



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 1, 1997

Mr. Enrique Gonzalez
Payless Cleaners
1290 West 68 Street
Hialeah, Florida 33014

Re: Facility No.: 0250849

Dear Mr. Gonzalez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 1997.

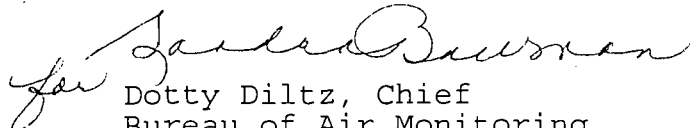
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Printed on recycled paper.

0250849

p14 1(b) Should not be marked. Mark
out and initial.

p16

Add Permit #'s of permits
surrendered
(D.E.P. issued permits only)

Responsible official sign and date
for changes.

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED
OCT 23 1997

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Homestead Cleaners Inc.	
2. Site Name (For example, plant name or number):	Payless Cleaners	
3. Hazardous Waste Generator Identification Number:	PLD 981755523	
4. Facility Location:	1290 W 68 ST	
Street Address:		
City:	County:	Zip Code:
Hialeah	Dade	33014
5. Facility Identification Number (DEP Use):	0250849	

Air Quality
Management Division

Responsible Official

6. Name and Title of Responsible Official:	Enrique Gonzalez, Secre.	
7. Responsible Official Mailing Address:	Same as above	
Organization/Firm:		
Street Address:		
City:	County:	Zip Code:
8. Responsible Official Telephone Number:	Telephone: 305 556 0024 Fax: () -	

Facility Contact (If different from Responsible Official)

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

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NOV 5 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		DEC 94	DEC 94		DEC 94	DEC 94			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/ carbon adsorber									
(12) w/ no controls									

- (b) Control devices are required, but not yet installed
- (c) No control devices are required to be installed

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

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

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

- Existing small area source New small area source
- Existing large area source New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

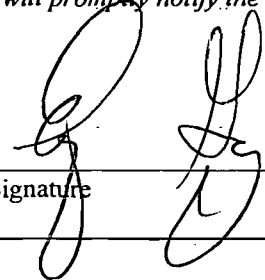
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

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

Responsible Official Certification

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

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

X  _____
Signature

X 10-21-97 _____
Date

RECEIVED

MAR 04 1998

Bureau of Air Monitoring & Mobile Sources

acc
2

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0250849
HOMESTEAD CLEANRS INC ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014

Do **NOT** Remove Label

Annual Reporting Period: 2 26 19 97 TO 2 26 19 98

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Enrique Gonzalez [Signature] 2-26-98
 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.

PERCHLOROETHYLENE DRY CLEANING

RECEIVED

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

OCT 28 1998

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 250849 DATE: 9-22-98 TIME IN: 1045 TIME OUT: 1115
 FACILITY NAME: PAYLESS CLEANERS
 FACILITY LOCATION: 1290 W. 68 ST
HIALEAH, 33014
 RESPONSIBLE OFFICIAL: ENRIQUE GONZALEZ PHONE: 305-556-0024
 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 checked="" type="checkbox"/>
3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/>	4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/>

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

MB
DAMS
9/29/98

MB
9/28/98

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

M. ENRIQUE FLORES

Inspector's Name (Please Print)

M. Enrique Flores
Inspector's Signature

9-22-98

Date of Inspection

9/99

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- ✓ STATE'S INSPECTION CALENDAR AND INSTRUCTIONS ON HOW TO PROPERLY FILL IT OUT WERE GIVEN TO MR. GONZALEZ.
- ✓ DERM'S BOOKLET ON POLLUTION CONTROL FOR DRY CLEANERS WAS ALSO GIVEN TO MR. GONZALEZ.
- ✓ PERC TANK'S (LEFT SIDE) GASKET IS TO BE REPLACED BY A LICENSED CONTRACTOR. OWNER WAS ADVISED TO KEEP RECORDS OF WORK PERFORMED ON THE MACHINE.

BEST AVAILABLE COPY

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1045 TIME OUT: 1115 AIRS ID#: 750849
 TYPE OF FACILITY: PLAC DRY CLEANERS
 FACILITY NAME: PAYLESS CLEANERS DATE: 9-22-98
 FACILITY LOCATION: 1290 W. 68 ST.
MIAMI BEACH, 33134
 RESPONSIBLE OFFICIAL: ENRIQUE GONZALEZ PHONE NUMBER: 305-556-0024

- 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	WILL START RECORDING PERC PURCHASES
NO CONDENSER TEMP. READINGS	WILL START RECORDING COND. TEMP. READINGS
NO LEAK INSPECTION RECORDKEEPING	WILL START RECORDING LEAK INSPECTIONS DONE ON EQUIPMENT.

COMMENTS:

~~- OWNER ADVISED TO CLEAN UP BEHIND WRT TO WRT MACHINE - PART RECOMMENDATION~~
 - TANK WINDOW FILTER / GASKET TO BE REPLACED BY LICENSED CONTRACTOR.

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

YES NO

DATE OF NEXT INSPECTION:

9/99
(Approximate)

INSPECTION CONDUCTED BY:

M. ENRIQUE FLORES
(Please Print)

INSPECTOR'S SIGNATURE:

Enrique Flores

PHONE NUMBER:

305-372-6925

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PAYLESS CLEANERS DATE: 9-22-98
FACILITY LOCATION: 1290 W. 68 ST.
MIAMI, 33014

Annual Reporting Period: 9/97 1997 TO 9/98 1998

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

If NO, complete the following:

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

FAILURE TO MAINTAIN A ROLLING LOG OF PERC PURCHASES, CONDENSER TEMP. READINGS AND LEAK INSPECTIONS.

Exact period of non-compliance: from 9/97 to 9/98

Action(s) taken to achieve compliance: WILL START USING STATE'S INSPECTION CALENDAR TO KEEP RECORDS OF ABOVE MENTIONED ITEMS.

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 _____

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Action(s) taken to achieve compliance: _____

OCT 27 1998

Method used to demonstrate compliance: _____

Bureau of Air Monitoring
& Mobile Sources

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

RESPONSIBLE OFFICIAL: Enrique Gonzalez [Signature] 9/22/98
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.

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

MAY 19 1999

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250849 DATE: 4/28/99 TIME IN: 12:40 pm TIME OUT: 1:20 pm
FACILITY NAME: Payless Dry Cleaners
FACILITY LOCATION: 1290 W 68 ST
RESPONSIBLE OFFICIAL: Enrique Gonzalez PHONE: 556-0024
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 <input checked="" type="checkbox"/> dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed 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 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 0.11 gallons.

Handwritten notes: 2-11, MRM, 5/7/99

Handwritten initials: (113) 5/7/99

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 type="checkbox"/> Y <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N <input 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 type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input 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 type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input 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 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

LEO SMART
Inspector's Name (Please Print)

4/29/99
Date of Inspection

[Signature]
Inspector's Signature

4/200
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a double-line border, occupying most of the page below the header. It is intended for providing additional site information.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12⁴⁰pm TIME OUT: 12²⁰pm AIRS ID#: 0250849
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Payless DATE: 4/28/99
 FACILITY LOCATION: 1290 W 68 St
 RESPONSIBLE OFFICIAL: Enrique Gonzalez PHONE NUMBER: 556-0624

- 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 leak log was kept	R.O. needs to keep leak log
no receipt of Perc Purchased	R.O. needs receipt of Perc Purchased
no leak log	R.O. needs to maintain leak log
No Perc Consumption log kept	R.O. needs to maintain Perc Consumption log

COMMENTS: non-compliant facility

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

DATE OF NEXT INSPECTION: 4/2000 (Approximate)

INSPECTION CONDUCTED BY: LEO SMART (Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: 372-6922

ACC

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

FACILITY NAME: Payless DATE: 4/30/99
 FACILITY LOCATION: 1290 W 68 St

Annual Reporting Period: April 1998 TO April 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:

No leak log was kept, no receipts of Perc purchases + Filters not drained before

Exact period of non-compliance: from April 1998 to April 1999

Action(s) taken to achieve compliance: do the following #1 that has not been met

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:

Perc Consumption log was not kept

Exact period of non-compliance: from April 1998 to April 1999

Action(s) taken to achieve compliance: Start keeping Perc Consumption log

Method used to demonstrate compliance: AD ED 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: Enrique Contreras [Signature] 4/30/99
 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.

ARMS

ACC

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

FACILITY NAME: Payless Dry Cleaners DATE: 5/2/00
 FACILITY LOCATION: 1290 W US ST
Hialeah 33014

Annual Reporting Period: 5 1999 TO 5 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:

No perc receipts or logs

Exact period of non-compliance: from 5/99 to 5/2000

Action(s) taken to achieve compliance: Begin keeping records

Method used to demonstrate compliance: Fax receipts within 7 days / Fax logs within 30 days

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

Temp. gauge on outlet side of ref. condenser

Exact period of non-compliance: from 5/99 to 5/2000

Action(s) taken to achieve compliance: Install temp. gauge within 30 days

Method used to demonstrate compliance: fax receipts for parts and labor

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: Enrique Gonzalez [Signature] 5-2-00
 Name (Please Print) Signature Date

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

Handwritten signature

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0250849 DATE: 5/2/00 TIME IN: 2:05pm TIME OUT: 2:30pm
FACILITY NAME: Payless Dry Cleaners
FACILITY LOCATION: 1290 W US St
Hialeah
RESPONSIBLE OFFICIAL: Enrique Gonzalez PHONE: (305) 556-0024
CONTACT NAME: _____ PHONE: _____

RECEIVED
MAY 10 2000
Bureau of Air Monitoring
& Mobile Sources

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

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

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

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

6/6/00
Handwritten signature

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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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) N/A
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector
- If using direct-reading instrumentation, is the equipment: N/A
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

Deborah Griner
Inspector's Name (Please Print)

Deborah Griner
Inspector's Signature

5/2/00
Date of Inspection

5/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

2 machines

1 Aerotech w/ gauge in back

1 Economatic - RO says gauge on front
measures outlet of ref. condenser.

RO will contact Ozzie Rubio of
Steiner Atlantic to verify. If
not correct gauge RO will
have one installed within 30
days.

No perc receipts

No logs

To: Debra Griner

Inspector Title V

FAX # (305) 372-6954

From: Payless Cleaners

Purch. receipt as
requested.

GARLAND SUPPLY CO.

7800 W. 25th AVENUE, HIALEAH, FL 33016
DADE - 556-5831 BROWARD - 462-3390

ORDER NO 00190311

SPECIAL INSTRUCTIONS

S
H
I
P
T
O

PAYLESS CLEANERS
1290 WEST 68 ST

HIALEAH, FL 33014

556 0024

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

CUSTOMER NO	CUSTOMER P.O.	SLW. CODE	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS
PA1290		07	8/09/99	8-10-99		A -

QUANTITY	UNIT OF MEASURE	DESCRIPTION	HM	UNIT PRICE	TOTAL
30.00	GAL	DIAMOND PERC PUMP IN "RQ" TETRACHLOROETHYLENE (HARMFUL-STOW AWAY FROM FOODSTUFFS) S.1, UN-1897, PG III MARINE POLLUTANT	H	7.75	232.50
30.00		FLORIDA PERC CLEANUP FUND		5.00	150.00
30.00		POLLUTION TAX		.10	3.00

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees. Extensions and additions on this order are subject to further audit.

FREIGHT	SALES TAX	INVOICE TOTAL
	15.11	400.61

RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

Thank You

PACKING LIST/DELIVERY RECEIPT

RECEIVED TIME

MAY. 9.

3:47PM

PRINT TIME

MAY. 9.

3:54PM

MAY-09-00 03:42 PM ESTRADA PHARMACY#9

REC
Pharmacy Station, R.
1280427

Best Available Copy

GARLAND SUPPLY CO.

7800 W. 25th AVENUE, HIALEAH, FL 33016
DADE - 556-5831 BROWARD - 462-3390

ORDER NO. 0194620

SPECIAL INSTRUCTIONS

PAYLESS CLEANERS
1290 WEST 68 ST

HIALEAH, FL 33014

556 004

RECEIVED TIME

DUPLICATE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

CUSTOMER NO. CUSTOMER P.O. ISM. CODE DATE ORDERED DATE SHIPPED SHIPPED VIA TERMS

PA1290 07 11/16/99 11-17-99 C-

QUANTITY	UNIT OF MEASURE	DESCRIPTION	HM	UNIT PRICE	TOTAL
30.00	GAL	DIAMOND PERC PUMP IN RO TETRACHLOROETHYLENE (HARMFUL - STOW AWAY FROM FOODSTUFFS) 6.1, UN-1897, PG III MARINE POLLUTANT	H	7.75	232.50
30.00	GAL	FLORIDA PERC CLEANUP FUND		5.00	150.00
30.00		POLLUTION TAX		.10	3.00

MAY. 9. 3:47PM PRINT TIME MAY. 9. 3:54PM

PERC PUMP IN RO TETRACHLOROETHYLENE

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay at cost of collection, including reasonable attorney's fees. Extensions and additions on this order are subject to further audit.

FREIGHT	SALES TAX	INVOICE TOTAL
	15.11	400.61

X RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

Thank You

PACKING LIST/DELIVERY RECEIPT

305 557 5242 P.04

WARLAND SUPPLY CO.

7800 W. 25th AVENUE, HIALEAH, FL 33016
DADE - 556-5831 BROWARD - 462-3390

PAYLESS CLEANERS
1290 WEST 68 ST

HIALEAH, FL 33014

BEST AVAILABLE COPY

ORDER NO. 00198000

SPECIAL INSTRUCTIONS

1st
~~STOP~~

556 0024

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

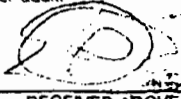
CUSTOMER NO.	CUSTOMER P.O.	SLV. CODE	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS
PA1290		07	1/27/00	1-25-00		L-NET-

QUANTITY	UNIT OF MEASURE	DESCRIPTION	HM	UNIT PRICE	TOTAL
50.00	GAL	DIAMOND PERC PUMP IN "RQ" TETRACHLOROETHYLENE (HARMFUL-STOW AWAY FROM FOODSTUFFS) 6.1, UN-1897, PG III MARINE POLLUTANT	H	7.50	375.00
50.00	GAL	REGCOM FLORIDA PERC CLEANUP FUND		1.00	50.00
50.00		POLLUTION TAX		5.00	5.00

PAID ✓ # 5842

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees. Extensions and additions on this order are subject to further audit.

FREIGHT	SALES TAX	INVOICE TOTAL
65	24.38	655.38

X 

RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

Thank You

PACKING LIST/DELIVERY RECEIPT

PERC
Permethrin Resin, Fl. (044) 786-0071
PERMETHRIN

1289482

SHIP TO
RECEIVED TIME MAY. 9. 3:47PM
PRINT TIME MAY. 9. 3:54PM

MAY-09-00 03:44 PM ESTRADA PHARMACY 305 557 5242 P.05

GARLAND SUPPLY CO.

7800 W. 25th AVENUE, HIALEAH, FL 33016
DADE - 556-5831 BROWARD - 462-3390

ORDER NO 201259

SPECIAL INSTRUCTIONS

PAYLESS CLEANERS
1290 WEST 68 ST

HIALEAH, FL 33014

56 0024

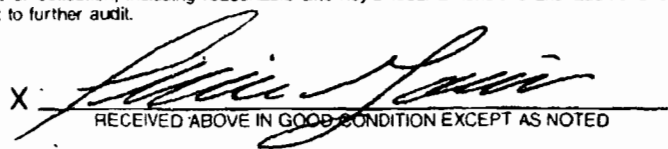
INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELIQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

CUSTOMER NO.	CUSTOMER P.O.	SLM. CODE	DATE ORDERED	DATE SHIPPED	SHIPPED VIA	TERMS
PA1290		07	4/10/00	4-11-00		A-

QUANTITY	UNIT OF MEASURE	DESCRIPTION	HM	UNIT PRICE	TOTAL
25.00	GAL	DIAMOND PERC PUMP IN "RQ" TETRACHLOROETHYLENE (HARMFUL-STOW AWAY FROM FOODSTUFFS) 6.1, UN-1897, PG III MARINE POLLUTANT	H	7.75	193.75
25.00	GAL	FLORIDA PERC CLEANUP FUND		5.00	125.00
25.00		POLLUTION TAX		.10	2.50

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchase agrees to pay all cost of collection, including reasonable attorney's fees. Extensions and additions on this order are subject to further audit.

FREIGHT	SALES TAX	INVOICE TOTAL
	12.60	333.85

X 
RECEIVED ABOVE IN GOOD CONDITION EXCEPT AS NOTED

Thank You
PACKING LIST/DELIVERY RECEIPT

RECEIVED TIME

MAY. 9. 3:47PM

PRINT TIME

MAY. 9. 3:54PM

ETL Pompano Beach, FL (854) 786-0071

MAY-09-00 03:45 PM ESTRADA PHARMACY

305 557 5242

P.06

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

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 2:05 pm TIME OUT: 2:30 pm AIRS ID#: 0250849
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: Payless Dry Cleaners DATE: 5/2/00
 FACILITY LOCATION: 1290 W 108 St.
Hialeah 33014
 RESPONSIBLE OFFICIAL: Enrique Gonzalez PHONE NUMBER: (305) 556-0024

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 perc receipts	Fax 12 months of perc receipts to DERM within 7 days
No logs	Fax May records to DERM within 30 days.
Temp. gauge on Economatic may not be measuring outlet side of ref. condenser.	Verify it is measuring correct place - if not, have a gauge installed within 30 days.

COMMENTS:

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

YES NO

DATE OF NEXT INSPECTION: ~~5/10~~ 5/01
(Approximate)

INSPECTION CONDUCTED BY: Deborah Griner
(Please Print)

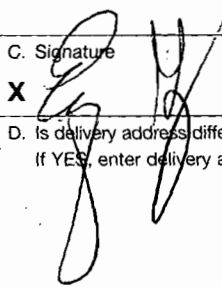
INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6930

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

4447
 4447

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		AIRS ID # 0250849
Recipient	PAYLESS CLEANERS	
Street	ENRIQUE GONZALEZ	
City, State	1290 W 68 STREET	
	HIALEAH FL 33014	

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery _____ 2-9-01</p> <p>C. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250849</p> <p>PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014</p>	<p>3. Service Type</p> <p><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.</p>
<p>2. Article Number (Copy from service label)</p> <p>7000 0600 0026427 4447</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789

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

OFFICIAL USE

7001 0320 0001 7975 5342

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee
 (Endorsement Required) _____
 Restricted Delivery Fee
 (Endorsement Required) _____
 Total Postage & Fees _____

Postmark
 Here

AIRS ID#0250849

Sent To **PAYLESS CLEANERS**
ENRIQUE GONZALEZ
 Street, Apt. No.,
 or PO Box No. **1290 W 68 STREET**
 City, State, ZIP+ **HIALEAH FL**
33014

PS Form 3800, J

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#0250849

PAYLESS CLEANERS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL
33014

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? *(Extra Fee)* Yes

2. Article Number *(Copy from service label)*

7001 0320 0001 7975 5342

UNITED STATES POSTAL SERVICE



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

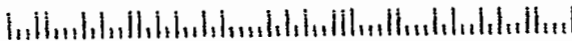
• Sender: Please print your name, address, and ZIP+4 in this box •

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

Bureau of Air Monitoring
& Mobile Sources

FEB 13 2003

RECEIVED



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

OFFICIAL USE

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

Receipt
 Postmark Here
 02

Total Postage 10 AIRS ID # 0250849001AG

Sent To ENRIQUE GONZALEZ
 PAYLESS CLEANERS
 Street, Apt. No 1290 W 68 STREET
 City, State, ZIP HIALEAH FL
 33014

PS Form 3800, May 2000

See Reverse for Instructions

7000 1670 0013 3095 4017

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

- 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 # 0250849001AG
 ENRIQUE GONZALEZ
 PAYLESS CLEANERS
 1290 W 68 STREET
 HIALEAH FL
 33014

2. Article Number

(Transfer from service label)

7000 1670 0013 3095 4017

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

Agent
 Addressee

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

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 ZIP⁴ in this box •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 3510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
JUL 29 2002
Bureau of Air Monitoring
& Mobile Sources

32399/2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

416219 APR 25 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: \$75.00

Do **NOT** Remove Label

AIRS ID # 0250849
PAYLESS CLEANERS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

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

Bureau of Air Monitoring
& Mobile Sources

APR 29 2002

RECEIVED

Printed on recycled paper.

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

7001 0320 0001 7975 9722

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
AIRS ID # 0250849		
Send to:	PAYLESS CLEANERS	
	ENRIQUE GONZALEZ	
Street or P.O. Box:	1290 W 68 STREET	
City:	HIALEAH FL	
	33014	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>4/14/02</u></p>
<p>1. Article Addressed to:</p> <p>AIRS ID # 0250849 PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014</p>	<p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Copy from service label) _____</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7001 0320 0001 7975 9722</p>	
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

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

7001 0320 0001 7976 2203

OFFICIAL USE

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

Postmark
Here

Total Pos AIRS ID # 0250849

Sent To **PAYLESS CLEANERS**
ENRIQUE GONZALEZ
 Street, Apt. 1290 W 68 STREET
 or PO Box 1 HIALEAH FL
 City, State, 33014

PS Form 3800, January 2001

See Reverse for 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 # 0250849
 PAYLESS CLEANERS
 ENRIQUE GONZALEZ
 1290 W 68 STREET
 HIALEAH FL
 33014

COMPLETE THIS SECTION ON DELIVERY

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

3/5

C. Signature

X *[Signature]*

- Agent
 Addressee

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7001 0320 0001 7976 2203

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

7000 0520 0209 3730 633

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

Postmark
Here

To: AIRS ID # 0250849
Re: PAYLESS CLEANERS
 ENRIQUE GONZALEZ
Stre 1290 W 68 STREET
 HIALEAH FL
City, 33014

mailer)

PS Form 3800, February 2000

See Reverse for 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 # 0250849
 PAYLESS CLEANERS
 ENRIQUE GONZALEZ
 1290 W 68 STREET
 HIALEAH FL
 33014

COMPLETE THIS SECTION ON DELIVERY

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

2/9/02

C. Signature Agent
 Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

70000520 0209 3730 633

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

405411 FEB15 2001

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

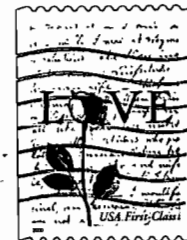
PAYLESS CLEANERS ENRIQUE GONZALEZ 1290 W 68 STREET HIALEAH FL 33014	AIRS ID # 0250849
--	-------------------

Bureau of Air Monitor
& Mobile Sources

FEB 19 2001

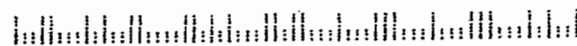
RECEIVED

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



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

32315X3070



P 174 052 016

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID # 0250849

PAYLESS CLEANRS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

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	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to the rest of the return address

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for return 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAYLESS CLEANRS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

AIRS ID # 0250849.

4a. Article Number

P174052016

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

HK 3-1-99

5. Received By: (Print Name)

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

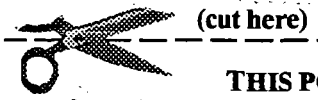
6. Signature: (Addressee or Agent)

X *Enrique Gonzalez*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



(cut here)

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 0250849
HOMESTEAD CLEANRS INC
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

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

304074
RECEIVED
MAIL ROOM
MAR - 2 98

Z 333 667 111 2000

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250849

PAYLESS CLEANERS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

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	
TOTAL Postage & Fees	\$
Postmark or Date	

Best Available Copy

P 174 052 292

1999

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

AIRS ID # 0250849

PAYLESS CLEANRS
 ENRIQUE GONZALEZ
 1290 W 68 STREET
 HIALEAH FL 33014

PS Form 3800, April 1995

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

is your RETURN ADDRESS completed on the reverse side?

- Complete item 3, 4, and 5.
- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250849

PAYLESS CLEANRS
 ENRIQUE GONZALEZ
 1290 W 68 STREET
 HIALEAH FL 33014

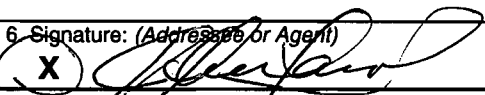
4a. Article Number
 P174052292

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

7. Date of Delivery
 Apr 15 1999

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

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

Bureau of Air Monitoring
& Mobile Sources
RECEIVED
APR - 7 1999

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

373034

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0250849

PAYLESS CLEANRS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

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

RECEIVED
MAIL ROOM
APR 28 1999

7 333 612 782

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

AIRS ID 0250849

HOMESTEAD CLEANRS INC
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0250849

HOMESTEAD CLEANRS INC
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

4a. Article Number
7333612782

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

5. Received By: (Print Name)

7. Date of Delivery
APR 21 1998

6. Signature: (Addressee or Agent)
X *J. Garcia*

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 660 483

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to
AIRS ID # 0250849

PAYLESS CLEANRS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

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

PS Form 3800, April 1995

Fold at line over top of envelope

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PAYLESS CLEANRS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

AIRS ID # 0250849

4a. Article Number

2 333 660 483

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2/14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Enrique Gonzalez*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391946

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 # 0250849

PAYLESS CLEANERS
ENRIQUE GONZALEZ
1290 W 68 STREET
HIALEAH FL 33014

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

RECEIVED
MAIL ROOM
FEB - 8 00