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber.	41	1-1144-82	5-51WSD						
(3) w/ no controls	-7-1-	7.7.2							
Washer Unit					II.	1		1	
(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		A PARL PORT		•				•	•
(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?  [32_5] 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 son (Indicate with an "X".  Existing small are  Existing large are	Selec	et one classifi	cation only.)	)	initions foun	•	3) of ]	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

<ol> <li>What control technology is required on machines pursus (Indicate with an "X".)</li> </ol>	ant to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Refr	igerated condenser
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser	
5. A facility which contains non-exempt emissions units s to Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a boiler HP or less), and (2) are fired exclusively by natural during which propane or fuel oil containing no more than	gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and R	ecordkeeping Information
Check all logs which are required to be kept on-site in acc	
(a) Purchase receipts and solvent purchases	[ \sqrt{1}
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitorin	g []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

DEP Form No. 62-213.900(2) Effective: 6-25-96

### Surrender of Existing Air Permit(s)

	Surrender of Existing Air Permit(s)						
Please indicat	e with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
ιXi	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Somy Jedd Saury Seld Date  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 17, 1996

Mr. Barry Zeidel Atrium Cleaners 7937 Northwest 53 Street Miami, Florida 33166

Dear Mr. Zeidel:

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

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

### 0250710



Air Quality
Management Division

8/30	Spoke to the facility
	+ Barry Zeidel is
I	the owner president
P. 13	,
6.	add title - president
0 14	
1(4)	should not be marked
3.	Should Classify as
	new large area source
p. 15	
4.	new large r.c. should
	be marked

- WW

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0250710 ZEIDEL ENTERPRISES INC BARRY ZEIDEL 7937 NW 53 STREET MIAMI FL 33166

		Do NO	[Remove	Label			
Annual Reporting Period: JANUA	ey 1		_19 <u>47</u>	ТО	December	3 (	19_ <b>97</b>
62-213.300, Florida Administrative Code (F					nained in compliand statement.		P Rule NO
If NQ, complete the following:				•			
#1. Term or condition of the general permit	that has not b	een in cor	ntinuous c	ompliai	nce during the repor	ting period	stated above:
Exact period of non-compliance: from		1			to		
Action(s) taken to achieve compliance:		* .		•	•	: •	
Method used to demonstrate compliance:					,		
#2. Term or condition of the general permit	that has not b	een in cor	ntinuous c	ompliar	nce during the repor	ting period	stated above:
Exact period of non-compliance: from				t	to		
Action(s) taken to achieve compliance:		1	,				
Method used to demonstrate compliance:							
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-to-	urther, my ann	ual consur	nption of p	erchlor	oethylene solvent, bas	sed upon pu	rchase receipts,
RESPONSIBLE OFFICIAL: BARR	Y ZEI te (Please Prin			B	ring Serbl Signature		1 22 48 Date

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

# PERCHLOROETHYLENE DRY CLEANERS CEIVED

	COMPLIANCE II	NSFECTION		_	
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X O	COMPLAINT/DISC • Bure	eau of Air Mon:	
		•	6	Mobile Source	roring es
AIRS ID#: 250710	DATE: 9 29	78° TIME	IN: 3:05 pm TIM	ие out: <u>З</u> :	7
FACILITY NAME:	•				
FACILITY LOCATION:					
	Miami,	FL			
RESPONSIBLE OFFICIAL :	B. Leic	del	_ PHONE: <u>(30</u> 5	1) 594-0	845
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION	- '				
(check appropriate box)					
1. New facility notified DARM	1 30 days prior to star	rtup			
2. Facility failed to notify DARM to use general permit					
		<del></del>			
PART II: CLASSIFICATIO	N				
Facility indicated on notificat	ion form that it is:		☐ No notification	form	
(check appropriate box)			☐ Drop store/out o	of business/petro	leum
A. 1. Existing small area sou	irce 🛛	2. New smal	Larea source		
dry-to-dry only, $x < 140$ gal			ly, $x < 140$ gal/yr		
transfer only, x < 200 gal/yi	-	transfer only,	x < 200 gal/yr		
both types, x < 140 gal/yr		both types, x			
(constructed before 12/9/91	)	(constructed of	on or after 12/9/91)		
3. Existing large area sou		_	e area source	$\mathbf{z}$	
dry-to-dry only, $140 \le x \le 2$		-	ly, $140 \le x \le 2,100 \text{ gal}$	-	
transfer only, $200 \le x \le 1.8$			$200 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$	-		$40 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91	)	(constructed	on or after 12/9/91)		
5. This is a correct facility classification \( \nabla Y  \text{IN}  \text{Can not determine} \)					
If no, please check the	e appropriate classific	cation:			
II	h				
II .					

Revised 9/15/97

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 200 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN XNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XIN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? AND ND YX 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN **X**IN/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? A/NO NO Y 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? UN UN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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?	XA CIM
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON XINIA
	Is the temperature differential equal to or greater than 20° F?	DY DN XVIA
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,	
1	if machines are equipped with a carbon adsorber?	OY ON XVIA
	Is the perc concentration equal to or less than 100 ppm?	OY ON XONA
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?	DY DN DN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN XVA
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY ON XVIA

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	XY 0N			
2. Maintained rolling monthly total of perc consumption?	XY ON			
3. Maintained leak detection inspection and repair reports for the following:	•			
a. documentation of leaks repaired w/in 24 hrs? or;	DY 🔀 DN/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY XN DN/A			
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DAVA			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON XVIA			
6. Maintained startup/shutdown/malfunction plan?	XY DN /			
7. Maintained deviation reports?	XY ON ON/A			
Problem corrected?	X ON ON/A			
8. Maintained compliance plan, if applicable?	DY DN DNIA			

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			XY ON		
2.	Has the facility maintained a leak log	?		XY ON		
3.	Does the responsible official check th	e following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	XY ON ON/A	Muck cookers	XY ON ON/A		
	Door gaskets and seating	XY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	DY ON DONA		
	Pumps	DN DN/V	Diverter valves	XY ON ON/A		
	Solvent tanks and containers	XV ON ONIV	Cartridge filter housings	MY ON ON/A		
1	Water separators	XYY ON ON/A				
4.	Which method of detection is used by	y the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
li Li	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector		<i>t.</i>			
	If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a standard gas prior to and after each use  (PĮD/FID only)?					
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					
	d. Kept in a clean and secure area when not in use?					
	e. Verified for accura	cy by use of duplicate san	nples (calorimetric only)?	אם אם		

Inspector's Signature

FDEP calendon provided during ispection.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

2.0	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 3:05 pm TIME OUT: 3:05	m AIRS ID#: 3350710
	nors
FACILITY NAME: Atrium Cleaner	5 DATE: 9 29 98
FACILITY LOCATION: 7937 NW 53 St	
Many the	100-
RESPONSIBLE OFFICIAL: B. Fel'all	PHONE NUMBER: (305)
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Repair reports lacking date of parts braired + installation.	Begin keeping this information in FBEP calendar (provided).
<u> </u>	·
comments: Facility and equ	ipment satisfactory.
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector.
DATE OF NEXT INSPECTION: 999	·
INSPECTION CONDUCTED BY: DOVA	oproximate)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372 - 69 25
Page	/_of Revised 10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Atrium  FACILITY LOCATION: 4937  Mian	Cleaners NW 53 S ni, FL		DATE: 9 29 98
Annual Reporting Period:	9 19	77 TO	9 1998
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (		· ·	<del>_</del>
#1. Term or condition of the general perm  OATE OF PARTS ORD		uous compliance during the report	ing period stated above:
Exact period of non-compliance: from	9	197 to 999	8
Action(s) taken to achieve compliance:	Beginning to Keep	proper Records	
Method used to demonstrate compliance:	CAlendar		
#2. Term or condition of the general perm	nit that has not been in contin	uous compliance during the report	ting 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 certife made in this notification are true, accurate upon rolling averages of purchase receipt year for transfer or combination facilities	te and complete. Further, my ts, does not exceed 2,100 gal	annual consumption of perchloro	ethylene solvent, based
RESPONSIBLE OFFICIAL:	SARRY ZEIOBL Name (Please Print)	Saug Judif Signature	7/29/Q8 Date

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

# RECEIVED

### PERCHLOROETHYLENE DRY CLEANERS

MAY 1 9 1999

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

AIRS ID#: 0250710 DATE: 4/27/99 TIME IN: 103m TIME OUT: 11 8m

Bureau of Air Monitoring

TYPE OF INSPECTION:

ANNUAL.

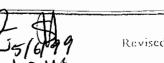
COMPLAINT/DISCOVER Mobile Squrces

RE-INSPECTION

the alternative section of the section of the section of

U

FACILITY NAME:	m Cleaners	_	
FACILITY LOCATION: 4937	Nw 53 St.	_	
M. AM.	FL.		
RESPONSIBLE OFFICIAL: 3. Zeid	e PHONE: (305) 594-084	5	
CONTACT NAME:	PHONE:	_	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM 30 days prior to state	rtup	1	
2. Facility failed to notify DARM to use general per	rmit 🗆		
PART II: CLASSIFICATION			
Facility indicated on notification form that it is:	☐ No notification form	Ì	
(check appropriate box)  A.	☐ Drop store/out of business/petroleum	)	
1. Existing small area source	2. New small area source		
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr		
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$		
(constructed before 12/9/91)	(constructed on or after 12/9/91)		
3. Existing large area source	4. New large area source		
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)		
5.77			
5. This is a correct facility classification	ØY □N □Can not determine		
If no, please check the appropriate classif			
	eneral permit as numberabove		
☐ facility exceeds above 1	imits 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.			



In Part II-A:  If classification I has been checked, no controls are required. Proceed to it	Part V.
PART IV: PROCESS VENT CONTROLS	
beds according to the manufacturer's specifications?	QA ON ON/V
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אואם אם אם
3. Closing and securing machine doors except during loading/unloading?	AN CIN
	22Y CDN
2. Examining the containers for leakage?	DY DN EN/A
L. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ONIA
ls the responsible official of the dry cleaning facility:	
PART III: GENERAL CONTROL REQUIREMENTS	

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)

(complete A below).

- 1. Equipped all machines with the appropriate vent controls?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

MY ON ON/A

DN DN/A

AV DN

DY DN DN/

DY ON

white of the blow with

Revised 9/15/97

and the state of t

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	Z	OΝ
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŪΥ	ON BNIA
	Is the temperature differential equal to or greater than 20° F?	ΩY	ON EN/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?	ΩY	ON DINIA
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ON DN/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?	,8Y	ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ON DWA
6	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	AINE NO

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

PA	ART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		NY	<b>,</b> C	NC
2.	. Has the facility maintained a leak log?		ZY	C	NC
3.	. Does the responsible official check the following areas for lead	s?			
	Hose connections, fittings, couplings, and valves	Muck cookers	ΩΥ	ON	ØN/A
	Door gaskets and seating	Stills	.edy	ON.	□N/A
	Filter gaskets and scating	Exhaust dampers	ZY	ON.	□N/A
	Pumps	Diverter valves	ØY	ON	□N/A
	Solvent tanks and containers	Cartridge filter housings	2	אם	□N/A
	Water separators				
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector			_	
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?   □ Y □ N			1		
	b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?			<b>,</b>	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?			<b>V</b>	
d. Kept in a clean and secure area when not in use?				٧.	
	e. Verified for accuracy by use of duplicate s	amples (calorimetric only)?	ΟY	Ü	N
5				-	

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	

AIRS 10#: 0250710

Kr.c.

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: A COLO	ım	Cles	mers		DATE: _	4/27/99
FACILITY LOCATION: 79	37	NW	53	54		
					<u></u>	
Annual Reporting Period:	\		19 <u><b>4</b>9</u> TO	Apri		19 <u>99</u>
Based on each term or condition of the 7 62-213.300, Florida Administrative Cod	_	-	-	<u> </u>		Rule NO
If NO, complete the following:						
#1. Term or condition of the general per	rmit that has	s not been in con	tinuous complianc	e during the repo	rting period	stated above:
Exact period of non-compliance: from			t	0		
Action(s) taken to achieve compliance:			·			
Method used to demonstrate compliance	:					
#2. Term or condition of the general per	rmit that has	s not been in con	tinuous complianc	e during the repo	rting period	stated above:
Exact period of non-compliance: from _			to			
Action(s) taken to achieve compliance:						· 
Method used to demonstrate compliance	<b>:</b>		_			
As the responsible official, I hereby cert						
made in this notification are true, accur upon rolling averages of purchase recei year for transfer or combination facilities	pts, does no es.	t exceed 2,100 g	allons per year for	• • •	•	2
RESPONSIBLE OFFICIAL:	Mame (Plea	RY ZE101 seprint)	2 <u> </u>	Daung en Signature	<u>df</u> _	4/27/99 Date

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

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

<u>حـــ</u>	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10 Am TIME OUT: 11004.	mAIRSID#: 0250710
TYPE OF FACILITY: Perc Dro	Cleaner 16
FACILITY NAME: Atrium Cles	DATE: 4/27/99
FACILITY LOCATION: 7937 NW	58 54.
· .	
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
:	
COMMENTS: Excellent of	-ecord Keeping
Compli	Ance SALisfactory
The Annual Compliance Certification form has been properly certification.	fied and submitted to the inspector.  YES  NO
DATE OF NEXT INSPECTION: 4/7000	pproximate)
INSPECTION CONDUCTED BY: LEO SMART	
INSPECTOR'S SIGNATURE: P	Please Print)  PHONE NUMBER: (305) 372-698

Page\_\_\_of\_\_\_.

Revised 10/96

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### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

<b>Э</b> е,	au of	Air na	nitoring
ď	Mohi	e Sour	Ditor
	ווטטווי	e sau	""OFIDe
		$-cou_r$	Cec

COMPLIA	ANCE INSPECTION CHECKLIST			
TYPE OF INSPECTION: ANNUA	/			
RE-INSF	PECTION			
AMOUNT AND THE A	26/00 TIME IN: 1230 TIME OUT: 100			
AIRS 10#: 0250 710 DATE: 1,	•			
FACILITY NAME:	rium Cleaners			
FACILITY LOCATION:	727 NW 53 st.			
	iami F			
RESPONSIBLE OFFICIAL: N	3. Zeidel PHONE: (305) 594-0845			
•				
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 gen				
DADTH, OLASSIEICATION				
PART II: CLASSIFICATION				
Facility indicated on notification form that (check appropriate box)	tit is:			
A.	2 Drop store out of ourmess/perforeum			
1. Existing small area source	2. Ivew small area source			
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr			
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
3. Existing large area source	4. New large area source			
dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr			
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$			
both types, $140 \le x \le 1,800 \text{ gal/yr}$	both types, $140 \le x \le 1,800$ gal yr			
(constructed before 12/9/91)	(constructed on or after 12/9/91)			
5. This is a correct facility classification	DY DN DCan not determine			
•	G1 GN Gean not determine			
If no, please check the appropriate c				

1 of 5

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 19.5 gallons.



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

<u> </u>			
B.	Has the responsible official of an existing large or new large area source also:		
∥i.	Measured and recorded the exhaust temperature on the outlet side of the condenser located	. /	
1	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN	
<b>₿2.</b>	Measured and recorded the washer exhaust temperature at the condenser		
	inlet and outlet weekly?	UY UN	M/A
			_/_
	Is the temperature differential equal to or greater than 20° F?	□Y □N	Ľ⁄IN/A
∥3.			
ľ	at the end of the final drying cycle while the machine is venting to the adsorber,		
l	if machines are equipped with a carbon adsorber?	OY ON	□N/A
	Lastra and accompany time and to an loss than 100 mans	OY ON	
	Is the perc concentration equal to or less than 100 ppm?	UY UN	UIV/A
1	Accuracy that the compling part on the carbon advantage authorize for maccuring		
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring		
ľ	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,	BY ON I	~
1	or expansion; and downstream from no other inlet?	DY UN	UN/A
_			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	DY DN (	
			_
6.	Routed airflow to the carbon adsorber (if used) at all times?	ו אם צם	AN/A
<u></u>			

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

PA	RT VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	and repair	
	inspection?			DY ON	
2.	Has the facility maintained a leak log?	,		OY ON	
3.	Does the responsible official check the	e following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	QA ON ONIY	Stills	MY ON ON/A	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	CY ON ON/A	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	באת אם עם	Cartridge filter housings	DY DN DN/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	es)	Ø	
	Physical detection (airflow felt the	<b>d</b>			
	Odor (noticeable perc odor)				
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:					
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	אם עם	
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON	
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	OY ON	
	·	ecure area when not in us	•	מס"םא	
	·	by use of duplicate samp		OY ON	
	,	,	, , , , , , , , , , , , , , , , , , ,		
				·	
			•		
			, ,		
	Ivan ta	nnin	1/26/00		

4 of 5

Inspector's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE IN	FORMATION:	
	Good	RecordKeeping HouseKeeping
	· .	

報が対かった。

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1230 TIME OUT: /:	00 7 02 CO :#DI SAIR OO
TYPE OF FACILITY: Perc Dry Cl	eaner
^ 1	mer DATE: 1/26/00
FACILITY LOCATION: 7937 NC	
Man. F	7
RESPONSIBLE OFFICIAL: 3. Zeidel	PHONE NUMBER: 594 - 0845
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	<u> </u>
COMMENTS: GOOD RECORD Keeping	g / House Keeping
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector.  YES NO
DATE OF NEXT INSPECTION:	/01
	proximate)
INSPECTION CONDUCTED BY:	Fannin
INSPECTOR'S SIGNATURE: One One	ease Print)  PHONE NUMBER: 305-372-693
Page	of . Revised 10/96
· "5"	

AIRS ID#: 0250710

PU

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Atrium	Cleaners		DAT	E: //26/00
FACILITY LOCATION:	7937	NU	<3 st.		
	Miani				
	70.00.00				
Annual Reporting Period:	San	19_4	19 to	Jan	79_000
Based on each term or condition	n of the Title V general	air permit, my faci	lity has remained	in compliance with	DEP Rule
62-213.300, Florida Administra	ative Code (F.A.C.), dur	ing the period cove	ered by this statem	nent. YES	$\square_{NO}$
If NO, complete the following:					
#1. Term or condition of the ge	eneral permit that has n	ot been in continuo	us compliance du	ring the reporting po	eriod stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve comp	pliance:		/		
Method used to demonstrate co	mpliance:		<u> </u>		<del></del> -
#2. Term or condition of the go	eneral permit that has n	ot been in continue	ous compliance du	ring the reporting po	eriod stated above:
Exact period of non-compliance	e: from_		to		
Action(s) taken to achieve com	pliance:		· ·		
Method used to demonstrate co	mpliance:	<u>.</u>			
	<del></del>	·			
As the responsible official, I he made in this notification are tra upon rolling averages of purch year for transfer or combinatio	ue, accurate and comple ase receipts, does not e	ete. Further, my ar	nnual consumption	n of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL:	BARRY ZT Name (Please	2(0e) Print)	Bary	Adature Property	1/26/00 Date

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



262859

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

MAR 10 97

**TOTAL AMOUNT DUE: \$50.00** 

### Do NOT Remove Label

AIRS ID#: 0250710
ZEIDEL ENTERPRISES INC
BARRY ZEIDEL
7937 NW 53 STREET
MIAMI FL 33166

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.  FOLD AT DOTTED LINE	OMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Regeived by (Please Print Clearly)  C. Signature  Addressee  Addressee
1. Article Addressed to:  10 AIRS ID # 0250710001AG BARRY ZEIDEL ATRIUM CLEANERS	O. Is delivery address the first from item to yes  If YES, onter delivery address the low:  No  No  No  No  No  No  No  No  No  N
7937 NW 53 STREET MIAMI FL 33166	3. Service Type  Certified Meil Registered Return Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 70000600036 4303	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

U:S. Postal Sérvice CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
HE.				
4130	Postage Certified Fee	\$	Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0600	F BARRY ZEIDE ATRIUM CLEA 7937 NW 53 STF MIAMI FL 33166	NERS REET 6	001AG	
	PS Form 3800, February 2	000	See Reverse for Instructions	

IN 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 card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e can return this e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eceipt Service.
	3. Article Addressed to:  AIRS ID # 0250710  ATRIUM CLEANERS BARRY_ZEIDEL 7937 NW 53 STREET MIAMI FL 33166	7. Date of D	Type Certified Insured Ceptific COD	you for using Return Rec
is your <u>RETURN</u>	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8. Addressë and fee is	USPS	Thank
2	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

	P 174 05	5 PBJ (////
Í 1	US Postal Service  Receipt for Cert  No Insurance Coverage F  Do not use for Internation  Sent to	Provided.
•	TRIUM CLEANERS	AIRS ID # 0250710
B <i>A</i> 79:	ARRY ZEIDEL 37 NW 53 STREET AMI FL 33166	
	Certimed ree	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
900	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

ADDRESS completed on the reverse side?	O) adojanya to dot tano auti to ploa  Service.  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not	I also wish to rectollowing service extra fee):  1.  Address 2.  Restricte Consult postmas	ee's Address	cipt oc:
	3. Article Addressed to:  AIRS ID#: 0250710  ZEIDEL ENTERPRISES INC  BARRY ZEIDEL  7937 NW 53 STREET  MIAMI FL 33166	4b. Service  Registere  Express  Return Rec  7. Date of De	e Type  ared   S Mail   Receipt for Merchandise   COD		6
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X jumy Luli  PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only paid)  Domestic Ret	The section of the se	

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# BEST AVAILABLE COPY

on the reverse side?	SEIN:  Complet  Print you see of this form so that we card to you  Attach this form so that we permit.  Write "Return Receipt Requested" on the mailpiece below the article  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	ceipt Service.
ADDRESS completed	3. Article Addressed to:  AIRS ID # 0250710  ATRIUM CLEANERS BARRY ZEIDEL 7937 NW 53 STREET MIAMI FL 33166	4b. Service 3 4b. Service 3 Registere 5 Express 8 Return Rec	Type  ad Certified  Mail Insured  ceipt for Merchandise < COD  ceiptivery 2 2 3 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	for using Return Re
s your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is	o's Address (Only-if requested paid)	Thank you
<u>"</u>	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

•	US Postal Service Receipt for Cer No Insurance Coverage Do not use for Internatio	Provided.			
	Cont to				
		AIRS ID # 0250710			
ATF	RIUM CLEANERS	,			
BARRY ZEIDEL					
7937 NW 53 STREET					
	MI FL 33166				
WIIM	IVII FL 33166	•			
	-				
	Certified Fee				
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ın	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
, April	Return Receipt Showing to Whorn, Date, & Addressee's Address				
800,	TOTAL Postage & Fees	\$			
PS Form <b>3800</b> , April 1995	Postmark or Date				

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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Obj.: 002273

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Fund: 20-2-035001 Obj.: 002273

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3. Article Addressed to:  AIRS ID 0250710  ZEIDEL ENTERPRISES INC BARRY ZEIDEL 7937 NW:53 STREET MIAMLEL 33166	4a. Article N  2 3  4b. Service  Registere  Express  Retum Rec  7. Date of De	Type ed Mail ceipt for Merchandise	Certified Insured
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressee and fee is	e's Address (Only if I paid)	requested i
PS Form <b>3811</b> , December 1994		Domestic Retur	n Receipt

# US Postal Service Receipt for Certified Mail AIRS ID 0250710 ZEIDEL ENTERPRISES INC BARRY ZEIDEL 7937 NW 53 STREET MIAMI FL 33166 Postage Certified Fee Special Delivery Fee Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

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Fund: 20-2-035001 Obj.: 002273 JAN 25 OF