

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary 🤯

December 16, 1997

Ms. Gladys Brown Brown's Cleaners 2971 Northwest 62 Street Miami, Florida 33147

Facility No.: 0250861 Re:

Dear Ms. Brown:

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"

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]

Sent: Friday, October 31, 2003 10:22 AM

To: Bowman, Sandy

Cc: Fernandez, Cynthia (DERM)

Subject: RE: ARMS Database

Hi Sandy:

This E-mail is in response to your E-mail dated October 21, 2003, requesting to address those facilities that their entitlement has expired according to the ARMS database.

As I mentioned on my E-mail of the same date some of those facilities are no longer operating or utilizing perk.

From Cynthia's list (see attachment) there are 3 facilities that remain out of compliance. If they do not submit their entitlement by the next week we will proceed with formal enforcement.

Brown's Cleaners (ARMS # 0250861) is not longer using perk. They conducted a pump-out of the machine and provided a manifest receipt for the removal of perk. Please inactivate this facility from the ARMS and ASGP databases.

I sent you yesterday three completed notification forms for Americano, Key Colony and Spotless DC.

If you have questions regarding the above, please feel free to contact me.

Thanks.

Marcelo

-----Original Message-----

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]

Sent: Tuesday, October 21, 2003 11:08 AM

To: Barros, Marcelo (DERM) **Subject:** RE: ARMS Database

Good Morning Marcelo!

In looking through the ARMS database, I noticed that the entitlement for the following facilities has expired. The last time we heard from each (when they paid their annual emissions fee) is also identified below. The last year invoiced for the annual emissions fee is 2002 (invoices for 2003 will go out in December of 2003)

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible. Also, if there are other changes that need to be made to either ARMS or ASGP, please let me know.

AIRS ID

FAC NAME

EXPIRE DATE

PAY YR

PAY DATE

0250966	Artcraft	8/21/2003	2002	4/23/2003
0250964	Americano	8/14/2003	2002	2/20/2003
0250954	Crown Cleaners	4/1/2003	2002	3/17/2003
0250952	Spot Knocker	3/30/2003	2000	3/4/2002
0250951	The One & Only	3/23/2003	2002	2/17/2003
0250950	Spotless	3/23/2003	2002	4/02/2003
0250861	Brown's Cleaners	11/19/2002	1998	3/8/1999
0250907	Toni's Laundry & Cl	11/19/2002	2000	3/9/2001
0250895	176 Beach Laundry	11/19/2002	2000	12/16/2000
0250886	Key Coloney	11/17/2002	2002	2/13/2003

Thanks for looking into this for me.

Sandy Bowman
Environmental Consultant
Division of Air Resource Management
850/921-9583 or sandy.bowman@dep.state.fl.us

RECEIVE

Perchloroethylene Dry Cleaning Facility Notification 067 0 / 1997

Facility Name and Location

Air Quality

Management Division

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	
	PROWN'S CARNERS
3.	Hazardous Waste Generator Identification Number:
	GAD 98/269095 Facility Location: 297/ NW 6Z 57 Street Address:
4.	
	City: MAM County: DADE Zip Code: 33147
. 5.:	Facility Identification Number (DEP Use):
	and the contract of the contra
	Responsible Official
6.	Name and Title of Responsible Official:
	GIADYS BROWN, PRES.
7.	Responsible Official Mailing Address:
	Organization/Firm: 500008
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: 307) 836 - 6544 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
<i>)</i> .	Traine and Thie of Latinty Condet (to example, plant manager).
10	Facility Contact Address: 572m6
10.	Tacinty Contact Address.
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	D.F.C.F.I.V.F.I

RECEIVED

NOV 5 1997

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Bureau of Air Monitoring & Mobile Sources

025086/

PIL	/ ?	Old Per	mit #'s	of sermit	(a)	
•		Sunena	lered.			
	(D.E.P. issu	ed Dermit	tonly)		
	:	Responsi	ble offe	cial sign o	and	-, -
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Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device .		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit						_			
(1) w/ ref. condenser		11/95	Jul 95			T -		Ţ	1
(2) w/ carbon adsorber		.47 72	, , , , , , , , , , , , , , , , , , ,						
(3) w/ no controls									
Washer Unit			l. <u>.</u>	-1			<u> </u>	L	
(4) w/ ref. condenser]						
(5) w/ carbon adsorber									
(6) w/ no controls									1.
Dryer Unit						I .		ı	
(7) w/ ref. condenser	_								T
(8) w/ carbon adsorber	ļ						1		1
(9) w/ no controls									1
Reclaimer Unit		·*		-					-
(10) w/ ref. condenser					· · ·				
(11) w/carbon adsorber				1			1		
(12) w/ no controls					 		t	<u> </u>	1
(b) Control devices are (c) No control devices 2.(a) What was the total of the control devices (b) If less than 12 montrol Check why it is less	are r quant gallo	equired to be ity of perchl ons ow many? [installed [_oroethylene ((perc)	_]) purchased i				:[]
3. What is the facility's so (Indicate with an "X". Existing small an Existing large ar	Selec rea so	ct one classif	ication only.	ew si	initions foun nall area sou	irce 🔽	(3) of , ,	Part II?	
					_		_		

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4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	.
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring	and Recordkeeping Information
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 mo	
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:		
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)		
	No air permits currently exist for the operation of the facility indicated in this notification form.		
	Responsible Official Certification		
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in faction. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.		
I will pro	Imptly notify the Department of any changes to the information contained in this notification.		
Signature	Date		

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

Best Available Copy

PER	CHLOROETHY TITLE V G COMPLIANCE IN	LENE DRY CLEAN ENERAL PERMIT SPECTION CHECKLIST	HERS C FIVE	D
TYPE OF INSPECTION:	ANNUAL.	COMPLAINT	VDISCOVERY	
	RE-INSPECTION		Bureau of Air Monitorin & Mobile Sources	8
AIRS 1D#2 250861	DATE: 9-29-	98 TIME IN: 1530)
FACILITY NAME:	ROWN'S CLEANE	RS		
FACILITY LOCATION:	2971 NW 62	ST.		
_ <u></u>	m14m1, 331	47		
RESPONSIBLE OFFICIAL	. GLADYS BROW	N phone: _38	05-836-6544	
CONTACT NAME:		PHONE:	11	
DART L. MOTIFICATION			-	
PART I: NOTIFICATION				
(check appropriate box)				
	M 30 days prior to start	tup	٥	
(check appropriate box)	- ,			
(check appropriate box) 1. New facility notified DAR	- ,		_	
(check appropriate box) 1. New facility notified DAR	ARM to use general pen		_	
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART 11: CLASSIFICATION Facility indicated on notifice	ARM to use general pen	mit	cation form	
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION	ARM to use general pen	mit		
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION Facility indicated on notificated controls (check appropriate box) A. 1. Existing small area so	ARM to use general pen ON ation form that it is:	☐ No notific ☐ Drop stor 2. New small area source	cation form e/out of business/petroleu	
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION Facility indicated on notificated control (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 g	ON ation form that it is:	② No notific ☐ Drop stor 2. New small area source dry-to-dry only, x < 140 gal/y	cation form e/out of business/petroleu	
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION Facility indicated on notificated controls (check appropriate box) A. 1. Existing small area so	ON ation form that it is: ource gal/yr	☐ No notific ☐ Drop stor 2. New small area source	cation form e/out of business/petroleu	
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION Facility indicated on notificated (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 get transfer only, x < 200 gab	ON ation form that it is: ource gallyr	Drop stor 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	cation form e/out of business/petroleu	
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(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION Facility indicated on notificate (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/s) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1	ARM to use general personal pe	Do notifice Drop store 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 12/9/94. 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	cation form e/out of business/petroleu r . 01) . 00 gal/yr . 2al/yr	
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(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION Facility indicated on notifice (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr (constructed before 12/9/s) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,81 (constructed before 12/9/s) 5. This is a correct facility	ARM to use general personal pe	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 $12/9/9$ 4. New large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gr (constructed on or after $12/9/9$ 4. $140 \le x \le 1,800$ gr (constructed on or after $12/9/9$ 4. $140 \le x \le 1,800$ 6.	cation form e/out of business/petroleu r 00 gal/yr 1 gal/yr 2 gal/yr 3 gal/yr	
(check appropriate box) 1. New facility notified DAR 2. Facility failed to notify DA PART II: CLASSIFICATION Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gallyr (constructed before 12/9/5) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ 1 transfer only, 200 ≤ x ≤ 1 both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/6) 5. This is a correct facility only, please check	ARM to use general personal pe	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 $12/9/9$ 4. New large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ gr (constructed on or after $12/9/9$ 4. $140 \le x \le 1,800$ gr (constructed on or after $12/9/9$ 4. $140 \le x \le 1,800$ 6.	cation form e/out of business/petroleu r 00 gal/yr 2 gal/yr al/yr 91) determine	

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

В.	Has the responsible official of an existing large or new large area source also:	
۱.	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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	DY DN DN/A
	or expansion; and downstream from no other inlet?	אייין אוט זיי
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND R		s. bi-weekly) leak detection an	ld-repair
inspection?	Taken year small source.	-,, ,	ØY ON
2. Has the facility maintained a leak log?			DY DN
3. Does the responsible official check the	following areas for leaks	7	
Hose connections, fittings,	/	•	
couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A
Door gaskets and seating	ODY □N □N/A	Stills	DY ON ON/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ZY ON ON/A
Pumps	DY ON ON/A	Diverter valves	Y ON ON/A
Solvent tanks and containers	Y ON ON/A	Cartridge filter housings	Y ON ON/A
Water separators	MY ON ON/A		
4. Which method of detection is used by	the responsible official?		,
Visual examination (condensed s	solvent on exterior surface	es)	9
Physical detection (airflow felt the	rrough gaskets)		
Odor (noticeable perc odor)			હ
Use of direct-reading instrument	ation (FID/PID/calorimet	tric tubes)	
Halogen leak detector			0/
If using direct-reading inst	rumentation, is the equi	pment:	DNIA
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	OY ON
c. Inspected for leaks a	and obvious signs of wear	r on a weekly basis?	OY ON
d. Kept in a clean and	secure area when not in t	use?	OY ON
e. Verified for accurac	y by use of duplicate sam	aples (calorimetric only)?	DY ON

M. ENRIQUE FLORES	9-29-98
Inspector's Name (Please Print)	Date of Inspection
Manique Floor	SEPT/OUT 1999
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- * STATE'S INSPECTION CALENDAR AND BERM'S BOOKLET ON POLLUTION
 PREVENTION FOR DRY CLEANERS, ALONG WITH SPECIFIC INSTRUCTIONS
 ON HOW TO FILL IT OUT TO BEIN COMPLIANCE WEDE GIVEN TO MS. BROWN.
- W MS. BROWN WAS ADVISED OF THE REQUIREMENT TO HAVE A LEAK CONTAINER INSTALLED ON THE FLOOR AROUND THE PERC MACHINE.

 SHE STATED THAT SHE WILL HAVE IT INSTALLED BY THE END OF OCT. 1998 (ONE MONTH FROM THE DATE OF THIS INSPECTION).
- I SITE SHOULD BE RE-INSPECTED AT THAT TIME. SHE ASSO STATED

 THAT SHE HAD ALREADY BEEN TOLD TO HAVE THIS CONTAINER INSTALLED

 BY OTHER DERM INSPECTORS DURING PAST INSPECTIONS.

BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1530 TIME OUT: 1600	AIRS 1011: 250861
TYPE OF TACION T.	79.66
PACIENT WANTE.	DATE: 4- 29.98
FACILITY LOCATION:	
miami, 33147	836-6544
RESPONSIBLE OFFICIAL GLIDYS BROWN	PHONE NUMBER: 305 - XXX - XXXX
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluations discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NU LULING LOG OF PERC PLRCHIASES	WILL STAKT LOUGING IN GHLILMS UF
	PERC PLECHASED.
NO CONDUNCTED TONP. KLADINGS	IJILL KELL WK'TTEN LECOLAS OF
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CONDEASER TEMP. PERDINGS
NO LOAK INSTECTIONS	WILL KEEP TRACK OF LEAK INSPECTIONS
	IXNE
	(j)
NO CONTAINER BASE PROLAD PERC	WILL MAVE LEAK CONTAINMENT GLOUND BASE
MACHINE I.S. GRULND CHTCH CONTAINMENT	INSTALLED BY END OF COT. 1998
COMMENTS: EGUIPINENT IN GOOD OPERATIO	NG CONDITIONS.
SHEP IN GOOD HOUSEREEPINE	x 57+105.
·	··
The Annual Compliance Certification form has been properly cert	
ATE OF NEXT INSPECTION:	1948
(A)	pproximate)
NSPECTION CONDUCTED BY:	CIULE FIORES
	Please Print)
NSPECTOR'S SIGNATURE:	PHONE NUMBER: 375.377.6925
Page:	of . Revised 10/96

ARS ID#: 250861

Act Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: BROWN'S OLEANERS		DATE	9-29-98
FACILITY LOCATION: 2971 NW 62 ST.			
m/nm1, 33147			
Annual Reporting Period: 9/97	19TO	9/98	19
Based on each term or condition of the Title V general air perr 62-213.300, Florida Administrative Code (F.A.C.), during the		<u></u>	DEP Rujé WNO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been	in continuous complian∝	during the reporting pe	nod stated above:
NO ROLLING LOG OF PERC PURCHASES, CONDENSE	R TEMP, READINGS	LEAK INSPECTION	ONS
NO ROLLING LOG OF PERC PURCHASES, CONDENSE Exact period of non-compliance: from	9/97 to	9/98	
	LOGING IN ABOVE		
Method used to demonstrate compliance:			
#2. Term or condition of the general permit that has not been	in continuous complianc	e during the reporting p	eriod-stated above:
Exact period of non-compliance: from	to	RECE	IVED
Method used to demonstrate compliance:		OCT 2	7 1330
			ir Monitoring e Sources
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Fupon rolling averages of purchase receipts, does not exceed year for transfer or combination facilities. RESPONSIBLE OFFICIAL:	urther, my annual consun	ption of perchloroethyle	ene solvent, based
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.

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

MAY 1 9 1999

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION:

ANNUAL.

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0250 861 DATE: 4/26/	79 TIME IN: 10 Am TIME OUT: 10 AM
FACILITY NAME: Brown's	George TIME IN: 10 Am TIME OUT: 10 Am
FACILITY LOCATION: 2971 No	
RESPONSIBLE OFFICIAL: Chalis	Brown PHONE: 836-65-94
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup
2. Facility failed to notify DARM to use general per	mit 🖸
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	DN DCan not determine
If no, please check the appropriate classifi	cation:
	eneral permit as number above
☐ facility exceeds above li	imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) perc) perchloroethylene (perc) perchloroethyle	ourchased within the preceding 12 months by this dry cleaning

Revised 9/15/9

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification I 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)
- (check appropriate boxes)
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

1. Equipped all machines with the appropriate vent controls?

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

DN DN

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DA ON ONIV

ANG NO YE

DY DN EN/A

DY ZN

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ÜΥ	ÜN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/∧
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□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?	ΩY	ΩΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΟY	ПИ	ΩN/Λ
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?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	, Пи	□N/∧
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	′	□N/A

Andrew Commence of the commenc

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

PA	RT VI: LEAK DETECTION AND F	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small sources, b	oi-weekly) leak detection ar	id repair	
	inspection?			24	ON
2.	Has the facility maintained a leak log?			DY	N
3.	Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	AL DA DUNA	Muck cookers	DY C	AIN'A NO
	Door gaskets and seating	ON ON ON/A	Stills	AY C	AVAD NC
	Filter gaskets and seating	AY DW ON/A	Exhaust dampers	AY C	AINO NC
	Pumps	DY DN DN/A	Diverter valves	/AY &	אואם אם
	Solvent tanks and containers	אואם אם אים	Cartridge filter housings	AY C	אואם אכ
	Water separators	DY ON ONA			
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 instrumen	tation (FID/PID/calorimetric	c tubes)	R)	,
	Halogen leak detector			Z	
	If using direct-reading inst	trumentation, is the equipr	ment:	2 N//	^
	a. Capable of detecting	g perc vapor concentrations	in a range of 0-500 ppm?	DY	NO
	b. Calibrated against a (PID/FID only)?	standard gas prior to and al	fter each use	ΟY	ON
	c. Inspected for leaks	and obvious signs of wear o	on a weekly basis?	ΩY	ИÜ
	d. Kept in a clean and	secure area when not in use	2?	DΥ	UN
11					

LEO SHART
Inspector's Name (Please Print)

Inspector's Signature

A/26/99
Date of Inspection

Approximate Date of Next Inspection

e. Verified for accuracy by use of duplicate samples (calorimetric only)?

DY ON

Did not have colorale but rept records Gare Rio. Calendar

5 of 5

AIRS 1D#: 0250861

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Brow	· ~'s	Cleane	DATI	: 4/26/99
FACILITY LOCATION:	2971	No	62nd		· ·
		.	-		
Annual Reporting Period:	Spr:	19_	73 то	April	19 75
Based on each term or condition	n of the Title V genera	l air permit, my fac	ility has remained	l in compliance with E	DEP Rule
62-213.300, Florida Administr	ative Code (F.A.C.), du	iring the period cov	ered by this stater	nent. YES	NO
If NO, complete the following:					
#1. Term or condition of the g	eneral permit that has	not been in continue	ous compliance du	uring the reporting per	iod stated above:
Conduct Tem Exact period of non-compliance	-		_		
Exact period of non-compliance	e: from	18-nr / 19	193	de"	1999
Action(s) taken to achieve com	pliance:	Take	action	of Temp	mon: toring
Action(s) taken to achieve com Method used to demonstrate co	ompliance:	Temp	a sug	e real	2003
#2. Term or condition of the g		•			
Maintaining "	ecients of	Per pu	rchosed-	- Monthly too	Lay Per Consum
Exact period of non-compliance	e: from	(1998)	to <u>_</u>	pno 196	19
Action(s) taken to achieve com					, <u> </u>
Method used to demonstrate co	ompliance:	FEF	, C2	Vendar	
As the responsible official, I he made in this notification are trupon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	nue, accurate and comp ase receipts, does not on facilities.	lete. Further, my a exceed 2,100 gallon	nnual consumptions per year for dry	n of perchloroethylen	e solvent, based
	Name (Please	e Print)	Si	gnature	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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMI	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 950 TIME OUT: 1022	AIRS ID#: 025096 (
TYPE OF FACILITY:	1 Clemer
FACILITY NAME: POROWA'S	DATE: 4/26/99
FACILITY LOCATION: 2971 Nw 62	
RESPONSIBLE OFFICIAL: Chay's Bro	PHONE NUMBER: 736-65494
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administrat	
Based on the results of the compliance requirements evaluat	ed during this inspection, the following compliance
discrepancies were noted:	EOLI OW UP ACTION REQUIRED
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
R.O. Have not Conduct temp	R.O. Weed Consuct all
Last down serial	temp monitoring after Approprie
P.O. need to maintain rolling	mantain valling mudhle
morthly total of Perc purchoses	total of pera purchase
recreas	Keep recients
· ***	
	•
:	
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certified	ed and submitted to the inspector.
DATE OF NEXT INSPECTION: 4/2000	·
\int_{1}^{1} (App	proximate)
INSPECTION CONDUCTED BY:	SHART
	ase Print).
INSPECTOR'S SIGNATURE: £60	PHONE NUMBER: 372-6922

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPEC	TION COMPLAINT/DISCOVERY TION
1	7/00 TIME IN: // 00 TIME OUT: //40
FACILITY NAME: Brown's	Cleaners
FACILITY LOCATION: 2971	NU 62 st.
illian	. FL
RESPONSIBLE OFFICIAL: Gladys	Brown PHONE: 836-365 40
CONTACT NAME:	15 ×
	\$ 4. C. O.
PARTI- NOTIFICATION	OLIT TITO
(check appropriate box)	9. 39.
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)	s: No notification form Drop store/out of business/petroleum
Α.	
1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. Ivew small area source . dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only 200 < x < 1 800 galder	
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
	both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91)
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal. yr (constructed on or after 12/9/91) $\square Y \qquad \square N \qquad \square Can not determine$
both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classi facility qualified for a	both types, 140 ≤ x ≤ 1,800 gal yr (constructed on or after 12/9/91) □Y □N □Can not determine ification: general permit as number above
both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classi facility qualified for a	both types, $140 \le x \le 1,800$ gal yr (constructed on or after 12/9/91) $\Box Y \Box N \Box Can \text{ not determine}$ ification:
both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classi facility qualified for a facility exceeds above B. The total quantity of perchloroethylene (perc)	both types, $140 \le x \le 1,800$ gal yr (constructed on or after 12/9/91) $\square Y \qquad \square N \qquad \square Can not determine$ ification: general permit as number above
both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classi ☐ facility qualified for a ☐ facility exceeds above	both types, $140 \le x \le 1,800$ gal yr (constructed on or after 12/9/91) $\Box Y \Box N \Box Can \text{ not determine}$ ification: general permit as number above limits and is not eligible for a general permit

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A
2. Examining the containers for leakage?	OY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	OY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y □N □N/A
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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	חם אם
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	" אם צם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

·				
В	. Has the responsible official of an existing large or new large area source also:		,	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located			
ļ	on dry-to-dry, reclaimer, and dryer mactines on a weekly basis?	ΠY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□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?	DΥ	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	DΥ	ПИ	□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?	ΠV	ΠM	□N/A
	or expansion, and downstream from no outer infects	٠,	U,14	UIVA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual	\		
	condenser coils?	ΩY	\square N	□N/A
			<u></u>	
6.	Routed airflow to the carbon adsorber (if used) at all times?	UY	UN	□N/A

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

	PART VI: LEAK DETECTION AND	REPAIRS		
	1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	ınd repair
	inspection?		•	DY DN
	2. Has the facility maintained a leak log	?		□Y □Ņ
ľ	3. Does the responsible official check th	e following areas for leak	s?	
l	Hose connections, fittings,			
	couplings, and valves	OY ON ON/A	Muck cookers	DY DN DN/A
	Door gaskets and seating	OY ON ON/A	Stills	DY DN DN/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A
	Pumps	OY ON ON/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	OY ON TIMA	Cartridge filter housings	OY ON ON/A
	Water separators	OY ON ON/A		
	4. Which method of detection is used by	the responsible official?		
	Visual examination (condensed	solvent on exterior surfac	es)	
l	Physical detection (airflow felt t	hrough gaskots)	***	
	Odor (noticeable perc odor)			
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)	Ġ
	Halogen leak detector			
1	If using direct-reading inst	rumentation, is the equi	pment:	□N/A
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	אם עם
	b. Calibrated against a	standard gas prior to and	after each use	
	(PID/FID only)?			OY ON
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DA DH
		secure area when not in us		DX DN
	e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	עם עם.
	Tion Fa	~~in	1/26	100
	Inspector's Name (Please Pr	int)	Date of Inspection	
			/	
	Ja Ja	•	1/01	Navt Ingrestion
	inspector s stoppfure		A DDEOX (MAIC 1921C OF	OUEXT INSDUCTION

1/26/00

Ivan Fannin (DERM) upon arrival spoke with Gladys Brown (Responsible Official) she stated that the dry cleaning machine (Economatic Serial # 111036 manifectived by Magik Store) is being leased From Delphi Capital Corp. The machine broke down approx. 8 months ago. Since then, all dry cleaning has been sent out to Marises on 36 st. and 19 ave. (635-4912) All pere was emphied From machine and removed From site by MCF Systems. Ms. Brown will Fax disposal manifest. Ms. Brown also stated that she wishes to keep and continue her Title V General Permit and not to withdrawal.

Chaps Brue 126-20c

Substituting Compliance Certification Form

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

303438

Do NOT Remove Label

BROWN'S CLEANERS INC GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147

AIRS ID 0250861

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0363392

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

MAR -8 99

Do NOT Remove Label

AIRS ID # 0250861

BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147 FOR GOVERNMENT USE ONLY

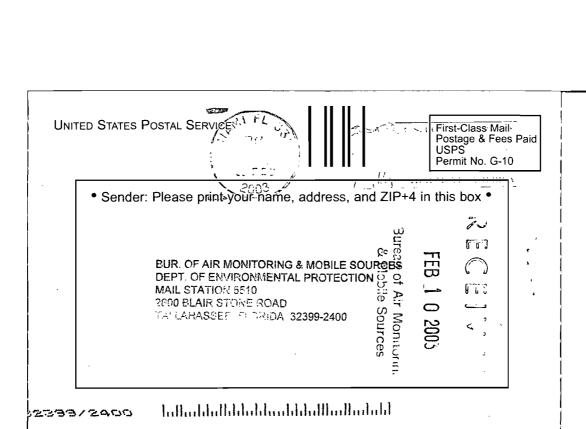
Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

	CERTIFI	.S. Postal Service ERTIFIED MAIL RECEIPT Domestic Mail Only; No Insurance Coverage Provided)						
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0000	Restricted Deliv (Endorsement F]		
	Total Postag					AIRS	ID#0250861	
2870	Sent To		'N'S CLE YS BRO		RS			\neg
1	Street, Apt. N		W 62ND		EET			
7000	City, State, Zii	33147						
<u></u>	PS Form 3800	, May 2	000			See Rev	erse for Instru	ictions

,

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147	GLADYS BROWN 3. Service Type
1000287000000000000000000000000000000000	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	
PS Form 3811, March 2001 Domestic Re	eturn Receipt 102595-01-M-1424



	U.S. Postal S CERTIFIED (Domestic Mail O	MAIL REC	EIPT Coverage Provided)
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m	Return Receipt Fee (Endorsement Required)		
007	Restricted Delivery Fee (Endorsement Required)		V ⁰
70	Total Post		AIRS ID#0250861
167	Sent To	'S CLEANERS S BROWN	
1	Street, Apt. i 2971 NW	62ND STREET	
7000	MIAMI I City, State, Z 33147	FL	
	PS Form 3800, May 2000		See Reverse for Instructions

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SENDER: COI 360 SENDER: SI OÈ MET SENDER: SI OÈ	N ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Prease Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to: AIRS ID#0250861 BROWN'S CLEANERS GLADYS BROWN	If YES, enter delivery address below:
2971 NW 62ND STREET MIAMI FL 33147	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
!	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000167000133109231	2
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

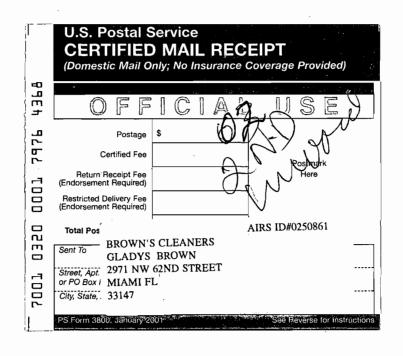
• Sender: Please print your name, address, and ZIP+4 in this box •

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 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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1?	
AIRS ID#0250861 BROWN'S CLEANERS GLADYS BROWN	If YES, enter delivery address below:	
2971'NW 62ND STREET	3. (Service Type	
MIAMI FL 33147	Certified Mail	
	4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Arti 7001 0320 0001 7976 43	6.8	
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424	

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

ASE print your name, address, and ZIP+4 ...

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS ORGANISM TOELIVERY
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1. Article Addressed to: BROWN'S CLEANERS GLADYS BROWN 2071 NW 600000000000000000000000000000000000	D. Is delivery/address different from item 1?
2971 NW 62ND STREET MIAMI FL 33147	3. Service Type Certified Mail Express Mail
	│ ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2 333 667 401	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

	US Postal Service	567 401 7000
GI 29	Receipt for Cer ROWN'S CLEANERS ADYS BROWN 71 NW 62ND STREET AMI FL 33147	AIRS ID # 0250861
	Postage	s
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 025086 BROWN'S CLEANERS GLADYS BROWN	A. Received by (Please Print Clearly) B. Date of Deliver
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789

Mary Mary

US Postal Service Receipt for Certified Mail AIRS ID # 0250861 BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147 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

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 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. 	e, C. Signature Agent Addresso
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES enter delivery address below: No.
BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147	# 0250861 Service Type Certified Mail
2 210 661 841	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Dome	estic Return Receipt 102595-99-M-176

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	US Postal Service Receipt for Certified Mail			
	or DANERO	AIRS ID # 0250861		
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N	MIAMI FL 33147	•		
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	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address			
800	TOTAL Postage & Fees	\$		
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 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes		
1. Article Addressed to: AIRS ID # 0250861 BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET	If YES, enter delivery address below: ☐ No		
MIAMI FL 33147	3. Service Type Certified Mail		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
2. Article Number (Copy from service label) 7000 0600 0026 4/25 7662 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

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}		' AIRS ID#	0250861
	BROWN'S CLEAN	ERS	
12	- GLADYS BROWN		
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SEGNIFICATION DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0250861	
BROWN'S CLEANERS	
GLADYS BROWN	
2971 NW 62ND STREET	
MIAMI FL 33147	3. Service Type
·	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
221066/192	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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US Postal Service
Receipt for Certified Mail

AIRS ID # 0250861

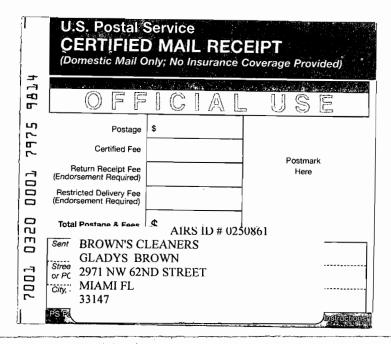
BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147

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286	Return Receipt Showing to Whom & Date Delivered	
Aprii	Return Receipt Showing to Whom, Date, & Addressee's Address	
מ מ	TOTAL Postage & Fees	\$
25 Form 3800 , April 1995	Postmark or Date	

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	e Coverage Provided)
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문	Return Receipt Fee (Endorsement Required)		Postmark Here
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152	Reci, BROWN'S C		aller)
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7000	MIAMI FL City, : 33147		
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SENDER: COMPLETE THIS SEC.,	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits. 1. Article Addressed to: 	C. Signature Ce, Agent D. Is delivery address different from item 1? Yes
AIRS ID # 0250861 —— BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND*STREET	The state of the s
MIAMI FL 33147	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label) 7000 0 520 0020 9373	30626
PS Form 3811 , July 1999 Don	mestic Return Receipt 102595-99-M-178



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print, Clearly) B. Date of Delivery C. Signature X	
Article Addressed to:	If YES, enter delivery address below:	
AIRS ID # 0250861		
BROWN'S CLEANERS		
GLADYS BROWN		
2971 NW 62ND STREET	3. Service Type	
MIAMI FL 33147	☐ 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 9814		
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789	

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
40PE	OFFICIAL USE		
3045	Postage \$ Certified Fee		
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		
7000 1670	Total Posta; 10 AIRS ID # 0250861001AG Sent To GLADYS BROWN BROWN'S CLEANERS Street, Apt. N. 2971 NW 62ND STREET MIAMI FL City, State, Zi,		
	PS Form 3800, May 2000 SeeiReverse for Instructions		

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RIACE STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY		
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 10 AIRS ID # 0250861001AG GLADYS BROWN BROWN'S CLEANERS	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee Addressee Print Clearly Agent Addressee No		
2971 NW 62ND STREET MIAMI FL 33147	3. Service there Certified Mail		
2. Article Number (Transfer from service label) 4000/6700013 3095 3904			
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-142			

The transcribe occupant and the second secon				
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. AIRS ID # 0250861 BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No			
MIAMI FL	3. Septice Type			
33147	Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
Article Aliember (Come from security toler)				
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789			

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
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0001	Restricted Delivery Fee (Endorsement Required)		
20	Total Postac	AIRS ID	# 0250861
032	Sent To	N'S CLEANERS YS BROWN	
-7	Street, Apt. No 2971 N	W 62ND STREET	
7001	or PO Box No. MIAMI City, State, ZIF 33147	FL	
1	PS Form 3800, January 20	00	SeelHeverselforInstructions

Z 333 612 792 *US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0250861 BROWN'S CLEANERS INC GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

A ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: AIRS ID 0250861 BROWN'S CLEANERS INC GLADYS* BROWN 2971 NW 62ND STREET MIAMI FL 33147	e does not e number. d the date 4a. Article N. Z. 4b. Service ☐ Registere ☐ Express I	Type od
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested

\ 	P 174 056 US Postal Service Receipt for Cert	6
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	Restricted Delivery Fee	
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April	Return Receipt Showing to Whom, Date, & Addressee's Address	
300,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

on the reverse side?	Ol adolanda Je SEND Complete items 1 and/or 2 for addition Complete items 3, 4a, and 4b. Print your name and address on the recard to you. Attach this form to the front of the mail permit. Write "Return Receipt Requested" on the Return Receipt will show to whom delivered.	nal services. everse of this form so that we be a serviced by the services of the back of the services of the services of the services.	e can return this e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
N ADDRESS completed	3. Article Addressed to: BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147	AIRS ID # 0250861	4a. Article Ni 4b. Service 1 Registere Express I Return Rec	Type ed Certified Mail Insured eight for Merchandise COD	you for using Return
ls your RETURN	5. Received By: (Print Name) 6. Signature (Addressee or Agent X PS Form 3811, December 1994	n Porce	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank

reverse side	■Complete items 3, 4a, and 4b.	ack if space does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery
on the	The Return Receipt will show to whom the article was delivered.		Consult postmaster for fee.
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your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addresse and fee is	ee's Address (Only if requested s paid)

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C Signature Agent Addressee VD Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 0250861 BROWN'S CLEANERS GLADYS BROWN 2971 NW 62ND STREET MIAMI FL 33147	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 4127 44	46
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

4476		MAIL REC	EIPT Coverage Provided)
41,27	Postage Certified Fee	\$	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
7000 0600	Recipient's GLADYS	CLEANERS BROWN 62ND STREET	IRS ID # 0250861
	PS Form 3800 (February)	2000 #	See Reverse for Instructions