



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

July 22, 1997

Mr. Geoffrey C. Wong  
President  
Laundry Associates, Inc.  
11444 Southwest 149 Court  
Miami, Florida 33196

Re: Facility No.: 0250820

Dear Mr. Wong:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 27, 1997.

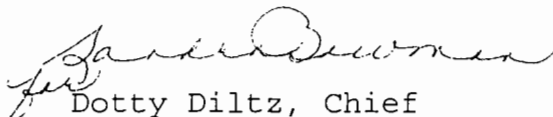
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements 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

cc: Mr. Ewart Anderson, Dade County

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

## **Bowman, Sandy**

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**From:** Barros, Marcelo (DERM) [BarroM@miamidade.gov]  
**Sent:** Thursday, June 20, 2002 10:52 AM  
**To:** Bowman, Sandy  
**Subject:** RE.: Amato One Hour Cleaner Corp.

Hi Sandy:

Mr. Ignacio Amato, from Amato One Hour Cleaners, located at 844 Alton Road, Miami Beach, called this office and reported that he submitted a Dry Cleaning Notification Form to DEP. Unfortunately, that Notification Form was not submitted to DERM.

Since he is concerned about the status of that application, I just need to know if you are in the process of reviewing that Notification Form?. Please confirm.

Thanks

Marcelo.

# 0250820

Dryclean USA

p. 14 1. (a) add date control device installed

3. should be new large area source

p. 15 4. should be new large area source w/ refrig. con.

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

MAY 27 1997

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*LAUNDRY ASSOCIATES, INC.*

2. Site Name (For example, plant name or number):  
*DRY CLEAN-USA*

3. Hazardous Waste Generator Identification Number:  
*139502755*

4. Facility Location:  
 Street Address: *1515 ALTON ROAD*  
 City: *MIAMI BEACH* County: *DADE* Zip Code: *33139*

5. Facility Identification Number (DEP Use):  
*0250820*

Responsible Official

6. Name and Title of Responsible Official:  
*GEOFFREY C. WONG, PRESIDENT*

7. Responsible Official Mailing Address:  
 Organization/Firm: *LAUNDRY ASSOCIATES, INC.*  
 Street Address: *11444 S.W. 149 COURT*  
 City: *MIAMI* County: *DADE* Zip Code: *33196*

8. Responsible Official Telephone Number:  
 Telephone: *(305) 538-0722* Fax: ( ) -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:  
 Street Address:  
 City: County: Zip Code:

11. Facility Contact Telephone Number:  
 Telephone: ( ) - Fax: ( ) -

### Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>		<i>#2 08-DEC-91</i>			<i>#3 02-MAR-92</i>	<i>02-MAR-92</i>
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser	<i>#1</i>	<i>14-OCT-93</i>							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

240 gallons

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

*now  
large  
P.C.*

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

**Equipment Monitoring and Recordkeeping Information**

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

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

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

Please indicate with an "X" the appropriate selection:

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

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

**Responsible Official Certification**

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

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

*Geoffrey C. Roy*  
\_\_\_\_\_  
Signature

*5/21/97*  
\_\_\_\_\_  
Date

✓

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

OCT 27 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: 250820 DATE: 9-30-98 TIME IN: 1100 TIME OUT: 1120  
 FACILITY NAME: DRY CLEAN USA  
 FACILITY LOCATION: 1515 ALTON RD.  
MIAMI BEACH, 33139  
 RESPONSIBLE OFFICIAL: CHRIS WONG PHONE: 305-538-0722  
 CONTACT NAME: NELSON VILLAVARDE PHONE: 11

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was UNK 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?   | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N |   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

If using direct-reading instrumentation, is the equipment:

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

M. ENRIQUE FLORES  
Inspector's Name (Please Print)

9-30-98  
Date of Inspection

*M. Enrique Flores*  
Inspector's Signature

OCT. 1999  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Ⓚ NO RECORDS AVAILABLE FOR INSPECTION. AN ATTEMPT TO CONTACT THE SHOP'S RESPONSIBLE OFFICIAL WAS MADE FROM SITE. CONTACT WAS NOT POSSIBLE.

✓ A SHOP REPRESENTATIVE/MANAGER WAS INSTRUCTED TO HAVE MR WONG BRING ALL RECORDS PERTAINING TO THIS INSPECTION FROM HOME WHERE HE SUPPOSEDLY KEEPS THEM.

✓ THE PERC MACHINE APPEARED TO BE IN GOOD WORKING ORDER. NO SPILLS/LEAKS OBSERVED.

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1100 TIME OUT: 1120 AIRS ID#: 250820  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: DRY CLEAN USA DATE: 9-30-98  
 FACILITY LOCATION: 1515 ALTON RD.  
MIAMI BEACH, 33139  
 RESPONSIBLE OFFICIAL: CHRIS WONG PHONE NUMBER: 305-538-0722

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
NO ROLLING LOG OF PERC PURCHASES, CONDENSER TEMP. READINGS LEAK INSPECTION & DG AVAILABLE FOR INSPECTION.	WILL KEEP RECORDS AVAILABLE FOR INSPECTION AT ALL TIMES DURING BUSINESS HOURS. - ON SITE - NOT AT HOME.

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.

YES

NO

TO BE MAILED

DATE OF NEXT INSPECTION: OCT. 1999  
 (Approximate)

INSPECTION CONDUCTED BY: M. ENRIQUE FLORES  
 (Please Print)

INSPECTOR'S SIGNATURE: M. Enrique Flores PHONE NUMBER: 305-372-6925

APIS ID#: 250820

ACC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FACILITY NAME: DRY CLEAN USA DATE: OCT 06 1998  
 FACILITY LOCATION: 1515 ALTON RD. DATE: 9-30-98  
MIAMI BEACH, 33139 Air Quality Management Division

Annual Reporting Period: SEPT. 97 19   TO SEPT. 98 19  

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

If NO, complete the following:

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

NO PERC. PURCHASE RECEIPTS, CONDENSER TEMP. READINGS, LEAK INSPECTIONS RECORDS ON SITE.

Exact period of non-compliance: from SEPT. 97 to SEPT. 98

Action(s) taken to achieve compliance: WILL HAVE ABOVE ITEMS READILY AVAILABLE FOR INSPECTION

Method used to demonstrate compliance: AT ALL TIMES DURING BUSINESS HOURS - ON THE PREMISES - NOT AT HOME.

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

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

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

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

As the responsible official, I hereby certify, based on information and beliefs 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: GEORGE E. WONG [Signature] 10/5/98  
Name (Please Print) Signature Date

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

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

**PERCHLOROETHYLENE DRY CLEANERS**

**TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

Bureau of Air Monitoring  
Mobile Sources

**RECEIVED**  
JUN 25 1999 2:20pm

AIRS ID#: 0250820 DATE: 06/02/99 TIME IN: 1:40pm TIME OUT: 2:20pm  
 FACILITY NAME: Dry Clean USA.  
 FACILITY LOCATION: 1575 Alton Rd.  
Miami Beach FL 33139  
 RESPONSIBLE OFFICIAL: Chris Wong PHONE: (305) 538-0722  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

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

**PART II: CLASSIFICATION**

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

A.

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

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

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

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

Review + ARMS  
6/9/99  
DS

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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



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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

KRISTAL YIPON  
Inspector's Name (Please Print)

06/07/99  
Date of Inspection

Kristal Yipon  
Inspector's Signature

06/2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Left the annual compliance certificate with an employee to forward to Mr Wong to complete and return to D.E.R.M. office.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1:40 pm TIME OUT: 2:20 pm. AIRS ID#: 250820  
 TYPE OF FACILITY: PERC DRY CLEANER  
 FACILITY NAME: Dry Clean U.S.A. DATE: 06/01/99  
 FACILITY LOCATION: 1515 Alton Rd.,  
Miami Beach FL 33139.  
 RESPONSIBLE OFFICIAL: Chris Wong PHONE NUMBER: (305) 538-0722

- 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
<u>N/A</u>	<u>N/A.</u>

COMMENTS: Shop and perc machine in good working condition. No violations observed.

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

DATE OF NEXT INSPECTION: 05/2000  
(Approximate)

INSPECTION CONDUCTED BY: KRISTAL YIPON  
(Please Print)

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

AIRS ID#: 250820

ACC

RECEIVED

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT  
ANNUAL COMPLIANCE CERTIFICATION FORM

Air Quality

FACILITY NAME: Dry Clean USA Management Division DATE: 06/01/99

FACILITY LOCATION: 1575 Aton Rd.,  
Miami Beach FL 33139

Annual Reporting Period: 09/30 1998 TO 06/01 1999

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

If NO, complete the following:

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

N/A

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

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

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

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

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

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

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

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

RESPONSIBLE OFFICIAL: Geoffrey C. Wong Geoffrey C. Wong 6/9/99

Name (Please Print) Signature Date

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

Entered in ARMS 6/18/99 DG

RECEIVED JUN 25 1999 Bureau of Air Monitoring & Mobile Sources

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

RECEIVED  
 DEC 13 2000  
 Bureau of Air  
 Quality  
 Control  
 Florida

AIRS ID#: 0250820 DATE: 9/27/00 TIME IN: 1445 TIME OUT: 1515

FACILITY NAME: Dry Clean USA

FACILITY LOCATION: 1515 Alton Rd.  
Miami Beach, FL

RESPONSIBLE OFFICIAL: Chris Wong PHONE: (305) 538-0722

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 165 gallons.

*ARMS 9/29/00*

**11/9/00**

**PART III: GENERAL CONTROL REQUIREMENTS**

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

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

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

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

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes.)

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



**PART VI: LEAK DETECTION AND REPAIRS**

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

Ivan Fanni  
Inspector's Name (Please Print)

5/27/00  
Date of Inspection

Ivan Fanni  
Inspector's Signature

7/01  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Not maintaining rolling log  
leak log  
temp. log  
pvc purchase receipts

Left paperwork + NOV (receipts) for  
owner. Will attempt to contact in morning.

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

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 1415 TIME OUT: 1575 AIRS ID#: 0250820  
 TYPE OF FACILITY: Perc Dry Cleaner  
 FACILITY NAME: Dry Clean USA DATE: 9/27/02  
 FACILITY LOCATION: 1515 Altam Rd.  
Maine Beach, FL  
 RESPONSIBLE OFFICIAL: Chris Wang PHONE NUMBER: 305 8538-0722

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Not maintaining book, temp. or rolling log of perc purchases</i>	<i>Begin record keeping</i>
<i>Not maintaining receipts of perc purchases</i>	<i>Keep all perc purchase receipts onsite</i>

COMMENTS:

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

DATE OF NEXT INSPECTION: 7/01  
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fanner  
(Please Print)

INSPECTOR'S SIGNATURE: *Ivan Fanner* PHONE NUMBER: 305-570-6922

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

**BEST AVAILABLE COPY**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:45 TIME OUT: 12:15 AIRS ID#: 02,05,01  
 TYPE OF FACILITY: Packaging Plant  
 FACILITY NAME: D. Green USA DATE: 7/1/96  
 FACILITY LOCATION: 115 11th St.  
Miami Beach FL  
 RESPONSIBLE OFFICIAL: Chris King PHONE NUMBER: 305-850-0111

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Not maintaining leak, temp. or other log of process parameters</i>	<i>Begin recording log</i>
<i>Not maintaining records of process parameters</i>	<i>Begin recording log</i>

COMMENTS:

---

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

DATE OF NEXT INSPECTION: 7/1  
(Approximate)

INSPECTION CONDUCTED BY: Chris King  
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 305-850-0111

*APC*

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

FACILITY NAME: Dry Clean USA DATE: 9/27/00  
 FACILITY LOCATION: 1515 Alton Rd.  
Miami Beach, FL

Annual Reporting Period: Sept. 1999 TO Sept. 2000

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

If NO, complete the following:

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

Not maintaining perc purchase receipts  
 Exact period of non-compliance: from June '99 to Sept 00  
 Action(s) taken to achieve compliance: Keep all perc purchase receipts onsite  
 Method used to demonstrate compliance: \_\_\_\_\_

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

Not maintaining leak inspection, tanks, or rolling log  
 Exact period of non-compliance: from June 99 to Sept 00  
 Action(s) taken to achieve compliance: Begin record keeping immediately  
 Method used to demonstrate compliance: FDEP 2000 Calendar

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: Gregory C. Long Signature 10/3/00 Date  
 Name (Please Print) Gregory C. Long

\*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  
FIELD NOTICE OF VIOLATION**



Miami-Dade County Department of Environmental Resources Management  
33 S.W. 2<sup>nd</sup> Ave. Suite 900  
Miami, FL 33130-1540  
(305)372-6925 (305)372-6954 fax

FACILITY OWNER/COMPANY NAME Laundry Associates, Inc.  
 SITE NAME: Dry Clean USA AIRS ID# 0250820  
 FACILITY LOCATION 1515 Alton Rd., Miami Beach, FL  
 TYPE OF FACILITY: Perc Dry Cleaner  
 RESPONSIBLE OFFICIAL: Chris Wong PHONE NUMBER: 305-538-0722

**YOU ARE HEREBY NOTIFIED** that on 9/27/00 the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
Part II (6)(c)	Not maintaining leak inspection log, temperature log or rolling log of perc purchases.	Begin recordkeeping immediately	10/27/00 (30 days)
Part II (6)(a)	Not maintaining receipts of perc purchases for five year minimum.	Keep receipts for perc purchases onsite. Send copies of perc purchase receipts since 6/99 to present.	10/4/00 (7 days)

**ADDITIONAL INFORMATION:**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

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

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.  
Director

By (please print): Ivan Fannin

Received By (please print): Nelson Villaverde

Section: Air Facilities Date: 9/27/00

Title: MANAGER Date: 9/27/00

Signature: [Signature]

Signature: [Signature]

CERTIFIED METER DELIVERY

10074

PREVIOUS SALE NO.	CODE	GALLON READING	START	10ths
777	BB	0000	0	0
778	BB	0030	0	2
YOUR SALE NO.		GALLON READING FINISH		

### GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone : (305) 556-5831

SOLD TO: Day Clean U.S.A.

This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.

Sa-a rekonet ke anyen pat koule pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC			
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 9/29/00

SIGNATURE: [Signature]

CERTIFIED METER DELIVERY

2368

PREVIOUS SALE NO.	CODE	GALLON READING	START	10ths
616	BB	0000	0	0
617	BB	0050	0	0
YOUR SALE NO.		GALLON READING FINISH		

### GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone : (305) 556-5831

SOLD TO: D.C. USA 1515  
1515 Altow Rd. Miami Beach

This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.

Sa-a rekonet ke anyen pat koule pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC			
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 6/15/00

SIGNATURE: [Signature]

# RECEIVED

OCT 06 2000

Air Quality  
Management Division

CERTIFIED METER DELIVERY

09589

PREVIOUS SALE NO.	CODE	GALLON READING	START	10ths
420	BB	0000	0	0
421	BB	0030	0	0
YOUR SALE NO.	GALLON READING FINISH			

**GARLAND SUPPLY COMPANY**

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone: (305) 556-5831

SOLD TO: D/C USA  
1515 ALTON RD

This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.

Sa-a rekonet ke anyen pat koule pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC	30		
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 8/4/2000

NATURE: [Signature]

CERTIFIED METER DELIVERY

09511

PREVIOUS SALE NO.	CODE	GALLON READING	START	10ths
737	GG	0000	0	0
738	GG	0049	0	0
YOUR SALE NO.	GALLON READING FINISH			

**GARLAND SUPPLY COMPANY**

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone: (305) 556-5831

SOLD TO: DRY CLEAN U.S.A  
1515 ALTON ROAD

This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.

Sa-a rekonet ke anyen pat koule pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC			
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 3/17/00

SIGNATURE: [Signature]



CERTIFIED METER DELIVERY

2332

PREVIOUS SALE NO.	CODE	GALLON READING	START	10ths
429	GG	0000	0	.0
430	GG	0030	0	.1
YOUR SALE NO.		GALLON READING FINISH		

**GARLAND SUPPLY COMPANY**

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone: (305) 556-5831

SOLD TO: Dry Clean USA  
1515 ALTON RD.

This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply Co., en el dia de hoy.

Sa-a rekonet ke anyen pat koule pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC	30.1		
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 10/5/99  
SIGNATURE: [Signature]

CERTIFIED METER DELIVERY

2130

PREVIOUS SALE NO.	CODE	GALLON READING	START	10ths
557	GG	0000	0	.0
558	GG	0030	0	.0
YOUR SALE NO.		GALLON READING FINISH		

**GARLAND SUPPLY COMPANY**

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone: (305) 556-5831

SOLD TO: Dry Clean USA  
1515 ALTON RD

\* This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

\* Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply Co., en el dia de hoy.

\* Sa-a rekonet ke anyen pat koule pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC			
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 12/12/99  
SIGNATURE: [Signature]

CERTIFIED METER DELIVERY

1830

PREVIOUS SALE NO.	CODE	GALLON	READING	START	10ths
293	GG	000	00	00	0
294	GG	002	50		0
YOUR SALE NO.		GALLON	READING	FINISH	

### GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone : (305) 556-5831

SOLD TO: Doy Clean USA F  
1515 DITON RD.

This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.

Sa-a rekonet ke anyen pat koule, pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC	25.0		
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 6/8/99

SIGNATURE: [Signature]

CERTIFIED METER DELIVERY

2286

PREVIOUS SALE NO.	CODE	GALLON	READING	START	10ths
370	GG	000	00	00	0
371	GG	003	00		3
YOUR SALE NO.		GALLON	READING	FINISH	

### GARLAND SUPPLY COMPANY

7800 WEST 25th AVENUE  
HIALEAH, FL 33016

Phone : (305) 556-5831

SOLD TO: \_\_\_\_\_

\* This acknowledges that no spill, release or discharge of tetrachloroethylene (perc) occurred in any amount during the delivery and/or services provided by Garland Supply Co. on this date.

\* Por la presente certifico que no se rego, salio o escapo ninguna cantidad de tetrachloroetileno (perc), durante la entrega y/o servicios prestados por Garland Supply co., en el dia de hoy.

\* Sa-a rekonet ke anyen pat koule, pat soti ou dechanje ou bien oken tetrachloroethylene (perc), kel ke soi kantite ya pat gaye pandan Garland Supply Co., tap delivre e tap fe sevis li. Jou dat sa-a.

PRODUCT	GALLONS	PRICE	AMOUNT
PERC			
FL Clean-up Fund			
Pollution Tax			
Sales Tax			
<b>TOTAL</b>			

Date: 8/13/99

SIGNATURE: [Signature]

LAUNDRY ASSOCIATES, INC.

4577

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	Title V permit				50.00
CHECK DATE	CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
1/3/00	4577	Dept. of Environmental Protect			\$50.00

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0390559

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 RECEIVED

DEC 10 2000

Bureau of Air Monitoring & Mobile Sources

RECEIVED MAIL ROOM JAN-5 00

Do NOT Remove Label

AIRS ID # 0250820

DRYCLEAN USA  
GEOFFREY C WONG  
11444 SW 149 COURT  
MIAMI FL 33196

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

LAUNDRY ASSOCIATES, INC.

3276

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	Title V permit				50.00

CHECK DATE	CHECK NO.	PAYEE	DISCOUNTS TAKEN	CHECK AMOUNT
3/3/98	3276	Dept. of Environmental Protect		50.00

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

**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 0250820  
LAUNDRY ASSOCIATES INC  
GEOFFREY C WONG  
11444 SW 149 COURT  
MIAMI FL 33196

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

304719  
RECEIVED  
MAR - 5 98  
TRAIL ROOM

LAUNDRY ASSOCIATES, INC.

5339

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	2001 Title V Air Permit				50.00
CHECK DATE	CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
2/7/01	5339	Dept. of Environmental Protect			\$50.00

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

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**

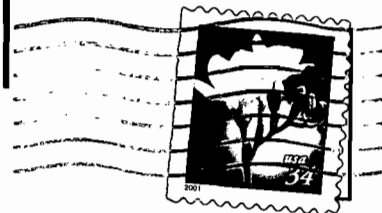
*2/9/01*

Do NOT Remove Label

DRYCLEAN USA GEOFFREY C WONG 11444 SW 149 COURT MIAMI FL 33196	AIRS ID # 0250820
---	-------------------

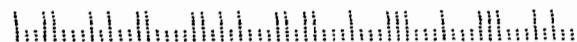
<b>FOR GOVERNMENT USE ONLY</b> Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273
---

Laundry Associates, Inc.  
11444 SW 149th Court  
Miami, FL 33196



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

3231543070 99



LAUNDRY ASSOCIATES, INC.

6042

REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
	Title V permit				50.00
CHECK DATE	CHECK NO.	PAYEE		DISCOUNTS TAKEN	CHECK AMOUNT
2/18/02	6042	Dept. of Environmental Protect			\$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414340 FEB 21 2002

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 # 0250820

DRYCLEAN USA  
GEOFFREY C WONG  
1144 SW 149 COURT  
MIAMI FL  
33196

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

RECEIVED  
FEB 22 2002  
Bureau of Air Monitoring  
& Mobile Sources

LAUNDRY ASSOCIATES, INC.						3924
REFERENCE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID	
	1999 permit				50.00	
CHECK DATE	CHECK NO.	PAYEE			DISCOUNTS TAKEN	CHECK AMOUNT
2/12/99	3924	Dept. of Environmental Protect				50.00

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

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**

0360729

Do NOT Remove Label

DRYCLEAN USA  
 GEOFFREY C WONG  
 11444 SW 149 COURT  
 MIAMI FL 33196

AIRS ID # 0250820

66 91 FEB 16 99  
 RECEIVED MAIL ROOM

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



Z 333 612 920

US Postal Service

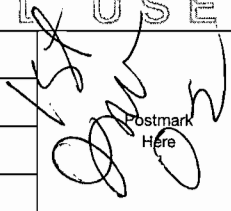
**Receipt for Certified Mail**

AIRS ID 0250820

LAUNDRY ASSOCIATES INC  
GEOFFREY C WONG  
11444 SW 149 COURT  
MIAMI FL 33196

PS Form 3800, April 1995

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

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	 Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	AIRS ID#0250820
Sent To DRYCLEAN USA Street, Apt. No., or PO Box No. 11444 SW 149 COURT City, State, ZIP+4 MIAMI FL 33196	
PS Form 3800, Ja	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>2/7/02</u>
1. Article Addressed to:  <div style="text-align: right;">AIRS ID#0250820</div> DRYCLEAN USA GEOFFREY C WONG 11444 SW 149 COURT MIAMI FL 33196	C. Signature X <u>Geoffrey Wong</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Copy from service label)	7001 0320 0001 7975 5366
PS Form 3811, July 1999	Domestic Return Receipt
	102595-00-M-0952

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Mo.,  
& Mobile Sources

FEB 10 2003

RECEIVED



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

7000 0520 0020 9373 0732

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
AIRS ID # 0250820		
<b>Recip</b>	DRYCLEAN USA	(Initials)
	GEOFFREY C WONG	
<b>Street</b>	11444 SW 149 COURT	
	MIAMI FL	
<b>City, St</b>	33196	
PS Form 3811, July 1999 Instructions		

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0250820  
 DRYCLEAN USA  
 GEOFFREY C WONG  
 11444 SW 149 COURT  
 MIAMI FL  
 33196

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Addressee  Agent

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

FEB 28 2002

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

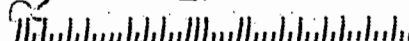
DAPN/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

MAR 4 2002

Bureau of Air Monitoring  
& Mobile Sources

0042+5532



Fold at line over top

Is your RETURN ADDRESS completed on the reverse side

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

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

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250820

DRYCLEAN USA  
 GEOFFREY C WONG  
 11444 SW 149 COURT  
 MIAMI FL 33196

4a. Article Number  
 2333 660 485

4b. Service Type

Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

**X** *[Signature]*

PS Form 3811, December 1994 102595-97-8-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 485 1999

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided.  
 Do not use for International Mail (See reverse)

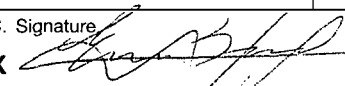
Sent to

AIRS ID # 0250820

DRYCLEAN USA  
 GEOFFREY C WONG  
 11444 SW 149 COURT  
 MIAMI FL 33196

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

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) _____ B. Date of Delivery <b>2/19</b>
1. Article Addressed to:  <div style="text-align: right;">AIRS ID # 0250820</div> DRYCLEAN USA GEOFFREY C WONG 11444 SW 149 COURT MIAMI FL 33196  <b>7000 0600 0026 4127 4461</b>	C. Signature <b>X</b>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 1999	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	102595-99-M-1789

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only, No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	Postmark Here
Restricted Delivery Fee (Endorsement Required)	<b>7966 2276 9200 0090 0002</b>
Total Postage	AIRS ID # 0250820
Recipient's Name	DRYCLEAN USA
Street, Apt. No	GEOFFREY C WONG
City, State, ZIP	11444 SW 149 COURT
	MIAMI FL 33196
PS Form 3800, February 2000	See reverse for instructions