

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 6, 1996

Mr. Mauricio Icaza President Supreme USA Cleaners 19020 Northeast 29 Avenue North Miami Beach, Florida 33180

Facility I.D. No. 0250763

Dear Mr. Icaza:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 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/jw

Mr. Ewart Anderson, Dade County cc:

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

		#0250763
		Supreme USA Cleaners
	P.14	1.(c) mark out "X" and initial 5.(f) required
	<u>p./5</u>	5.(F) required
	. !	
	1	
-		
_		
_		

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
,	INTERNATIONAL COMMERCIAL EXPORTS INC. (MAURICIO ICAZA OWNER PRESIDENT)							
2.	2. Site Name (For example, plant name or number):							
	SUPREME USA CLEANERS							
3.	Hazardous Waste Generator Identification Number:							
4.	Facility Location:							
	Street Address: 19020 NE 29 AVE City: N. MIAMI BEACH County: DADE Zip Code: 33180							
	· ·							
5.	Facility Identification Number (DEP Use):							
	0250763							
	Responsible Official							
	<u> </u>							
6.	Name and Title of Responsible Official:							
	MAURICIO ICAZA - PRESIDENT/OWNER							
7.	Responsible Official Mailing Address: Organization/Firm: INTERNATIONAL COMMERCIAL EXPORTS IN C.							
	Street Address: 19463 NW 87 CT. CIRC.							
	City: MIAMI County: DADE Zip Code: 33015							
8.	Responsible Official Telephone Number:							
	Telephone: $(305) \dot{9}36 - 1219$ Fax: $()$							
	·*							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
	RUTH ICAZA - PLANT MANAGER							
10.	Facility Contact Address:							
	Street Address: 19020 NE Z9 AVE							
	City: W. MIAM BEACH County: DADE Zip Code: 33180							
11								
,11.	Facility Contact Telephone Number: Telephone: (305) 936 - /219 Fax: () -							
	D F C F I \ / F D							
	RECEIVED							

SEP 9 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit			Aller Market	e ger				4 y - 1 1 1 1	
(1) w/ ref. condenser	#1	02-AUF.93	03-569.96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	1 .				L v		. '		
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit					The Property	er er er	in' -		2回時計100円
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	100	جهٰ ښالته			n egyallekki tat	a fili Povític			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are ro	equired to be ity of perchloons ow many? [_	installed [_ proethylene (X perc)	_] purchased in				[]
3. What is the facility's so (Indicate with an "X". Existing small are Existing large are	Selec ea so	et one classifi	cation only.) Ne	ew sm	nitions found nall area sour	rce [X	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser [X]	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant ad hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[<u>×</u>]
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(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)

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					
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will pron	nptly notify the Department of any changes to the information contained in this notification.					
Signature	nauricional 9-3-96					

INSPECTION SUM	MARY REPORT
TYPE OF INSPECTION: ANNUA COMI	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: TIME OUT: S TYPE OF FACILITY: PERCHIORUSTAY/E FACILITY NAME: Suparties US, FACILITY LOCATION: 19020 NE No. HAMI BEACH RESPONSIBLE OFFICIAL: RUTH ICAZA	AIRS ID#: 0250763 WE DLY CLEANER 4 CLEANERS DATE: 1/4/97 29 AVB PHONE NUMBER: 936 -/29
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra Based on the results of the compliance requirements evaluated discrepancies were noted:	tive Code (F.A.C.). ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO lower of Temp at author	•
No belling nonthly Aveg.	
No look Detretton Inspection	
No exhaust Duct Data on Menc Conc.	
No STATUP/Shuttown/400.	
COMMENTS: Equipment in Compline KEEping Violations.	NCE MINOR RECORDIN
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/98	
INSPECTION CONDUCTED BY: MME NO	proximate) - ZAREO ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 3/26922
Page	_of/ Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COMPLIANCE	SPECTION	CHECKLIST		
TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	7 D	COMPLAINT/DISC	COVERY	0
AIRS ID#: 0750763	DOATE: 2/4/9	7 TIME	IN: 1:15 TO	me out: <u>/</u>	:50
	GOZO N	10 7 G	MIR		
FACILITY LOCATION:	1000 11		07-11 G		
<u>L</u>	V. Hillani	penc	et ple.	33/ SV	<u></u>
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DA	ARM by 9/1/96				Ø
2. New facility notified DARM	1 30 days prior to star	tup			
3. Facility failed to notify DAI	RM to use general per	mit			
PART II: CLASSIFICATIO	N		_		<u> </u>
Facility indicated on notifical (check appropriate box)	tion form that it is:				
A. 1. Existing small area soudry-to-dry only, x<140 gal/transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91	yr	dry-to-dry on transfer only both types, x	l area source ly, x<140 gal/yr x<200 gal/yr <140 gal/yr on or after 12/9/91)	□ / ·	
3. Existing large area soudry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9)<="" before="" both="" g="" only,="" td="" transfer="" types,=""><td>100 gal/yr gal/yr al/yr</td><td>dry-to-dry or transfer only both types, 1</td><td>e arca source dy, 140<x<2, 100="" gal="" yr<br="">, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	100 gal/yr gal/yr al/yr	dry-to-dry or transfer only both types, 1	e arca source dy, 140 <x<2, 100="" gal="" yr<br="">, 200<x<1,800 gal="" yr<br="">40<x<1,800 gal="" yr<br="">on or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classi	fication	DAY ON			
If no, please check the approp	oriate classification:				
	fied for a general per eds above limits and i				
B. The total quantity of perch facility was 90 gallor		urchased withi	n the preceding 12 mon	ths by this di	y cleaning

Revised 10/28/96

2/10/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	מט מא
2. Examining the containers for leakage?	אם, אגם
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?	CY ON
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/A
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a 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 must installed prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	gerated condenser
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?	אוחם חם אש
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY QN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	UY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ОУ ОИ
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	DY DN
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	מם צם
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?	מם צם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	מערם עם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	מ/אם אם צם
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes)	. /
Has the responsible official:	MA DW
Has the responsible official: (check appropriate boxes)	DY MN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	OY ØN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	OY ØN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only)	OY ON ON/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	OY ON OY ON OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	OY ON OY ON OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON OY ON OY ON OY ON OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	OY ON OY ON OY ON OY ON OY ON OY ON OY ON

2.	Which method of detection is used by the responsible official?		
	Visual examination (condensed solvent on exterior surfaces)	d ,	
	Physical detection (airflow felt through gaskets)		
	Odor (noticeable perc odor)	œ e	
	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?	OY ON	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	מם עם	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	OY ON	
	d. Kept in a clean and secure area when not in use?	OY ON	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON	
3.	Has the facility maintained a leak log?	OY ON	
4.	Does the responsible official check the following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DY EN	
	Door gaskets and seating	מם עט	
	Filter gaskets and seating DY ON Exhaust dampers	MO AE	
	Pumps Diverter valves	121Y ON	
	Solvent tanks and containers DY DN Cartridge filter housings	מם. צים	
	Water separators Dry ON	<u> </u>	

Name of Responsible Official

AME NAZALO

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

4 of 4

	NAL SITE INFORMATION:		
-			
	•		
1			
\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
I,			
1			
			*
		·	
		•	

en de la companya de

ARS ID#: 0250763

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SUPREM	e USA CIE	SWERS	DATE: <u>2-4-97</u>
FACILITY LOCATION: 1902C			
NORTH MISMI	BEACH, FL	33180	
Annual Reporting Period: 9-3-	96 19	то 2-	4-97 19_
Based on each term or condition of the Title 62-213,300, Florida Administrative Code (F		· <u>·</u>	oliance with DEP Rule TYES INO
If NO, complete the following:			,
#1. Term or condition of the general permit	that has not been in continuo	us compliance during the	reporting period stated above:
Exact period of non-compliance: from	9-3-96	to 2	4-97
Action(s) taken to achieve compliance;	WILL START 1	acoing RE	CORDS + 1095
Method used to demonstrate compliance:		& BORMS	, , , , ,
#2. Term or condition of the general permi	t that has not been in continue	ous compliance during the	preparting period-stated above:
Exact period of non-compliance: from		to	RECEIVED
Action(s) taken to achieve compliance:			SEP 2 5 1997
Method used to demonstrate compliance:			Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my a	nnual consumption of per	chloroethylene solvent, based
RESPONSIBLE OFFICIAL: MAURI	CIO ICAZA	mauriciof	8/19/97
Na Na	mc (Please Print)	Signaturo	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

d

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250763 INTERNATIONAL COMMERCIAL EXPORTS INC

MAURICIO ICAZA 19463 NW 87 CT CIR C MIAMI FL 33015 Bureau of Air Monitoring & Mobile Sources

MAR 0 2 (598

Do NOT Remove Label

Annual Reporting Period:	Ja	M	₁₉ <u>97</u> _{TO}	Dee	
Based on each term or condition of the 62-213.300, Florida Administrative Co	_	_			th DEP Rule
If NO, complete the following:					
#1. Term or condition of the general p	permit that ha	as not been in c	ontinuous compli	ance during the reporting	period stated above:
Exact period of non-compliance: from	1			to	
Action(s) taken to achieve compliance	:				
Method used to demonstrate complian	ce:			<u> </u>	
#2. Term or condition of the general p	permit that ha	as not been in c	ontinuous compli	ance during the reporting	period stated above:
Exact period of non-compliance: from	ı			_ to	
Action(s) taken to achieve compliance	: <u></u>				·
Method used to demonstrate compliance	ce: <u>-</u>				
As the responsible official, I hereby certing notification are true, accurate and completes not exceed 2,100 gallons per year for	ete. Further,	my annual cons	umption of perchl	oroethylene solvent, based u	pon purchase receipts,
RESPONSIBLE OFFICIAL: MAG	VRICIO Name (Ple	ICAZA ease Print)	Ma	Signatura	

^{*}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.

Supreme USA Cleaners [] 1.(c) mark out "X" and initial 5.(f) required 1. Facili INTE 2. Site Y 50 3. Hazar 4. Facili Stree City: 5. Facil 6. Name 7. Resp Organ Stree 33015 City: 8. Resp Telep 9. Name and Title of Facility Contact (For example, plant manager): RUTH [CAZA - PLANT MANAGER 10. Facility Contact Address: Street Address: 19020 NE Z9 AVE Zip Code: 33180 City: N. MIAMI BEACH County: DADE 11. Facility Contact Telephone Number: (305) 936 - 1219 Fax: () Telephone:

BEST AVAILABLE COPY

RECEIVED

SEP 9 1996

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

·
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
INTERNATIONAL COMMERCIAL EXPORTS INC. (MAURICIO ICAZA OWNER PRESIDENT
2. Site Name (For example, plant name or number):
SUPREME USA CLEANERS
3. Hazardous Waste Generator Identification Number:
4. Facility Location:
Street Address: 19020 NE 29 AVE
City: N. MIAMI BEACH County: DADE Zip Code: 33180
5: Facility Identification Number (DEP Use):
0250763
Responsible Official
6 Name and Title of Description Official.
6. Name and Title of Responsible Official:
MAURICIO ICAZA - PRESIDENT/OWNER
7. Responsible Official Mailing Address:
Organization/Firm: INTERNATIONAL COMMERCIAL EXPORTS INC. Street Address: 19463 NW 87 CT.CIRC.
City: MIAMI County: DADE Zip Code: 33015
JANA SE I SOUTS
8. Responsible Official Telephone Number:
Telephone: (305) 936 - 1219 Fax: () -
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
RUTH ICAZA - PLANT MANAGER
10. Facility Contact Address:
Street Address: 19020 NE Z9 AVE
City: N. MIAMI BEACH County: DADE Zip Code: 33180
11. Facility Contact Telephone Number:
Telephone: (305) 936 - 1219 Fax: () -
<u>'</u>
PECELVED

9 1996

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

Page 13 of 16

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	lnstalled	ID	Purchased	Installed	lD	Purchased	Installed
Example	#]	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	#1	02-AUE-93	03-549.96						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber							i		
(6) w/ no controls									
Dryer Unit									•
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		•			·			•	4
(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 requant gallo	equired to be ity of perchlo ons ow many? [_	installed [perc)	purchased in	n the latest 12			[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classifi	cation only.) Ne	ew sn	initions found nall area sour	rce X		Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

 What control technology is required on machines pursuant to section (5) o (Indicate with an "X".) 	f Part II of this notification form?
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unexemption 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 boiler HP or less), and (2) are fired exclusively by natural gas except for per during which propane or fuel oil containing no more than one percent sulfur	iods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Info	ormation
Check all logs which are required to be kept on-site in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent purchases	[X]
(b) Leak detection inspection and repair	X
(c) Refrigerated condenser temperature monitoring	[x]
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	X 5C
(f) Start-up, shutdown, malfunction plan	X se

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

Surrender of Existing Air Permit(s)

Please indica	ate 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)
(X)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this not stateme maintai	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 nts made in this notification are true, accurate and complete. Further, I agree to operate and in 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 pr	omptly notify the Department of any changes to the information contained in this notification.
Signatu	nauriciosofo g-3-9-6 Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	RE-INSPECTION		COMPLAINI/I	JISCOVERY	
FACILITY LOCATION:	BOZO NE	79 AV	BONON	TIME OUT: _	24 EC
RESPONSIBLE OFFICIAL :	No. HISM	11 BER Tearn	ICH	26 Pources	2000
PART I: NOTIFICATION		-		70	
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DARI	• •	•			o ·
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)			☐ No notification	on form ut of business/pe	troleum
1. Existing small area sourdry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	yr (1 1 1	transfer only, x both types, $x < x$, x < 140 gal/ут < 200 gal/ут		
3. Existing large area sourd dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/yr 60 gal/yr 13gal/yr 13gal/yr 15gal/yr	transfer only, 2 both types, 140 (constructed on	$0.05 \le x \le 2,100 \text{ gal}$ $0.05 \le x \le 1,800 \text{ gal/ya}$ $0.05 \le x \le 1,800 \text{ gal/ya}$ $0.05 \le x \le 1,800 \text{ gal/ya}$	l/yr r	
		ral permit as n		above	
B. The total quantity of perchlo facility was LDD gallons.		chased within t	he preceding 12 m	nonths by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN MN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/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 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) NO AM 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN TONA condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПИ	٠.
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПИ	□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?	ΠY	□N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	□N	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	חת	□N/A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	QA ON					
2. Maintained rolling monthly averages of perc consumption?	DY WN					
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?	OY ON ON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN W N/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A					
6. Maintained startup/shutdown/malfunction plan?	DY N					
7. Maintained deviation reports?	DY DN DN/A					
Problem corrected?	מ/אם אם צם					
8. Maintained compliance plan, if applicable?	DY ON ONIA					

PART VI: LEAK DETECTION AND REPAIRS

_							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			QA ON			
2.	Has the facility maintained a leak log?			DY MIN .			
3.	Does the responsible official check the f	ollowing areas for leaks?					
	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	DY DN DAN/A			
		,		,			
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A			
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A			
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by the	e responsible official?					
	Visual examination (condensed so						
	Physical detection (airflow felt thr	d					
	Odor (noticeable perc odor)		į v				
	Use of direct-reading instrumentat	tion (FID/PID/calorimetri	c tubes)	.			
	Halogen leak detector						
	If using direct-reading instru	imentation, is the equip	ment:	□N/A			
	a. Capable of detecting p	$\square Y \square N$					
	b. Calibrated against a st (PID/FID only)?	OY ON					
	c. Inspected for leaks and	□Y □N					
	d. Kept in a clean and se	□Y □N					
	e. Verified for accuracy I	by use of duplicate sample	es (calorimetric only)?	OY ON			

Inspector's Name (Please Print)

Inspector's Signature

3-18-98

Date of Inspection

HMMH 1999
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	41		
:			
			1 · · · · · · · · · · · · · · · · · · ·
		•	
4			
·			
			٠
·			
		•	
			ì
·			
		•	
,			
> -			

AIRS ID#: 0250763

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

500	- 1/CA	N/0-2 4- 5		205/-120
FACILITY NAME: Suprey			715 CET	W 1275/78
FACILITY LOCATION: 1902	0 NE 29	1115		
No. MIAMI	Bisney			1998
			Air Qua	lity -
Annual Reporting Period:	2-4	_1997 то	Management .	
Based on each term or condition of the Title 62-213,300, Florida Administrative Code (I		•		h DEP Rule NO
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in co	ntinuous compliance dur	ing the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in co	ontinuous compliance dur	ing the reporting	period stated above:
Exact period of non-compliance: from		to	REC	EIVED
Action(s) taken to achieve compliance:			SE	P 2 8 1998
Method used to demonstrate compliance:				of Air Monitoring lobile Sources
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	and complete. Further does not exceed 2,100	, my annual consumption	of perchloroethy	lene solvent, based
·	-		0	

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL D	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2:20 TIME OUT: 2 4 TYPE OF FACILITY: PERC- DRY FACILITY NAME: SUPREME U FACILITY LOCATION: 19020 NE 2	Chronisa	DATE: 3-18-98
No. MIAMI Br	enell	_
RESPONSIBLE OFFICIAL: MAURICCO ICA	722 PHONE NUMBER:	936-1219
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini Based on the results of the compliance requirements eva discrepancies were noted:	istrative Code (F.A.C.). aluated during this inspection, the follo	wing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION	
No Rec. of Respug. Comb.		CORDS
No Rolling Monthly Aug.	S "	(,
No leak Depeton Susp.	4	"
No STATUP/SHUTDOWN/		.,
		·
		•
COMMENTS: HINOR RECORD -	Keaping Viol	agrons.
The Annual Compliance Certification form has been properly ce	ertified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION: MARC	<u></u>	
	(Approximate) ABZBC (Please Print)	
INSPECTOR'S SIGNATURE	PHONE NUMBER:	3726922
Page	e of	Revised 10/96





PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY	
AIRS ID#: 0250763 DATE: 2/2/0	TIME IN: 2:30 TIME OUT: 300	
FACILITY NAME: Supreme	USA Cleaners	
FACILITY LOCATION: 4020	DE 29 ave.	
W. M.	an. FL	
	Icaza PHONE: 305-936-1219	
CONTACT NAME:	PHONE:	
	Bu	
PART I: NOTIFICATION	Real	
(check appropriate box)	rtup	
1. New facility notified DARM 30 days prior to star	rtup 6 2 C	
2. Facility failed to notify DARM to use general per	mit Source	
	ine	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	□ No notification form	
(check appropriate box) A.	☐ Drop store/out of business/petroleum	
1. Existing small area source	2. New small area source	
dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr	dry-to-dry only, $x \le 140 \text{ gal/yr}$ transfer only, $x \le 200 \text{ gal/yr}$	
both types, $x < 140$ gal/yr	both types, x < 140 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, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	
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, $140 \le x \le 1,800 \text{ gal yr}$ (constructed on or after $12/9/91$)	
5. This is a correct facility classification	W Y S N □Can not determine	
If no, please check the appropriate classific	ation:	
	neral permit as number above	
☐ facility exceeds above lin	nits 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 gallons.		
- 10 1/00 -		

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? DY UN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? OY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN ON/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) MY ON 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN ØN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON 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?	ɗγ	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	ØN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	ON/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	ΩΝ	ΔŃΑ
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□Ñ/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?	ΩY	ON	<u> </u>
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	ΔN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	ØN/A

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

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the respons	sible official conduct a	weekly (for small sources	, bi-weekly) leak detection a	ınd repair
inspection?				MY ON
2. Has the facility r	naintained a leak log?			ØΎ □N
3. Does the respons	sible official check the f	following areas for leaks?	•	
Hose conn				
couplings	s, and valves	ØY ON ON/A	Muck cookers	OY ON ON/A
Door gasko	ets and seating	PY ON ON/A	Stills	CY ON ON/A
Filter gask	ets and seating	ØY ON ON/A	Exhaust dampers	AND ND VA
Pumps		MY ON ON/A	Diverter valves	MA DN DN/V
Solvent tan	iks and containers	GY ON DINA	Cartridge filter housings	ÇY ON ON/A
Water sepa	rators	OY ON ON/A	•	
4. Which method of	f detection is used by th	e responsible official?		
Visual exar	mination (condensed so	lvent on exterior surfaces))	Ø Ø
Physical de	etection (airflow felt thro	ough 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:				ØN/A
a.	Capable of detecting p	erc vapor concentrations	n a range of 0-500 ppm?	אם צם
b.	_	andard gas prior to and aft	er cach use	
	(PID/FID only)?			OY ON
C.	Inspected for leaks and	obvious signs of wear on	a weekly basis?	DY DN
d. Kept in a clean and secure area when not in use?				OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				
	<i>3</i> -			
Ivan fannin 2/2/00				
Inspector's Name (Please Print) Date of Inspection				
	Ivan Pa		2/	0(
Insp	ector's Signature		Approximate Date of N	Vext Inspection

R.O. to for receipts

mail cent. form

Good Housekeeping

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:30 TIME OUT:	3100 AIRS ID#: 0250763
TYPE OF FACILITY: Yere Dry Claa	we/
FACILITY NAME: Supreme USA	DATE: 2/2/00
	29 AUC
Lo. Mami,	FL
RESPONSIBLE OFFICIAL: Maricio Icaza	PHONE NUMBER: 305-976-1319
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	rative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	Maintain recepts onsite for
Not maintaining perc purchase receipts onsite	minimum 5 years.
·	
<u> </u>	
	·
-	
	<u></u>
COMMENTS:	
Good Houseka	-ea~ (
	' ')
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	pproximate)
INSPECTION CONDUCTED BY:	Fannin
	lease Print)
INSPECTOR'S SIGNATURE:	
Mor ECTOR S SIGNATURE.	PHONE NUMBER: 305 - 372 - 6925
Page	of Revised 10/96

AIRS 10#: 0250763

Age

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	SUPREME	AZU		F3. V-	DATE:	2/2/00
FACILITY LOCATION:	19020	NE	29 A	ve. Pi	CEIVE	
	N. Mian				MADOCO	
		Ų.		- ,	"" " S SUUD	
Annual Reporting Period:	Fel	b	19 <u>99</u> 7	ro <u>Manag</u>	Air Quafity B Sement Division	72000
Based on each term or condition of 62-213.300, Florida Administrative	-	-	-		_	P Rule
If NO, complete the following:						
#1. Term or condition of the gene	ral permit that has r	ot been in co	ontinuous co	mpliance duri	ng the reporting perio	od stated above:
Not maintaining p Exact period of non-compliance:	erc purchase	e rece	erpts o	nsite		
Exact period of non-compliance:	from	MAR	ch 99	to	Feb 2000	
Action(s) taken to achieve complia	nce:	au tain	receip	ts onsis	te	
Method used to demonstrate comp	liance:					
#2. Term or condition of the gene	ral permit that has r	not been in co	ontinuous co	mpliance duri	ng the reporting perio	od stated above:
Exact period of non-compliance:	from			to		
Action(s) taken to achieve complia	ance:					·
Method used to demonstrate comp	liance:					
As the responsible official, I herebe made in this notification are true, upon rolling averages of purchase year for transfer or combination for RESPONSIBLE OFFICIAL:	accurate and complereceipts, does not eacilities.	ete. Further, exceed 2,100	, my annual	consumption o	of perchloroethylene	solvent, based

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

PERCHLOROETHYLENE DRY CLEANERS

RECEIVED

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

MAY 1 9 1999

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVER Bureau of Air Monitoring

& Mobile Sources

RE-INSPECTION

AIRS ID#: 0250763 DATE: 4/23	199 TIME IN: 9:00 TIME OUT: 9:40		
FACILITY NAME: Sapremer leanes			
FACILITY NAME: Sapramer leanes FACILITY LOCATION: 19010 NE 29 DUE			
RESPONSIBLE OFFICIAL: Macric	io I COZAPHONE: 936-1219		
CONTACT NAME:	PHONE:		
PART I: NOTIFICATION			
(check appropriate box)			
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 dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)		

If no, please check the appropriate classification:

5. This is a correct facility classification

□Can not determine

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.



Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

PART IV: PROCESS VENT CONTROLS

In Part Il-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)

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

<u></u>			
B. Ha	s the responsible official of an existing large or new large area source also:		
	asured and recorded the exhaust temperature on the outlet side of the condenser located dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY ON	
2. Me	asured and recorded the washer exhaust temperature at the condenser		
inle	t and outlet weekly?	DY DN Z	anya
	Is the temperature differential equal to or greater than 20° F?	מאם אם	N/A
II .	asured and recorded the perc concentration in the exhaust stream weekly		,
at ti	ne end of the final drying cycle while the machine is venting to the adsorber,		
ifn	achines are equipped with a carbon adsorber?	OY ON Q	N/A
	Is the perc concentration equal to or less than 100 ppm?	ם אם אם	aN/A
pero or e	concentrations is at least 8 duct diameters downstream of any bend, contraction, expansion; is at least 2 duct diameters upstream from any bend, contraction,	ם א מו פ	
ore	expansion; and downstream from no other inlet?	UY UN V	an/a
∥ .	sipped transfer machines (dryers, reclaimers, and washers) with individual	Dv Dv 5	/
con	denser coils?	DY DN Q	aN/A
6. Roi	ated airflow to the carbon adsorber (if used) at all times?	ם אם עם	ZN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	· . ·
1. Maintained receipts for perc purchased?	אם צם
2. Maintained rolling monthly total of perc consumption?	DN ON
3. Maintained leak detection inspection and repair reports for the following:	_
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON PAN/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?	אואם אם צם
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BN/A
6. Maintained startup/shutdown/malfunction plan?	אם אב
7. Maintained deviation reports?	DY DN ANIA
Problem corrected?	DY ON MIA
8. Maintained compliance plan, if applicable?	DY DN ØN/A

PA	ART VI: LEAK DETECTION AND	REPAIRS		
١.	Does the responsible official conduct a	weekly (for small sources, b	i-weekly) leak detection ar	nd repair
	inspection?		•	DN
2.	Has the facility maintained a leak log?			DN .
3.	Does the responsible official check the	e following areas for leaks?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY DN DN/A
	Door gaskets and seating	אוחם אם אם	Stills	אוחם אם אם
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	אוחם אם אם
	Pumps	DY ON ON/A	Diverter valves	DY ON ONA
	Solvent tanks and containers	ON ON/A	Cartridge filter housings	AY ON ON/A
	Water separators	DY ON ON/A	•	
4.	Which method of detection is used by	the responsible official?	•	
	Visual examination (condensed	solvent on exterior surfaces)		
	Physical detection (airflow felt t	hrough gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	tation (FID/PID/calorimetric	tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equipme	ent:	DANIA
	a. Capable of detecting	g perc vapor concentrations in	a range of 0-500 ppm?	DY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and afte	er each use	OY ON
	c. Inspected for leaks a	and obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and	secure area when not in use?		OY- ON
	e. Verified for accurac	y by use of duplicate samples	(calorimetric only)?	מם עם

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

	Ì

· 	

BEST AVAILABLE COPY WELVIN SUMMARY REPORT TYPE OF INSPECTION: ANNUAL [] COMPLAINT/DISCOVERY RE-INSPECTION [TIME OUT:_____AIRS ID#:_____ TIME IN: TYPE OF FACILITY: FACILITY NAME: DATE: FACILITY LOCATION: RESPONSIBLE OFFICIAL: 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 COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. МО YES DATE OF NEXT INSPECTION: (Approximate) NSPECTION CONDUCTED BY:

Page__of__.

NSPECTOR'S SIGNATURE:_____ PHONE NUMBER:_____

(Please Print)

Revised 10/96

MORECY ON SUM	MARY REPORT BEST AVAILABLE COPY
, · · · · ·	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 300 Pm TIME OUT: 330 Pm	AIRS IDII: 0250 903
FACILITY NAME: COCS Duy	Clean DATE: 9/30/99
RESPONSIBLE OFFICIAL: Beating Fernande	PHONE NUMBER: (325) 372-6922
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 evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
······································	-
·	
OMMENTS: Satisfactory	
: Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
	proximate)
	MET case Print) PHONE NUMBER: (305). 372 - 6962
Pagc	_of Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

YPE OF INSPECTION: ANNU	AL COM	MPLAINT/D	ISCOVERY	RE-INSPECTIO	Ν
IME IN: 9:000 T	іме оит: 9: л	40km	AIRS ID#:	028076	3
YPE OF FACILITY:	ve Du	<u>~</u>	Clema	<u> </u>	
ACILITY NAME:	ene us.		Clerne	DATE:	25/99
ACILITY LOCATION: 1902	n WE	23	ave		
ESPONSIBLE OFFICIAL: Maur	icio <u>*</u>	724	PHONE NUMBER	936-1	219
Based on the results of the compli				ility is found to be in	
compliance with DEP Rule 62-21					
Based on the results of the compli discrepancies were noted:	ance requirements evalu	ated during t	his inspection, the fol	lowing compliance	
COMPLIANCE REQUIREM	ENT/PROBLEM	FO	LLOW-UP ACT	ION REQUIRED	
COM BINITED TOO STATE	- HODDEN		BBOW OF RET		
•					
-	· 				
_					
				•	
			· .		
·					
				· · · ·	
OMMENTS:					
he Annual Compliance Certification form	has been properly certif	fied and subr	nitted to the inspector	. YEŞ NO	
ATE OF NEXT INSPECTION:	4/200				
	/_	pproximate)			
NSPECTION CONDUCTED BY:	ZEO	lease Print)	MART		
		icase i i iiii)			72-6

Page 1 of 1.

Revised 10/96

AIRS ID#: <u>0250763</u>

pec

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Supreme USS Cleanes DATE: 4/23/99 FACILITY LOCATION: 19020 NE 25 HV2
FACILITY LOCATION: 19020 NE 25 KV2
Annual Reporting Period: 1998 TO 1997
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: fromto
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: MAURICIO LCA ZA 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

	Z 333^E	P65 105	· .
	US Postal Service Receipt for Cerl		
MAU 1946	REME USA CLEANEF DRICIO ICAZA 3 NW 87 CT CIR C MI FL 33015	AIRS ID # 0250763 RS	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
ري ا م	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
80	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	Postmark or Date		

ot edojevne to dot	Pold at line over
ms 1, 2, and 3. Also complete cicted Delivery is desired. te and address on the reverse an return the card to you. tard to the back of the mailpiece, dnt if space permits. AIRS ID # 0250763 IE USA CLEANERS	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
NW 87 CT CIR C MI FL 33015	3. Service Type Certified Mail □ Registered □ Insured Mail □ C.O.D.
2333667100	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

BEST AVAILABLE COPY

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

 DARGEDERE SOURCE CONTROL PROGRAM
 DEPT OF PROGRAMENTAL PROTECTION
 ZEGS DEATH STOLE ROAD
 TALLAHASSEE, FLORIDA 32399-2400

ACCURATION OF PROGRAM
 AND STANDARD TALLAHASSEE, FLORIDA 32399-2400

ACCURATION OF PROGRAM
 AND STANDARD TALLAHASSEE, FLORIDA 32399-2400

ACCURATION OF PROGRAM
 AND STANDARD TALLAHASSEE, FLORIDA 32399-2400

039,0007

Please include your AIRS 1D# 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 # 0250763

SUPREME USA CLEANERS MAURICIO ICAZA 19463 NW 87 CT CIR C MIAMI FL 33015 DEC 23 982

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

INTERŅATIONAL	COMMERCIAL	EXPORTS,	INC.
 E.		نان والمرافق المرافق المواقع المرافق ا المرافق المرافق	

CHECK

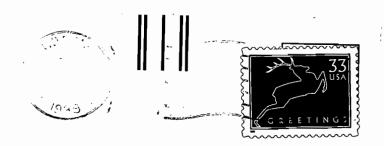
3231

12/21/99

AIRS# 0250763

50.00

Supreme Usa Cleaners 19020 N.E. 29 Ave. Aventura, FL 33180



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

0508X81686

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 does not e number.	I also wish to rec following services extra fee): 1. Address: 2. Restricte Consult postmas	s (for an ee's Address
your RETURN ADDRESS completed o	3. Article Addressed to: AIRS ID 0250763 INTERNATIONAL COMMERCIAL EXPORTS INC MAURICIO ICAZA 19463 NW 87 CT CIR C MIAMITEL 33018 5. Received by: (Priname) 6. Signature: (Raddressee or Agent)	7. Date of De	Type ed Mail ceipt for Merchandise ellivery -/-/- e's Address (Only i	Con for using Return
<u>s</u>	PS Form 3811 , December 1994		Domestic Ret	urn Receipt

_			
		, ,	777
	Z 333 L	1 P U	573
	US Postal Service		
	Receipt for Cerl	tifiec	i Mail
			RS ID 0250763
IN	ITERNATIONAL COMN	MERCI	AL EXPORTS
IN	. •		
	AURICIO ICAZA		
	9463 NW 87 CT CIR C		
141	MANITE SSOIS		
	Postage	\$	
		*	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address		
800	TOTAL Postage & Fees	\$	
ğ	Postmark or Date		
-OII	,		
Ñ			
u_			



0357529

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

MAIL ROOP JAN 19 99

Do NOT Remove Label

AIRS ID # 0250763

SUPREME USA CLEANERS MAURICIO ICAZA 19463 NW 87 CT CIR C MIAMI FL 33015

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

INTERNATIONAL COMMERCIAL EXPORTS, INC.

CHECK

2674

1/15/99

ID# 0250763

50.00

12/11/98

2674

DEPARTMENT OF ENVIRONMENTAL

50,00

261584

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 26 97

Do NOT Remove Label

AIRS ID# 0250763
INTERNATIONAL COMMERCIAL EXPORTS INC
MAURICIO ICAZA
19463 NW 87 CT CIR C
MIAMI FL 33015

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

INTERNATIONAL COMMERCIAL EXPORTS, INC.

CHECK 1642

3/01/97 0250763 50.00

DEPARTMENT OF ENVIRONMENTAL

50.00

N ADDRESS completed on the reverse side?	■Print your name and address on the reverse of this form so that we can return this card to you. ■Attach this form to the front of the mailpiece, or on the back if space does not permit. ■Write "Return Receipt Requested" on the mailpiece below the article number. ■The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
	AIRS ID#: 0250763 INTERNATIONAL COMMERCIAL EXPORTS INC MAURICIO ICAZA 19463 NW 87 CT CIR C MIAMI FL 33015	4b. Service Type Registered Return Receipt for Merchandise Contified Insured Cod Cod Cod Cod Cod Cod Cod C		you for using Return Rec
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) 6. Signature: (Addressee or Agent)	8. Addressee's Address (Only if requested and fee is paid)		Thank
<u>~</u>	PS Form 3811 , December 1994		Domestic Return Receipt	

,	P	265	305	441	
!	No Insurar	t for (rage Pro	ied Mail vided. Mail <i>(See rev</i> e	erse)
1946:	RNATION RICIO IC 3 NW 87 (II FL 3301	NAL COM AZA CT CIR (5		250763 AL EXPORTS	S INC
	Certilled Fe	 -			\longrightarrow
	Special Del	ivery Fee			
	Restricted (Delivery Fee	•		
1995	Return Rec Whom & Da				
Apri	Return Receip Date, & Addre				
800,	TOTAL Pos	stage & Fee	s \$		
PS Form 3800 , April 19 <u>95</u>	2/17/97				



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

303652

NECEIVED NAIL ROOM

Do NOT Remove Label

AIRS ID 0250763
INTERNATIONAL COMMERCIAL EXPORTS

INC MAURICIO ICAZA 19463 NW 87 CT CIR C MIAMI FL 33015 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035 Obj.: 002273

INTERNATIONAL C	COMMERCIAL EXPORTS, INC.	CHECK	2215
· · · · · · · · · · · · · · · · · · ·			e managana o la arapin na la arapin na
2/12/98	AIRS 0250763		50.00

gar.	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250763001AG MAURICIO ICAZA SUPREME USA CLEANERS	A. Received by (Please Print Clearly) C. Signature X. Colos Colog G Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
19463 NW 87 CT CIR C	3. Service Type
MIAMI FL 33015	Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service Jabel) 3 055	,
PS Form 3811, July 1999 Domestic Retu	ırn Receipt 102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No. Insurance Coverage Provided)				
묾	Postage	\$	\aleph	
4.7	Certified Fee		Postmark	
급	Return Receipt Fee (Endorsement Required)		Here	
	Restricted Delivery Fee (Endorsement Required)		· P	
		Δ .	B	
190		RS ID # 0250763001AG	, = = = = = = = = = = = = = = = = = = =	
٠.	MAURICIO ICAZA SUPREME USA CLEANERS 19463 NW 87 CT CIR C		<i>Lg</i>	
			'\	
7000	MIAMI FL 33015		9	
			erse for Instructions	

400109

'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 # 0250763

SUPREME USA CLEANERS MAURICIO ICAZA 19463 NW 87 CT CIR C MIAMI FL 33015 DEC 20 2000 Bureau of Air Monite & Mobile Sources

FOR GOVERNMENTJUSE ONLY OFE.: 37550101000_EO: A1

Fund: 20-2-035001

Obj.: 002273

INTERNATIONAL COMMERCIAL EXPORTS, INC.

CHECK

3838

12/15/00

AIRS #0250763

50.00

12/14/00

3838

DEPARTMENT OF ENVIRONMENTAL

50.00







TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315%3070