

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 15, 1997

Mr. Cesar Perez, President 7th Avenue Cleaners 10192 Northwest 7 Avenue Miami, Florida 33150

Re: Facility No.: 0250870

Dear Mr. Perez:

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.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Air Quality

Management Division

٠.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	2. Site Name (For example, plant name or number):	
2.	. Site Name (For example, plant name or number):	
	7 TH AKAUL CLEANERS	
3.	7 7H AVENUE CLEANS B. Hazardous Waste Generator Identification Number:	
	· ·	
4.	FLD 984171694 1. Facility Location: 10133 1141 7 118	
••	Street Address: 10192 NW 1 AVE	
	4. Facility Location: Street Address: 10192 NW 7 AVE City: HIAMI County: FC. Zip Code: 3316	50
5.12	**Facility Identification Number (DEP Use):	
	15 15 15 15 15 15 15 15 15 15 15 15 15 1	ann
	Responsible Official	
5.	5. Name and Title of Responsible Official:	
	CESAR PENEZ, MES.	
7	7. Responsible Official Mailing Address:	
•	- · · · · m:	
	Organization/Firm: Street Address: City: County: Zip Code:	·
	City: Zip Code:	
3.	t the second of	
	Telephone: (905) 757 9680 Fax: 901 759 9680	
	English Contact (If different from Demonstrial Official)	
	Facility Contact (If different from Responsible Official)	
9.	P. Name and Title of Facility Contact (For example, plant manager):	
	gome 18 Above	
	JIMIN 1000B	
10.	10. Facility Contact Address:	
10.	10. Facility Contact Address:	
10.	Street Address:	
	Street Address: City: County: Zip Code:	
	Street Address:	

Bureau of Air Monitoring & Mobile Sources

0250870

017	a lenter and it
P/6	Surrender of Existing Clip Permits
	add Pennit #'s respendence
	OEP issued air permits only). Responsible Official segnature and date for changes.
	Responsible Official segnature
	and date for changes.
•	
-	
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>

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and the second s

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	ΙD	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		MAR 96	MM 96	1					
(2) w/ carbon adsorber		1.10							
(3) w/ no controls								1	
Washer Unit		' 							
(4) w/ ref. condenser							Ī ·		
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1 14,71	<u> </u>		-			•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber			1	1					
(9) w/ no controls		1							
Reclaimer Unit	1	:			•	_			
(10) w/ ref. condenser							T		
(11) w/carbon adsorber									
(12) w/ no controls	l —			1					1
(b) Control devices are (c) No control devices 2.(a) What was the total (a) (b) If less than 12 montrol Check why it is less	are r quant gall ths, h	required to be tity of perchl ons now many? [e installed [_ oroethylene	(perc	_].) purchased in				:[]
3. What is the facility's so (Indicate with an "X". Existing small at Existing large ar	Sele rea so	ct one classif	Tication only .	ew s	initions found	rce [(3) of , _]	f Part II?	
- Mount Inter at			1,4	211 16	50 41 04 3041				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser
New large area source Refrigerated condenser []
5. A facility which contains non-event emissions units shall not be aligible to use the general permit pursuant
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
(d) Carbon adsorber exhaust perc concentration monitoring (e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please 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 statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
X will pro	mptly notify the Department of any changes to the information contained in this notification. Date

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

PERCHLOROETHYLENE DRY CLEAN RECEIVED

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

OCT 28 1998

TYPE OF INSPECTION:	ANNUAL.		COMPLAINT/D	SCOVERY D
	RE-INSPECTION	۵		& Mobile Sources
AIRS ID#: 250870			in: <u>1500</u> 1	име оит: <u>/520</u>
FACILITY NAME: 7 A	VENUE CLEANE	ERS		
FACILITY LOCATION:	0/92 NW 7	AVE.		
	MIAMI, 331	150		
RESPONSIBLE OFFICIAL	LUIS PEREZ		_ PHONE: _ <i>305</i>	- 757 - 9680
CONTACT NAME:	,1		PHONE:	,,
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARI	M 30 days prior to start	lup		. 0 .
2. Facility failed to notify DA	RM to use general per	mit		
PART II: CLASSIFICATIO)N			
Facility indicated on notifica			☐ No notification	on form
(check appropriate box)				ut of business/petroleum
A.		2 21	1	A
1. Existing small area so dry-to-dry only, x < 140 ga		2. New smal	1 area source 1 by, x < 140 gal/yr	€3
transfer only, x < 200 gaV			x < 200 gal/yr	
both types, x < 140 gal/yr		both types, x		
(constructed before 12/9/9	1)	(constructed	on or after 12/9/91)	
3. Existing large area so	urce 🗆	4. New larg	e area source	
dry-to-dry only, $140 \le x \le$			$140 \le x \le 2,100$	
transfer only, $200 \le x \le 1$,			$200 \le x \le 1,800 \text{ ga}$	-
both types, $140 \le x \le 1,80$			$40 \le x \le 1,800 \text{ gal/y}$	r
(constructed before 12/9/9	1)	(constructed	on or after 12/9/91)	
5. This is a correct facility	classification	edy on	□Can not dete	rmine
1	he appropriate classific		number	above

130 K8

Revised 9/15/97

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

facility was _20 gallons.

facility exceeds above limits and is not eligible for a general permit

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN WNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA 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) 1. Equipped all machines with the appropriate vent controls? מא סא סאיע 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 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?

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
t	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?	OY ON ON/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?	A/NO NO YO
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ח/אם אם אם
6	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

The second second second

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official:					
(check appropriate boxes)					
1. Maintained receipts for perc purchased?	NO NO				
2. Maintained rolling monthly total of perc consumption?	MA DH				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON WONA				
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 WINA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN DNIA				
5. Maintained exhaust duct monitoring data on perc concentrations?	ÓY ON BANA				
6. Maintained startup/shutdown/malfunction plan?	MY ON				
7. Maintained deviation reports?	DY DN WNA				
Problem corrected?	DY DN WYA				
8. Maintained compliance plan, if applicable?	DY DN ØN/A				

PART VI: LEAK DETECTION AND RI	ART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?			MY ON			
2. Has the facility maintained a leak log?			NO N			
3. Does the responsible official check the f	ollowing areas for leaks?					
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	Y ON ONA			
Door gaskets and seating	DY ON ON/A	Stills	ZY ON ON/A			
Filter gaskets and seating	אוחם אם או	Exhaust dampers	BY ON ON/A			
Pumps	MY ON ON/A	Diverter valves	MY ON ONIA			
Solvent tanks and containers	אואם אם צים	Cartridge filter housings	DY ON ONIA			
Water separators	DY ON ON/A					
4. Which method of detection is used by the	ne responsible official?					
Visual examination (condensed so	ď					
Physical detection (airflow felt the		œ ,				
Odor (noticeable perc odor)			♂			
Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)				
Halogen leak detector						
If using direct-reading instr	umentation, is the equipr	ment:	MIN			
a. Capable of detecting	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
b. Calibrated against a s (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for leaks at	on a weekly basis?	מט אם				
d. Kept in a clean and s	?	OY ON				
e. Verified for accuracy	les (calorimetric only)?	מט צם				

M. ENRIQUE FLORES	9-29-98
Inspector's Name (Please Print) Manigue Flores	Date of Inspection SEPT OCT 199
Inspector's Signature	Approximate Date of Next Inspect

Α	DDITIONAL SITE INFORMATION:
	PREVENTION FOR SRY CLEANERS WERE GIVEN TO MRS. PEREZ.

CYPE OF INSPECTION:	VNNNV 🔼	COMP	LAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1500	TIME OUT:	1520	AIRS 10#:_25	0870
TYPE OF FACILITY: PERC	DRY CHANER	··	,	
ACILITY NAME: 7 H	CNLE (LEANERS			DATE: 9-29-98
ACILITY LOCATION:	197 MIL 7 AVE.			
mi	nm 1 33150			
RESPONSIBLE OFFICIAL:	US PEKEZ		PHONE NUMBER	305 - 757- 9680
Based on the results o		nents evaluat	ed during this inspection, the fa	
Based on the results of discrepancies were no	•	nents evalua	ted during this inspection, the fo	ollowing compliance
COMPLIANCE REC	QUIREMENTARO	BLEM	FOLLOW-UP ACT	CION REQUIRED
	•		۸	
÷				
				
	<u> </u>			
COMMENTS:	SHOP , CBUIPMENT	IN SAT	ISFACTORY CONGITION	v S .
	-	<i>:</i>		
The Annual Compliance Cer	tification form has been p	roperly certi	fied and submitted to the inspec	ctor. YES NO
TATE OF NEXT INSPECT	ΓΙΟΝ:		47 1999 pproximate)	
NSPECTION CONDUCT	ED BY:)m . 1	Please Print)	· · · · · · · · · · · · · · · · · · ·
NSPECTOR'S SIGNATU	RE: Millingue	Hone		er: <u>305.372-6925</u>
	/	Page	of .	Revised 10/

ARS 10#: 250870

ACVISCO 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 7	AVENUE CLEANERS			DA1	ne: 9-29-98
FACILITY LOCATION: _	10192 NW 7 AVE.				
	miam/ 33150				
	2/67			- Tax	
Annual Reporting Period:	9/97	19	_ TO	9/98	19
Based on each term or condi	ition of the Title V general air per	mit, my facil	ty has remain	ned in compliance with	DEP Rulc
52-213.300, Florida Admini	istrative Code (F.A.C.), during the	period cover	ed by this sta	tement. YYES	□ио
If NO, complete the following	ng:				
#1. Term or condition of th	ne general permut that has not been	in continuo	ıs compliance	during the reporting [ocriod stated above:
Exact period of non-compli	ance: from		to)	
Action(s) taken to achieve o	compliance:				
Method used to demonstrat	e compliance:				
#2. Tarm or condition of the	he general permit that has not bee	a in continuo	us compliano	e during the reporting	pariodictated aboves
#2. Term of condition of d	ne general permit mat has not occ	ii iii whando			_
Exact period of non-compl	iance: from	/	to	REC	EIVED
Action(s) taken to achieve		/		001	27 1998
Method used to demonstra	te compliance:			Rureau (of Air Monitoring
				& M	obile Sources
					· · · · · · · · · · · · · · · · · · ·
made in this notification a	, I hereby certify, based on inform re true, accurate and complete. I	urther, my a	nnual consun	ption of perchloroethy	lene solvent, based
upon rolling averages of p	ourchase receipts, does not exceed nation facilities.	! 2,100 gallor	s per year for	r dry-to dry facilities o	r 1,800 gallons per
		100	7/20	Que Vina	5-60
RESPONSIBLE OFFICE	Name (Please Print	<u> </u>	are	Signature	Date
1				- I., /	/

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	TYPE OF INSPECTION	V:
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ANNUAL

RE-INSPECTION

CLEANERS

IIT
ECKLIST

Sureau of APP 26 1999

COMPLAINT/DISCOVER Mobile Sources

Nonitoring

AIRS ID#: <u>0250870</u> DATE: 3/2	199 TIME IN: 104M TIME OUT: 135M
FACILITY NAME: 7th Lue.	Cleaners
FACILITY LOCATION: 10192 N	W 7th AVE.
Mianic	3315D
RESPONSIBLE OFFICIAL:	PECEZ PHONE: 305-757-960
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit
PART II: CLASSIFICATION	·
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 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, $140 < x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ 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)	(constructed on or after 12/9/91)
5. This is a correct facility classification	☐Y ☐N ☐Can not determine

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

facility exceeds above limits and is not eligible for a general permit

facility qualified for a general permit as number ____

If no, please check the appropriate classification:

facility was 3900 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/ 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? ZY ON 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? DY DN ZNA 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 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? ON ON/A Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DN DN/A 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? DY DN ØN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
2. The the telponous of tell of an existing fair ge of her fair ge at an source isso.	
I. Measured and recorded the exhaust temperature on the outlet side of the condenser locate	ed
on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	DY DN
and the second s	
2. Measured and recorded the washer exhaust temperature at the condenser	•
inlet and outlet weekly?	DY DN DN/A
7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ls the temperature differential equal to or greater than 20° F?	DY DN DN/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
in machines are equipped with a carbon adsorber:	ar an ana
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?	OY ON ON/A
5 Faving of transfer mochines (decome mochines and week one) with individual	
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	DY DN DN/A
condenser coils?	, UI UN UNA
6 Douted sixflow to the park or adapth or (if wood) at all times?	
6. Routed airflow to the carbon adsorber (if used) at all times?	UY UN UN/A

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

PART VI: LEAR DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			N DN		
2.	Has the facility maintained a leak log?			OY ZN		
3.	Does the responsible official check the					
	Hose connections, fittings, couplings, and valves	DY, ON ON/A	Muck cookers	OY ON ZNIA		
	Door gaskets and seating	AY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ZY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ONA	Cartridge filter housings	MY ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?		/1		
Visual examination (condensed solvent on exterior surfaces)				d /,		
Physical detection (airflow felt through gaskets)				⊿/		
	Odor (noticeable perc odor)		·	₫		
	Use of direct-reading instrumentat	tion (FID/PID/calorimetri	c tubes)			
	Halogen leak detector					
	If using direct-reading instru	amentation, is the equip	ment:	ØN/A		
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and af	ter each use	אם צם		
	c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	אם צם		
	d. Kept in a clean and se	cure area when not in use	7	אם אם .		
	e. Verified for accuracy	by use of duplicate sampl	es (calorimetric only)?	DY DN		
			·			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:
ISSued FDEP Glendar
To R.O. Mr Luis Pores
To R.O. Mr Luis Perez on mord 29,1999
Lui Perez
Froh +
Inspector
· · · · · · · · · · · · · · · · · · ·
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· ·

BEST AVAILABLE COPY MUN SUMMARY REPORT TYPE OF INSPECTION: COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: TYPE OF FACILITY: FACILITY NAME: FACILITY LOCATION: MIAMI PHONE NUMBER: (Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213,300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM not maintain Leak log **IMMENTS:** keeping vid alions (Unsatisfactor MOL : Annual Compliance Certification form has been properly certified and submitted to the inspector.

TE OF NEXT INSPECTION:

PECTION CONDUCTED BY: (Please Print)

PECTOR'S SIGNATURE:

PHONE NUMBER: (305) 3.72 - 6922

Page of

Revised 10/96

AIRS 10#: 0250870

Han

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPEC	TION 🗆
KB-Mor Be	non a
	, ,
1	28/00 TIME IN: 9:40 TIME OUT: 1010
FACILITY NAME: 7 1	que Cleaners
FACILITY LOCATION:	2 NW 7 AVE.
M. ion	1, FL J3150 3 0
RESPONSIBLE OFFICIAL: Cesar	PHONE 25-25 20
CONTACT NAME:	PHONE: 9 8
<u></u> _	70 15
D. DT. NOTIFICATION	<u> </u>
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	s: No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A	2 No. 11
1. Existing small area source ☐ dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(constructed on or after 12/9/91)
_	_
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1.800$ gal/yr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
(constructed before 12/3/71)	(constructed on or after (27771)
5. This is a correct facility classification	✓Y □N □Can not determine
If no, please check the appropriate class	fication:
	general permit as number 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 20 gallons.	paromoses within the proceeding 12 months by this dry cleaning
2m ca	$\mathcal{N}G$

(check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DNA 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 MY ON MILE beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). Ar Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY ON 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON 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? DY ON BY/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after OY ON verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

<u></u>				
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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Ωи	□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	ΩN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	$\square N$	□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?	ΟY	Пи	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	מם	□N/A

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

P.	PART VI: LEAK DETECTION AND REPAIRS			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?		QY ON	
2.	2. Has the facility maintained a leak log?		DY DN	
3.	3. Does the responsible official check the following areas	for leaks?		
	Hose connections, fittings, couplings, and valves	I/A Muck cookers	DY ON GN/A	
	Door gaskets and seating	I/A Stills	ØY ON ON/A	
	Filter gaskets and seating	I/A Exhaust dampers	ØY ON ON/A	
	Pumps GY DN DN	//A Diverter valves	OY ON ON/A	
	Solvent tanks and containers	//A Cartridge filter housings	DY ON ON/A	
	Water separators	//A		
4.	. Which method of detection is used by the responsible of	ficial?		
	Visual examination (condensed solvent on exterior	r surfaces)		
	Physical detection (airflow felt through gaskets)			
	Odor (noticeable perc odor)		ø (
	Use of direct-reading instrumentation (FID/PID/ca	lorimetric tubes)		
	Halogen leak detector			
	If using direct-reading instrumentation, is the	ne equipment:	ON/A	
	a. Capable of detecting perc vapor conce	ntrations in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a standard gas prior (PID/FID only)?	to and after each use	□У □И	
	c. Inspected for leaks and obvious signs of	of wear on a weekly basis?	□Y □N	
	d. Kept in a clean and secure area when r	not in use?	OYON	
	e. Verified for accuracy by use of duplica	ate samples (calorimetric only)?	OY ON	
			1	
		:		
		/		
	Ivan Farmin	1/2 8/00		
	Inspector's Name (Please Print)	Date of Inspection		
		/		
	Inspector's Signature	Approximate Date of N	lext Inspection	

4 of 5

ADDITIONAL SITE INFORMA	TION:		
Goos	House Keeping / Record Keeping		
,			
		-	
		j.	

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 0940		ηίο AIRS ID#:_	
TYPE OF FACILITY:	Perc Dry Cl.	egner	<u> </u>
FACILITY NAME:	7 Aug cl.	egners	DATE: //28/00
FACILITY LOCATION:			
		 	
RESPONSIBLE OFFICIAL:	Luis Perez	PHONE NUME	BER: 305 - 75 7 - 96 20
	the compliance requirements e Rule 62-213.300, Florida Admi	valuated during this inspection, the nistrative Code (F.A.C.).	e facility is found to be in
Based on the results of discrepancies were note	• '	valuated during this inspection, the	e following compliance
COMPLIANCE REQ	UIREMENT/PROBLEN	FOLLOW-UP A	CTION REQUIRED
	·		
	-		
		•	
: 1			
COMMENTS:	-		
	Good Housek	eeping /Record	Keeping
The Annual Compliance Certific	cation form has been properly	certified and submitted to the inspe	ector. YES NO
DATE OF NEXT INSPECTIO	ON:	(Approximate)	
INSPECTION CONDUCTED	RV· 7.	Fannin	
mor Betton comboeteb	ur	(Please Print)	
INSPECTOR'S SIGNATURE	: dvan Jen	PHONE NUME	BER: 305/372-6925
	Pa	geof	Revised 10/96

AIRS ID#: 0250870

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DATE: 1/28/00
FACILITY BOCATION: 10192 NO 7 AVE.
Air Quality M. an., FL Management Division
- Bornon: Division
Annual Reporting Period: 1999 TO 5an 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.
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
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
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 parchloroethylene 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: 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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REFUND REQUEST #:

4921

860010

APPLICATION FOR REFUND FORM

THE STATE OF FLORIDA

37550101000

DEPARTMENT OF ENVIRONMENTAL PROTECTION DADY STATE OF FLORIDA, COUNTY OF ____*, Florida Statutes, Pursuant to the provisions of Section 215.26, or Section I hereby apply for a refund and request that a State Warrant be drawn in favor of: NAME: PEREZ C ADDRESS: 10192 NW 7TH AVENUE MIAMI, FL 33150-FEID OR SS NUMBER: 0230870 \$50.00 DEPOSIT DATE: 30-MAR-99 DEPOSIT: 990721 DOCUMENT NUMBER: 365457 SYS RECEIPT#: REV OBJECT CODE: 2273 TITLE V GENERAL PERMIT which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted: REASON FOR CLAIM: DUPLICATE PAYMENT CERTIFIED TRUE AND CORRECT this *Must be completed if authority is other than Section 215.26, Florida Statutes. (FOR AGENCY USE ONLY) (1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: OR (2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$50.00 was originally deposited into the State Treasury, Receipt 77049 , dated 4-3-99 . NAME OF ACCOUNT: SAMAS ACCOUNT CODE 3720203500137<u>55</u>00000000020000

Statutory Authority for Collection ____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

3720203500137 **55** 0000002200

CERTIFIED TRUE AND CORRECT this Q day of april, 1999.

Signature and Title of Authorized Person

188-0114 Budget (

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.

3800 COMMONWEILTH BIND TAILAHASSE FIA: 32388

RECEIVED
JUL - 9 1999
Bureau of Air Monitoring
& Mobile Sources

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	7	Ave.	Clea	ners		_DATE: _	3/8/00
FACILITY LOCATION:	10	192	NO	7 1	que.		•
·			FL				
Annual Reporting Period:	Ja	<u></u>	19 <u>9</u> 9	то	Ja	^	18 50 SE
Based on each term or condition of t	he Title V į	general air per	mit, my facility	has remained	in compliance	e with DEF	Rule
62-213.300, Florida Administrative	Code (F.A.	C.), during the	period covered	by this state	ment. YE	S	□NO
If NO, complete the following:							
#1. Term or condition of the genera	l permit tha	at has not been	in continuous o	compliance d	uring the repor	ting period	stated above:
Exact period of non-compliance: from	om			to			
Action(s) taken to achieve compliance	ce:						
Method used to demonstrate complia	ınce:						
#2. Term or condition of the genera	l permit tha	at has not been	in continuous	ompliance d	uring the repor	ting period	stated above:
Exact period of non-compliance: from	om			to			
Action(s) taken to achieve complian	ce:	<i>-</i>			· .		
Method used to demonstrate complia	nce:					.	
As the responsible official, I hereby made in this notification are true, as upon rolling averages of purchase reyear for transfer or combination fac RESPONSIBLE OFFICIAL:	ecurate and eceipts, doe ilities.	complete. Fu	rther, my annu	al porsumptient year for dr	n of perchloro	ethylene so	olvent, based

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DRY CLEANER-AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	7 Ave.	0100	~ = 1 ?	DATE	7/8/00
					- 20/0100
FACILITY LOCATION:	10193	W. Co	JOI	A STATE OF THE STA	
	<u>Winni</u>	+1.	77	T. S. Fift R. S.	*
					
Annual Reporting Period:	Jan	<u> 1999</u> 7	го	Jan	
	•			P.	
Based on each term or condition of the	195		`	—/	EP Rule
62-213.300, Florida Administrative C	Code: (F.A.C.), during th	he period covered by	ythis statement.	MYES/	.↓ ⊔ NO
If NO, complete the following:				e de sete de la companya de la comp La companya de la companya de	`.
	normit that he	n in continu	nnlianes 4) () () () () () () () () () (ad motest st
#1. Term or condition of the general	permut mat has not bee	a an continuous coi	mphance during t	ue reporting pen	iou stated above:
Exact period of non-compliance: from	m		to		
		*		A A	
Action(s) taken to achieve complianc			to the second se	- St. St. Market	
Method used to demonstrate complian	nce:				
#2. Term or condition of the general	permit that has not bee	n in continuous coi	mpliance during th	he reporting peri	iod stated above:
· · · · · · · · · · · · · · · · · · ·			at Same		
<u> </u>	· ·	1	, f	To the state of th	1 ha
Exact period of non-compliance: from	m		TOL .	(1)	**************************************
Action(s) taken to achieve compliance	ne:	/		· · · · · · · · · · · · · · · · · · ·	ANALYSIS OF STATE
Method used to demonstrate complian	nce		i ,		
	The second secon	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S		
		* .	- 3000 - 3000	:*.6***	<u>.</u>
As the responsible official, I hereby c	certify, based on inform	ation and belief for	med after reason	able inquiry tha	t the statements
made in this notification are true, acc	curate and complete. F	further, my annual,	consumption of pe	erchloroethylene	solvent, based
upon rolling averages of purchase re year for transfer or combination faci		2,100 gallons per	vear for dry-to dr	y facilities or 1,6	800 gallons per
Ć.	SAN PANK	5 /A	1 Les	V	7-11-5/
RESPONSIBLE OFFICIAL.	Name (Please Print)	- (1)	Signatur	<u>*</u>	Date
	Traine Aftease PHIII		oignaiur		Dale
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AIRS ID#: ___ ひょくのそうひ

Revised 10/10/96

DRY CLEANER-AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	2	/ ·			DATE:	3/0/	
FACILITY NAME:	7 AVE.	((ec	<u> </u>		DAIL:	4/8/60	· .
FACILITY LOCATION:	10192	NW		NUC.	en e	<u> </u>	
	W. S. M.	<u> </u>	- Jan	1			
			- P		1 1		
Annual Reporting Period:	Jan	19 <u></u> 99	то	Ja	<u>~i</u>		<u></u>
•			•	1	1		
Based on each term or condition of the T		2.	,			P Rule	
62-213.300, Florida Administrative Cod	(F.A.C.), during the	period covered	by this stat	ement. YE	S	μŅΟ	i i
If NO, complete the following:							ı
#1. Term or condition of the general per	mit that has not been i	in continuous	compliance	during the repor	ting perio	d stated above	
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					\$		
Exact period of non-compliance: from	- An	<u> </u>	to_				<u> </u>
Action(s) taken to achieve compliance:				<u> </u>	4	TARREST OF TARREST	3. (=8.5)
Method used to demonstrate compliance							
#2. Term or condition of the general per	mit that has not been i	in continuous,	compliance	during the repor	ting perio	d stated above	:
·	•	<u> </u>	&	J. Warden	-6		`. V
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·		to				, - <u>-</u> - <u>u</u>
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Action(s) taken to achieve compliance:	/		List Indiana		ß.	Production of the state of the	Section Spirit
Method used to demonstrate compliance		The state of the s		· · · · · · · · · · · · · · · · · · ·	,	- <u>-</u> -	· · · · ·
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As the responsible official, I hereby cert made in this notification are true, accure	ate and complete. Fur	ther, my annu	al consumpi	ion of perchloro	ethylene .	solvent, based	
upon rolling averages of purchase receip year for transfer or combination facilitie		100 gallons pe	r yéar for a	lry-to dry faciliti I	es or 1,80	00 gallons per	
100	an Pens	5 14	Ta. K		,#	2-11-5	(,
RESPONSIBLE OFFICIAL	Name (Please Print)		The !	Signature	<u> </u>	Date	
In this to the second of the second of	· · · · · · · · · · · · · · · · · · ·						

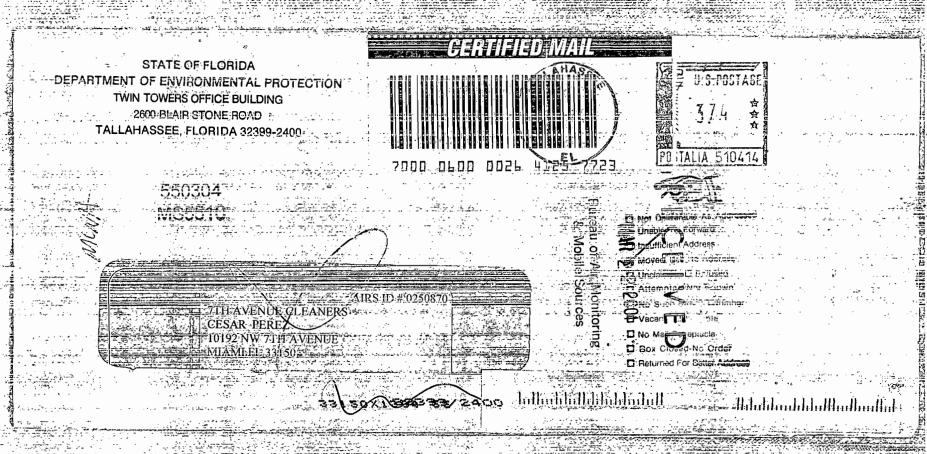
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FWI 12 3317



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Complete items 1, 2, ar	nd 3. Also complete	A. Received by (Please Print	Dearly) B. Date of Delive
item 4 if Restricted Deli	very is desired.	1	
so that we can return the	nuress on the reverse	C. Signature	
■ Attach this card to the			☐ Agent
or on the front if space		X	☐ Address
		D. Is delivery address different	from item 1? Yes
Article Addressed to:		If YES, enter delivery addre	ess below: 🗆 No
Commence of the Commence of th	AIRS ID # 0250870	il	
	AIRS ID # 0230870		
7TH AVENUE CLEANERS	•	[]	
CESAR PEREZ			at A
10192 NW 7TH AVENUE MIAMI FL 33150		3. Service Type.	
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		4. Restricted Delivery? (Extra	Fee) ☐ Yes
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TOTAL AMOUNT DUE: \$50.00 JAN 22 93

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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