

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 1, 1997

Ms. Roselia Luis One Step Cleaners 840 Southwest 8th Street Miami, Florida 33130

Facility No.: 0250893

Dear Ms. Luis:

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"

		# 0250893
p/	3 4	# 0250893 add City
-	6.	Owner is the Responsible Official. Markout manager.
ρ14	9.	add Title
,	/(a)	as purchase date add sque date.
	l(c)	Should not be marked Mark out and initial.
pik	•	Responsible Official signand date
		for changes.
•		-

Perchloroethylene Dry Cleaning Facility Notification

DECEIVED
SEP 1 6 1997

Facility Name and Location

Air Quality

After a second
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): Management Disid
SOAP & WATER INC. DEA. ONE STOP CHEALERS.
2. Site Name (For example, plant name or number):
ONE STOP. CLEARS.
3. Hazardous Waste Generator Identification Number: 159,857.
4. Facility Location:
Street Address: City: Street Address: Zip Code: 33130
5. Facility Identification Number (DEP Use):
0250893
Responsible Official
Responsible Official
6. Name and Title of Responsible Officials (CHAR)
7. Responsible Official Mailing Address:
Organization/Firm:
Street Address: City: Zip Code:
8. Responsible Official Telephone Number:
Telephone: (34) 816-613 Fax: (34) 816-11.
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
LATARO LUZI.
10. Facility Contact Address:
Street Address: Zip Code:
11. Facility Contact Telephone Number:
Telephone: (30) 816 - 613. Fax: 365 856 5551
RECEIVED

NOV 5 1997

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	lD	Date Machine Initially Purchased	Date Control Device Installed	lD	Date Machine Initially Purchased	Date Control Device Installed
Example	# <i>I</i>	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		, /							
· (1) w/ ref. condenser	/	930A							
(2) w/ carbon adsorber		7 /							
(3) w/ no controls									
Washer Unit		Ţ ===			T			- T	
(4) w/ ref. condenser		ļ <u>.</u>		_			ļ		
(5) w/ carbon adsorber									
(6) w/ no controls		<u>l </u>							
Dryer Unit		· ·	, · · · -		1	1			_
(7) w/ ref. condenser						-		_	
(8) w/ carbon adsorber		ļ. <u> </u>	<u> </u>		-	 		<u> </u>	
(9) w/ no controls						1 !			
Reclaimer Unit (10) w/ ref. condenser		1	1			-	_	· ·	
(11) w/carbon adsorber				 		 	<u> </u>	+	
(12) w/ no controls		··		ļ		· ;		1	
(b) Control devices are (c) No control devices 2.(a) What was the total (control devices)	are r	equired to be	e installed [X	_].	n the latest 1	2 mo	nths?	
(b) If less than 12 mont Check why it is less					_] New store	e: [] Did	not i	keep records	<u> </u>
3. What is the facility's so (Indicate with an "X".	Sele	ct one classif	ication only.)		\/	3) of	Part II?	
Existing small ar	ea so	ource []	N	ew sr	nall area sou	rce [7		
Existing large ar	ea so	urce []	N	ew la	rge area sou	rce []	·	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

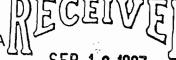
 What control technology is required on machines p (Indicate with an "X".) 	oursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	•
•	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 ntural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site i	n 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	<u></u>
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	<u> </u>

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

Surrender of Existing Air Permit(s)

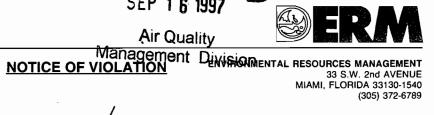
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. 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.
Signature	eelia Lus 9-5-97 Date

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



SEP 1 6 1997





TO Soon and Maker Tha	long Stor Manner		
TO: Soap and Water INC	One Stop Cleaner Niami, FL		
ADDRESS: <u>840 SW 85+. M</u> SOURCE/LOCATION: <u>Same as above</u>	e		
YOU ARE HEREBY NOTIFIED that on			
Chapter 24, Metropolitan Dade County Environmental P Administrative Code, was observed at the referenced le	rotection Ordinance, and/or regulations of the Florida		
Operating without an Air Permit	Excessive Visible Emissions		
Uncontrolled fugitive particulates	Improper handling/removal of asbestos		
Non-compliance with	Non-compliance with CFC regulations		
Stage II Vapor Recovery	_ OTHER		
Specifically: And to apply of	aner) within 10 days.		
- Frank (My Cle	aner) within 10 days.		
In view of the above, and pursuant to the authority Metropolitan Dade County Environmental Protection O			
Immediately upon receipt of this NOT Cease and Desist the above-reference	TICE, initiate corrective measures to eliminate and/or ed violation(s).		
you have taken to ensure that no fu	OTICE, submit to this office in writing the steps which urther violations will occur. Said report may include ments, or servicing performed to correct the violation.		
□ Within days of receipt of this № 372-6925 to discuss air permit require	NOTICE, contact the Air Section of this Department at ements.		
 Within days of receipt of this I discuss other Departmental permitting 	NOTICE, contact Plan Review Section at 375-3330 to grequirements.		
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.			
For further information regarding the above, please co	ntact the Air Section of this office at 372-6925.		
	Sincerely,		
	John W. Renfrow, P.E. Director		
Received by:	By: Rosana Rivera		
Title: LAZARO LUIS MANAGER.	Signature: Lasana P		
Date: 8/27/97	Section: air FAc.		

AIRS ID#: 250 893

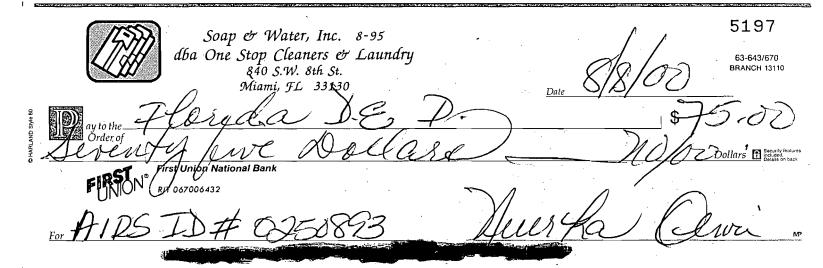
DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: ONE STOP CLEANERS	DATE: 8-4-98
FACILITY LOCATION: 840 SW 8 ST	DALE. V 17
minmi FC 33130	
TOTALLE SOLO	
Annual Reporting Period: 8/97 1919	TO 8/98 19_
Based on each term or condition of the Title V general air permit, my facility 52-213.300, Florida Administrative Code (F.A.C.), during the period covered	\sim
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous	compliance during the reporting period stated above:
NO RECORD KEEPING OF PERC DURCHASES, INSPE	ECTIONS, TEMP. READINGS
Exact period of non-compliance: from 8/97	to 8/98
Action(s) taken to achieve compliance: Z will STAN	T Keeping my needed AS OF O
Method used to demonstrate compliance:	Together/in/1 Fire)
#2. Term or condition of the general permit that has not been in continuous	RECEIVED
Exact period of non-compliance: from	SFP 2 8 1990
Action(s) taken to achieve compliance:	Bureau of Air Monitoring
Method used to demonstrate compliance:	& Mobile Sources
·	
As the responsible official, I hereby certify, based on information and belie made in this notification are true, accurate and complete. Further, my and upon rolling averages of purchase receipts, does not exceed 2,100 gallons year for transfer or combination facilities.	ual consumption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: LAZARO LUIS	11/98
Name (Please Print)	Signature Date

DEPT. OF ENVIRONMENTAL 248955 PRESOURCES 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.

MAIL ROOM



TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

T1/11	00	INCORPORTONI
IXIT	OF.	INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 1115

FACILITY LOCATION: 840 SW 8 87

FACILITY NAME: __ONE STOP CLEANERS

AIRS ID#: 250893 DATE: 8-4-98

MIAM1, 33130

___ phone: *856-6513* RESPONSIBLE OFFICIAL: _ LAZARO LUIS

PHONE: CONTACT NAME:

PART I: NOTIFICATION	Bureau of Waste Cleanup	
(check appropriate box)		
1. New facility notified DARM 30 days prior to startup	\$27 25 juli	
Facility failed to notify DARM to use general permit ———————————————————————————————————	Hazardous W. 🛴 Cleanup Section	0

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, $x < 140 \text{ gal/yr}$
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, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	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
If no, please check the appropriate classif	ication:
☐ facility qualified for a g	general permit as number above
☐ facility exceeds above l	imits and is not eligible for a general permit



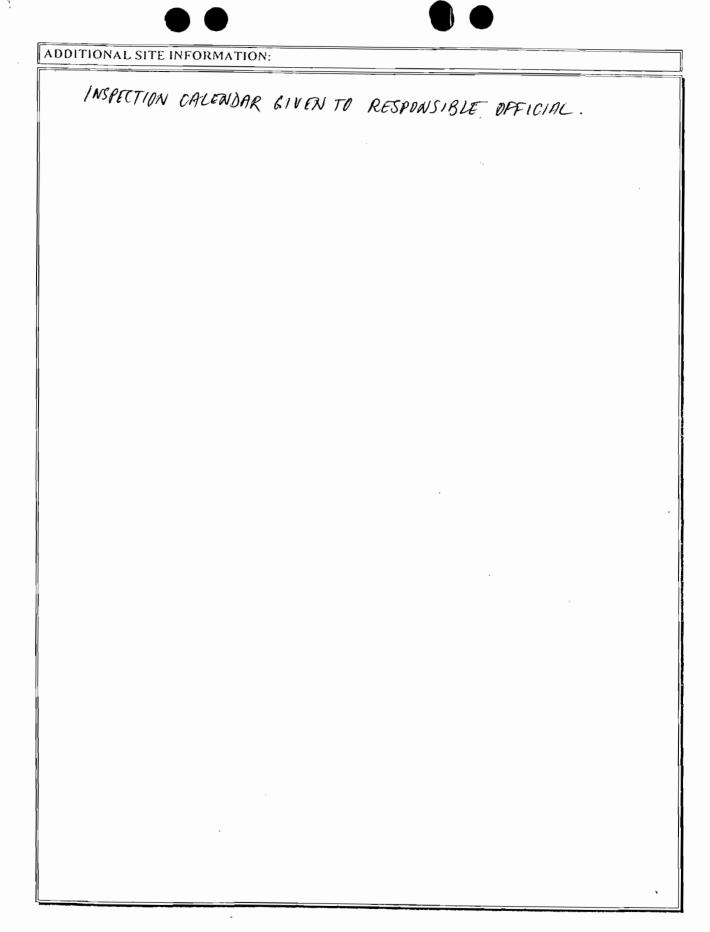
PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN EDNA
2. Examining the containers for leakage?	OY/ON DAN/A
3. Closing and securing machine doors except during loading/unloading?	MA ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON MN/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 refrige (complete A below).	rated 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 refrige (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?	MY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ZY 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 ØN
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN DN/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ZY ON

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?	H NO YO
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	A/Ma Na Ya
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
	= , = , = ,
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART	VI: LEAK DETECTION AND RI	EPAIRS	`	
I. Do	es the responsible official conduct a w	veekly (for small sour	ces, bi-weekly) leak detection an	d repair
ins	pection?	•		DY ON
2. Ha	s the facility maintained a leak log?			OY ØN
3. Do	es the responsible official check the fe	ollowing areas for lea	ks?	
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	DY ZN DNA	Stills	DY ON DN/A
	Filter gaskets and seating	DY ZN DN/A	Exhaust dampers	DY ON DN/A
	Pumps	OY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DY ON DN/A	Cartridge filter housings	DY ON ON/A
	Water separators	DY ON DN/A		
4. W	hich method of detection is used by th	e responsible official	?	I NONE
	Visual examination (condensed so	lvent on exterior surf	aces)	
	Physical detection (airflow felt thr	ough gaskets)		
	Odor (noticeable perc odor)			Q .
	Use of direct-reading instrumentat	ion (FID/PID/calorin	netric tubes)	
	Halogen leak detector			
	If using direct-reading instru	imentation, is the eq	uipment:	ON/A
	a. Capable of detecting p	erc vapor concentrat	ions in a range of 0-500 ppm?	OY ON :
	b. Calibrated against a st (PID/FID only)?	andard gas prior to a	nd after each use	OY ON
	c. Inspected for leaks an	d obvious signs of w	ear on a weekly basis?	OY ON
	d. Kept in a clean and se	cure area when not is	use?	OY ON
	e. Verified for accuracy	by use of duplicate s	amples (calorimetric only)?	OY ON
1			·	

M. ENRIQUE FLORES	8-4-98
Inspector's Name (Please Print)	Date of Inspection
Musique fliver	8/99
Inspector's Signature	Approximate Date of Next Inspection



BEST AVAILABLE COPY LLLY GENERAL PERMI TYPE OF INSPECTION: ANNUAL / COMPLAINT/DISCOVERY RE-INSPECTION 250893 TIME OUT: AIRS ID#: TYPE OF FACILITY: PEVE DRY CLEANER ONE STUP CLUANERS FACILITY NAME: DATE: FACILITY LOCATION: 840 SW 8 ST. MIAINI : 33130 RESPONSIBLE OFFICIAL: LATER TO LUIS 305-156-6513 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 NO RECERDIFIED ING OF THE FOLLOWING: - PERC. PURCHIASES FUL -> ROLLING LOG BOOK TO BE STARTED) LAST 12 MONTHS - LECTPMENT INSPECTION -> LOG GOOK (DI-WEEKLY) - TEMPERATURE READINGS - LOG EXCOK COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector.

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAIN I/DISCOVERY
AIRS ID#: 250893 DATE: 05/19	199 TIME IN: 1:10 pm TIME OUT: 1:50 pm. Cleaners
FACILITY NAME: One Stop	Cleaners.
FACILITY LOCATION: 840 S-W.	8tt St
Miami	FL 33130 8 5 m
RESPONSIBLE OFFICIAL: Lagaro	Leus PHONE: (305) RS6-65/3
FACILITY NAME: One Hope facility LOCATION: 840 S.W. Miani RESPONSIBLE OFFICIAL: Lagaro CONTACT NAME:	PHONE:
<u> </u>	ē.
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup 🗀
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	□ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-to-dry only, $x < 140$ 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, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	YY DN DCan not determine
If no, please check the appropriate classific	eation:
, ,	neral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu	urchased within the preceding 12 months by this dry cleaning
facility was 120 gallons.	menased within the preceding 12 months by this dry cleaning



ARMS 5/25/99 DB

1 of 5

Revised 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS

	the responsible official of the dry cleaning facility: heck appropriate boxes)		
1.	Storing perchloroethylene in tightly sealed and impervious containers?	של טא ט	N/A
2.	Examining the containers for leakage?	9KY ON 01	N/A
3.	Closing and securing machine doors except during loading/unloading?	XY ON	
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON O	N/A
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	_ ^ □и Х (1	N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A. Has the responsible official of all new sources and existing large area sources:

(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?
- 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?



- Y ON ON/A
- / '~
- Y ON ON/A
- □Y **S**X
- YY ON ON/A
- XY ON

B.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y XW
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY N X N/A
	Is the temperature differential equal to or greater than 20° F?	□Y · (i)XIN/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? Is the perc concentration equal to or less than 100 ppm?	OY N MANA
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 XVI/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ANA

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

PART VI: LEAK DETECTION AND R	REPAIRS		
1. Does the responsible official conduct a	weekly (for small sources, b	i-weekly) leak detection a	nd repair
inspection?			XY □N
2. Has the facility maintained a leak log?			y XIN
3. Does the responsible official check the	following areas for leaks?		•
Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	Y ON ON/A
Door gaskets and seating	YY ON ON/A	Stills	N/A
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	XY ON ON/A
Pumps	YY ON ON/A	Diverter valves	MY ON ON/A
Solvent tanks and containers	Y ON TINIA	Cartridge filter housings	YY ON ON/A
Water separators	XY ON ON/A		
4. Which method of detection is used by the	ne responsible official?		\
Visual examination (condensed so	olvent on exterior surfaces)		X
Physical detection (airflow felt thr	ough gaskets)	,	√ □
Odor (noticeable perc odor)			
Use of direct-reading instrumental	tion (FID/PID/calorimetric t	ubes)	
Halogen leak detector			ф
If using direct-reading instru	ımentation, is the equipme	ent:	DIN/A
a. Capable of detecting p	perc vapor concentrations in	a range of 0-500 ppm?	GY ON
b. Calibrated against a st (PID/FID only)?	andard gas prior to and after	r each use	□Y □N
c. Inspected for leaks an	d obvious signs of wear on a	weekly basis?	□Y □N
d. Kept in a clean and se	cure area when not in use?		OYON
e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	□Y □N

KRISTAL YIPON	05/19/99.
Inspector's Name (Please Print)	Date of Inspection
Knistal Tipon	05/2000
Inspector's Signature	Approximate Date of Next Inspection

Gave. Mr. Lazaro Luis, the responsible Official, a D.E.P. Calendar and explained record keeping and log beeping requirements. , airs id#: <u>025 0893</u>

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Stop Cleaners DATE: 05/19/99
FACILITY NAME: Ohe Stop Cleaners DATE: 05/19/99 FACILITY LOCATION: 840 S.W. 8tt St., MAMIFL 33130.
•
·
Annual Reporting Period: 5 19 90 TO 05 19 19 99
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:
Log keeping and recording not in compliance Exact period of non-compliance: from 08/04/98 to 05/19/99
Exact period of non-compliance: from $08/04/98$ to $05/9/99$
Action(s) taken to achieve compliance: Make log and records available
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 perchloroethylene solvent, based
upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.
1/19/99
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.

Page _____ of _____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 110pm TIME OUT: 150p	m AIRS ID#: 250893
TYPE OF FACILITY: PERC DRYCLE	an Er
FACILITY NAME: ONE STOP CLEA	NERS. DATE: 05/19/99
FACILITY LOCATION: 840 5.W. 8th S	t., Miami FC 33130,
RESPONSIBLE OFFICIAL: Lazaro Le	PHONE NUMBER: (305) 856-6573
Based on the results of the compliance requirements evalua	ated during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evalua	ated during this inspection, the following compliance
discrepancies were noted:	TOULOW VID A CTYON DECOMPOR
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
LOGIRECORDS NOT AUGILABLE	MAKE LOG / RECORDS
AUAILABLE	HUATLABLE AT ALL TIMES WITHIN 5 YEAR PERIOD
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
	·
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO NO
DATE OF NEXT INSPECTION: Wk of 05/28/99	<u> </u>
	proximate)
INSPECTION CONDUCTED BY: K-RISTAL Y	PON
INSPECTOR'S SIGNATURE: Kurtal Jup	PHONE NUMBER 305 372-6942
	
Page V	of I . Revised 10/96



ENVIRONMENTAL RESOURCES MANAGEMENT AIR QUALITY MANAGEMENT DIVISION 33 S.W. 2nd AVENUE SUITE 900 MIAMI, FLORIDA 33130-1540 (305) 372-6925

December 14, 1999

CERTIFIED MAIL#:P-169-148-747
Mrs. Roselia Luis, President of Company
Soap & Water Inc, D/B/A One Stop Cleaners
840 S. W. 8 Street.
Miami, Fl. 33130

RE.: Soap & Water Inc., D/B/A One Stop Cleaners located at, near, or in the vicinity of 840 S.W. 8 St., Miami-Dade County, Fl. 33130 (Folio # 1-01-4138-016-0020). Air Operating Permit: ARMS #: 0250893

Dear Mrs. Luis:

NOTICE OF VIOLATION AND ORDERS FOR CORRECTIVE ACTION

On February 27, 1999, the State of Florida Department of Environmental Protection (DEP) notified you that your Title V Air General Permit would expire on March 1, 1999. Renewal of said permit is required by Rule 62-213.205 Florida Administrative Code (F.A.C.). A review of the DEP records revealed that you have failed to comply with said notifications and that you are currently operating the above referenced facility without the required permit and in violation of F.A.C. Rules.

Be advised that the above also constitutes a violation of Miami-Dade County Environmental Protection Ordinance, (MDCEPO) to wit:

Section 24-54 (3) and (4) of the aforementioned ordinance, inasmuch as all rules and regulations promulgated by the State DEP are hereby adopted... any person who commits a violation of any rules adopted by this section shall be deemed guilty of committing a violation of this Chapter...

Therefore, based on the above and pursuant to the authority granted to me under Chapter 24, MDCEPO, I am hereby ordering you to within (15) fifteen days of receipt of this NOTICE, submit to the State DEP the annual Title V Air General Permit fee including the assessed 50% penalty for a total fee of \$75.00 for the calendar year 1998.

70st offici bal 3070 Tallahasser pl 32315-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	G COM	PLAINT/DISCOVE	R.Y.
•	RE-INSPECTION			m
	·		Bur (
AIRS ID#: 0250893	DATE: 3/13/00	TIME IN:2	Bur Bur Air Air Air	JT: 17248
FACILITY NAME:	One Stop (Cleaners	E SI A	
FACILITY LOCATION:	840 50	8 31.	Monitoring Sources	S M
	Man,	F-L		
RESPONSIBLE OFFICIAL:	Roselia Luis	PHON	NE: (305) 8:	20- 6213
CONTACT NAME:	Laro Cui	РНОМ	NE:	
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·			
(check appropriate box)		•		,
1. New facility notified DARM	1 30 days prior to startup			
2. Facility failed to notify DAF	KM to use general permit			
PART II: CLASSIFICATION	N			
			· · · · · · · · · · · · · · · · · ·	
T. 114 . 1 . 31 . 4 . 3	:	O Ma		
Facility indicated on notificat (check appropriate box)	ion form that it is:		notification form	ess/petroleum
Facility indicated on notificat (check appropriate box) A.			op store/out of busine	ess/petroleum
(check appropriate box) A. 1. Existing small area sour	rce 🗀 2. }	□ Dro new small area sou:	op store/out of busine	ess/petroleum
(check appropriate box)A.1. Existing small area sour dry-to-dry only, x < 140 gal	rce 🛭 2. i /yr dry-	□ Drovew small area sout to-dry only, x < 140	op store/out of busine rce	ess/petroleum
(check appropriate box) A. 1. Existing small area sour	rce 🛭 2. i /yr dry- tran:	□ Dro new small area sou:	op store/out of busine rce gal/yr al/yr	ess/petroleum
(check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr	rce	wew small area sout to-dry only, $x < 140$ sfer only, $x < 200$ ga	op store/out of busine rce Sal/yr al/yr yr	ess/petroleum
(check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr	rce	wew small area sout to-dry only, $x < 140$ sfer only, $x < 200$ ga types, $x < 140$ gal/	op store/out of busine rce) gal/yr al/yr yr 12/9/91) rce : \(\le 2,100 \) gal/yr 1,800 \) gal/yr 800 \(\ga \) gal/yr	ess/petroleum
 (check appropriate box) A. 1. Existing small area sourdry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 	rce	wew small area sounto-dry only, $x < 140$ gal/structed on or after to-dry only, $140 \le x$ fer only, $140 \le x$ fer only, $140 \le x$ fer only, $140 \le x \le 1$ types, $140 \le x \le 1$ types, $140 \le x \le 1$ estructed on or after	op store/out of busine rce) gal/yr al/yr yr 12/9/91) rce : \(\le 2,100 \) gal/yr 1,800 \) gal/yr 800 \(\ga \) gal/yr	ess/petroleum
 (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility confidence of the facility of the fac	rce	wew small area sounto-dry only, $x < 140$ sfer only, $x < 200$ gas types, $x < 140$ gal/structed on or after New large area sounto-dry only, $140 \le x$ sfer only, $200 \le x \le 1$, structed on or after $\square N$ \square Can opermit as number \square	op store/out of busine rce 0 gal/yr al/yr yr 12/9/91) rce 1 \$\leq 2,100 gal/yr 1,800 gal/yr 800 gal/yr 12/9/91) not determineabove	ess/petroleum
 (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility confidence of the facility of the fac	rce 2. i /yr dry- trans both (con rce 4. N ,100 gal/yr dry- 20 gal/yr trans gal/yr both (con lassification appropriate classification: ity qualified for a general p ity exceeds above limits an	vew small area sour to-dry only, $x < 140$ sfer only, $x < 200$ ga types, $x < 140$ gal/sistructed on or after New large area sour to-dry only, $140 \le x$ sfer only, $200 \le x \le 1$ types, $140 \le x \le 1$, estructed on or after	op store/out of busine rce 0 gal/yr al/yr yr 12/9/91) rce 1 \$\leq 2,100 gal/yr 1,800 gal/yr 800 gal/yr 12/9/91) not determine above a general permit	
 (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr ansfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91) 	rce 2. i /yr dry- trans both (con rce 4. N ,100 gal/yr dry- 20 gal/yr trans gal/yr both (con lassification appropriate classification: ity qualified for a general p ity exceeds above limits an	vew small area sour to-dry only, $x < 140$ sfer only, $x < 200$ ga types, $x < 140$ gal/sistructed on or after New large area sour to-dry only, $140 \le x$ sfer only, $200 \le x \le 1$ types, $140 \le x \le 1$, estructed on or after	op store/out of busine rce 0 gal/yr al/yr yr 12/9/91) rce 1 \$\leq 2,100 gal/yr 1,800 gal/yr 800 gal/yr 12/9/91) not determine above a general permit	

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?	ΟY	Ωи	MN/A
2. Examining the containers for leakage?		DИ.	ETN/A
3. Closing and securing machine doors except during loading/unloading?	ØY (□и	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	- □Y (ВΝ	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y (ДИ	Ø4N/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 refrige (complete A below).	erated c	onde	nser
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 refrige (complete A and B below).	erated co	ondei	nser
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?	ŒY C	NE	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	D Y C	ו אכ	⊃N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	œfy C	ן אב	⊐N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□y ¢	M	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?		ו אכ	⊉ KI/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□Y Œ	48	

2 of 5

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В.	Has the responsible official of an existing large or new large area source also:			
١.	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?	ΠY	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	Ωи	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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,	Ωv		
	if machines are equipped with a carbon adsorber?	ЦY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠŸ	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?	ΠY	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	ΠИ	□n/a

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY. □N
2. Maintained rolling monthly total of perc consumption?	KANG Y⊡
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON 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 BY
4. Maintained calibration data? (for applicable direct reading instruments)	oy on om i/a
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DÁN/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	OY ON EN/A
8. Maintained compliance plan, if applicable?	OY ON DAVA

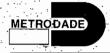
PART VI: LEAK DETECTION AND R	EPAIRS		
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
inspection?			ØY □N
2. Has the facility maintained a leak log?			DY @N
3. Does the responsible official check the f	following areas for leaks	?	
Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	OY ON PAN/A
Door gaskets and seating	ØY □N □N/A	Stills	ØY DN DN/A
Filter gaskets and seating	20Y ON ON/A	Exhaust dampers	ØY ON ON/A
Pumps	MY ON ONA	Diverter valves	DY ON ON/A
Solvent tanks and containers	A/MU NO AE	Cartridge filter housings	ØY □N □N/A
Water separators	ĐY □N □N/A		
4. Which method of detection is used by th	e responsible official?		
Visual examination (condensed so	lvent on exterior surface	5)	Ź
Physical detection (airflow felt thr	ough gaskets)	,	9
Odor (noticeable perc odor)			Ø
Use of direct-reading instrumentat	ion (FID/PID/calorimetri	c tubes)	ū.
Halogen leak detector			
If using direct-reading instru	mentation, is the equip	ment:	□N/A
a. Capable of detecting p	erc vapor concentrations	in a range of 0-500 ppm?	OY ON
b. Calibrated against a st (PID/FID only)?	andard gas prior to and a	fter each use	חם אם
c. Inspected for leaks and	d obvious signs of wear o	n a weekly basis?	OY ON
d. Kept in a clean and sec	cure area when not in use	· ·	OY ON
e. Verified for accuracy l	by use of duplicate samp	es (calorimetric only)?	OY ON
Ivan Farmin	·	3/13/00	
Inspector's Name (Please Print		Date of Inspection	

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: NOV - recordKeeping violations no temp. log loak log rolling by of perc Provided calledon & Explained adender to contact (barano Nov - perc recepts 8100

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔼	СОМ	PLAINT/DIS	SCOVERY _	RE-INSPE	CTION
TIME IN: 205	TIME OUT:	21	15	AIRS ID#:	025089	3
TYPE OF FACILITY:	Perc Dr	7 C	lagne	<u>. </u>		
FACILITY NAME:	One Stop	C	1 sans	<i>r</i> :	DATE:3	115/00
FACILITY LOCATION:	. 1	ン	7 34			<u> </u>
: -	Miani	i i	-7			· · · · · · · · · · · · · · · · · · ·
RESPONSIBLE OFFICIAL:	Ruselia			PHONE NUMBE	R:	
compliance with DEP R	the compliance requirement Rule 62-213.300, Florida A	dministra	tive Code (F	.A.C.).		
discrepancies were note			_	•		
COMPLIANCE REQU		LEM			TION REQUI	RED
Not maintaining temp tog, volli	leak hof,	İ	Bega	mamfai	ing	
temp tog, volling	1 pol of bere		reco	-~d5	•	
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•	· .				• • •	
•			-	· .	*	
COMMENTS:	· · · · · · · · · · · · · · · · · · ·		<u> </u>	 	<u> </u>	·
•				•		
	•					
					•	
The Annual Compliance Certific		erly certifi	ed and subm	itted to the inspect	or. YES	NO 2
DATE OF NEXT INSPECTIO	N: 'Z	los				_
	- · ·	<u> </u>	proximate)			
INSPECTION CONDUCTED	BY: Ica	m d	Tanni			
			ease Print)	DUONE NICE	n. 7 = 50	2 (0==
INSPECTOR'S SIGNATURE:	the for		l	PHONE NUMBE	R: <u>305- 37</u>	1- 1-23
	_	Page	of			Revised 10/0



24=



NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

TO: Lazaro Lin	
	& st. Mian, FL
SOURCE/LOCATION: One Stop	Claanans
	the following violation(s) of al Protection Ordinance, and/or regulations of the Florida ed location by an official of this Department.
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with Stage II Vapor Recovery	Non-compliance with CFC regulations OTHER
Specifically: Not in compliance	Must begin maintaining look olling log of pere purchases.
Lecordilication Requirements.	Must begin maintaining lack
In view of the above, and pursuant to the authorized Metropolitan Dade County Environmental Protection	only granted to me by Sections 24-54 and 24-5(15)a,
Immediately upon receipt of this N Cease and Desist the above-refer	NOTICE, initiate corrective measures to eliminate and/or enced violation(s).
you have taken to ensure that n	is NOTICE, submit to this office in writing the steps which to further violations will occur. Said report may include justments, or servicing performed to correct the violation.
	nis NOTICE, contact the Air Section of this Department at
□ Within days of receipt of the discuss other Departmental permit	nis NOTICE, contact Plan Review Section at 375-3330 to ting requirements.
Failure to comply with the above or continued open enforcement and penalty provisions of Sections 24	eration in violation of Chapter 24 shall subject you to the -55 and 24-56, Metropolitan Dade County Code.
For further information regarding the above, please	contact the Air Section of this office at 372-6925.
	Sincerely,
	John W. Renfrow, P.E. Director
Received by LAZARO LUIS.	By: Ivan Fannin
Title: May	Signature:
3/13/00	Section A. F.





NOTICE OF VIOLATION

ENVIRONMENTAL RESOURCES MANAGEMENT 33 S.W. 2nd AVENUE MIAMI, FLORIDA 33130-1540 (305) 372-6789

TO: [AZ Aran C	in the contract of the contrac
ADDRESS: 840 SW 834	Mian. FC
YOU ARE HEREBY NOTIFIED that on 3/	lason
YOU ARE HEREBY NOTIFIED that on	otection Ordinance, and/or regulations of the Florida
Operating without an Air Permit	Excessive Visible Emissions
Uncontrolled fugitive particulates	Improper handling/removal of asbestos
Non-compliance with Stage II Vapor Recovery	Non-compliance with CFC regulations OTHER
Specifically: Nat in complete	J. H. T. He V Pula 62-213.2006/
RecordKosping la sunaments. M. perc purchass for 5 years	and mandain receipts int
seic suchass for Tyen	maraum on Sit &.
In view of the above, and pursuant to the authority Metropolitan Dade County Environmental Protection Ord	granted to me by Sections 24-54 and 24-5(15)a,
Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	CE, initiate corrective measures to eliminate and/or diviolation(s).
you have taken to ensure that no fur	TICE, submit to this office in writing the steps which ther violations will occur. Said report may include ents, or servicing performed to correct the violation.
□ Within days of receipt of this NO 372-6925 to discuss air permit requirem	OTICE, contact the Air Section of this Department at
□ Within days of receipt of this No discuss other Departmental permitting r	OTICE, contact Plan Review Section at 375-3330 to requirements.
Failure to comply with the above or continued operation enforcement and penalty provisions of Sections 24-55 a	n in violation of Chapter 24 shall subject you to the nd 24-56, Metropolitan Dade County Code.
For further information regarding the above, please cont	act the Air Section of this office at 372-6925.
	Sincerely,
	John W. Renfrow, P.E. Director
Received by: LAZARO LUIS.	By: Iran Fannin
Title: MAN AGAN, J. L.	Signature:
Date: 3/13/ov.	Section: Ar FACILITZES

		-				
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T.	CVIN	-4.1	111	, ,,	<i>11</i> 70	

/AIRS ID#: 02508-53

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACILITY NAME: One Stop Cleaners DATE: 3/13/c	38-3
ACILITY LOCATION: 840 50 8 st.	<u>. </u>
Man, FC	
nnual Reporting Period: March 1999 TO March 19	200
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
NO, complete the following:	
1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated abov	re:
Not namtaming leak by or temp. log	
xact period of non-compliance: from March 99 to March 00	
ction(s) taken to achieve compliance: Bayın recul Kesping	
Sethod used to demonstrate compliance: FDFP calander	
2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above	œ:
Not maintaining volling log of pare purchases	
xact period of non-compliance: from March 99 to March	
ction(s) taken to achieve compliance: Baying read kanging	
Sethod used to demonstrate compliance: FNFP called	
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statement ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based pon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per transfer or combination facilities.	d
ESPONSIBLE OFFICIAL: OCCULA LUIS Youlea dun 3/13/08 Name (Please Print) Signature Date	<u>ン・</u>

^{*}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.

,	`z 510 P	EЭ	1,43
	US Postal Service Receipt for Cerl	ifie	d Mail
	ONE STOP CLEANEI ROSELIA LUIS 840 SW 8TH STREET MIAMI FL 33130		AIRS ID # 0250893
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
199	Return Receipt Showing to Whom & Date Delivered		
, April	Return Receipt Showing to Whom, Date, & Addressee's Address		
8	TOTAL Postage & Fees	\$	
PS Form 3800 , April 1995	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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 1? Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ONE STOP CLEANERS ROSELIA LUIS	
840 SW 8TH STREET MIAMI FL 33130	3. Service Type X Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
2 210 663 143	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	

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USPS Permit No. G-10

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

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION OF MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 SOURCE
	U.S. Postal S CERTIFIED (Domestic Mail Or	ervice MAIL RECE nly; No Insurance C	EIPT Coverage Provided)
773D			
4125	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
010	Total Postage & Fees ONE STOP CLE	ANERS	D # 0250893
7000	ROSELIA LUIS 840 SW 8TH ST MIAMI FL 3313	REET	€ for Instructions
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS	LETE 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 Agent Addressee
1. Article Addressed to: AIRS ID # 0250893 ONE STOP CLEANERS ROSELIA LUIS 840 SW 8TH STREET	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
MIAMI FL 33130	Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt , 102595-99-M-1789

| || || |

USPS Permit No. G-10

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

BUR. OF AIR MONITORING & MOBILE SOURCE DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

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· _	at line over top of envelope to	nia	
on une reverse source	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 spac permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered an delivered.	can return this e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to:	4a. Article No	umber .
Name of the last	SOAP & WATER INC ROSELIA LUIS 840 SW 8TH STREET MIAMI FL 33130	4b. Service 1 ☐ Registere ☐ Express N	d ☐ Certified defined defined insured descript for Merchandise ☐ COD
	5. Received By: (Print Name) 6. Signature: (Addressee of Agent)	8. Addressee and fee is	o's Address (Only if requested paid)

102595-97-B-0179

PS Form 3811, December 1994

Domestic Return Receipt

Permit No. G-10

 Print your name, address, and ZIP Code in this box ● Bureau of Air Monitoring & Mobile Sources

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

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Z 333 61	3 354
IS Postal Service Receipt for Cert	ified Mail
SOAP & WATER INC ROSELIA LUIS 840 SW 8TH STREET MIAMI FL 33130	AIRS ID 0250893
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	\$
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Is your <u>RETURN</u>	6. Signatule: (Addressee of Agent) PS Form 3811, December 1994	8. Addressee and fee is	s Addréss (Only if paid) Domestic Retu	

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USPS Permit No. G-10

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

RECEIVED

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD

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Bureau of Air MonitoFind AHASSEE, FLORIDA 32399-2400
& Mobile Sources

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Z 333 460 559 \sqrt{q}^{Q} US Postal Service
Receipt for Certified Mail

AIRS ID # 0250893

ONE STOP CLEANERS ROSELIA LUIS 840 SW 8TH STREET **MIAMI FL 33130**

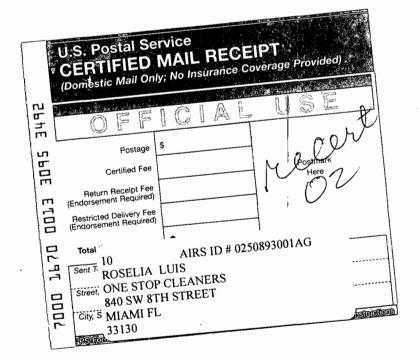
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Is your RETURN	5. Received By: (Print Name) 6. Stignature: (Addressee of Agent) X PS Form 3811, December 1994	and fee i	ee's Address (Only if requested is paid) Domestic Return Receipt	Thank

P 174 05	2 496
US Postal Service Receipt for Cer	tified Mail
ONE STOP CLEANERS ROSELIA LUIS 340 SW 8TH STREET MIAMI FL 33130	AIRS ID # 0250893
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	1
Return Receipt Showing to Whom & Date Delivered	:
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date	

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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. 1. Article Addressed to: 10 AIRS ID # 0250893001AG ROSELIA LUIS ONE STOP CLEANERS 840 SW 8TH STREET MIAMI FL 33130 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
2. Article Number (Transfer from service label) 7000 1,670 0	013 3095 3492
PS Form 3811, March 2001 Domestic Ret	



SENDER: c oj adolavna jo doj javo an	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 # 0250756 SI BON CLEANERS & TAILORING CORP MARIO SUAREZ	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature Agent Addresse D. Is delivery address different from item 1? Ses If YES, enter delivery address below:	
ARIO SDAREZ 83 SW 124ST IAMI FE 33156	3. Service Type Certified Mail	
2. Article Number (Copy from service label) 2. O 661 86 7		
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789	

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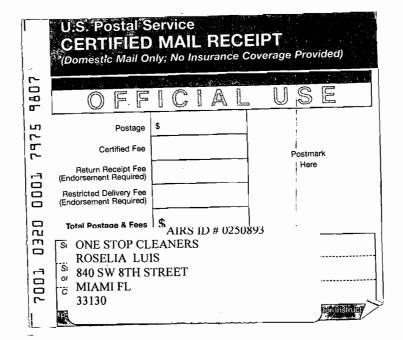
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AIRS ID # 0250893 ONE STOP CLEANERS ROSELIA LUIS	3. Service Type
840 SW 8TH STREET MIAMI FL 33130	Certified Mail
2 210 661 849	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Reti	urn Receipt 102595-99-M-1789

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AIRS ID # 0250893						
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800	TOTAL Postage & Fees	\$				
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MIAMI FL 33130	and the second	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
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PS Form 3811, July 1999	Domestic Retu	urn Receipt 102595-99-M-1789
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4 2 94		MAIL REC	EIPT Coverage Provided)					
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7000 0600	Reci, ONE STOP CLE ROSELIA LUIS Stree 840 SW 8TH ST MIAMI FL 331.	EANERS S FREET	0 # 0250893					
	PS Form 3800 February 2000 See Reverse for Instructions							

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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 X
AIRS ID # 0250893 ONE STOP CLEANERS ROSELIA LUIS 840 SW 8TH STREET MIAMI FL 33130	If YES, enter delivery address below: No
	3. Service Type Certified Mail
2. Article Number (Copy from service label) 1000 0600 0026 H120 PS Form 3811, July 1999 Domestic Return	4. Restricted Delivery? (Extra Fee) Yes PAQOH The Receipt 102595-99-M-1789

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137	Certified Fee		Postmark
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		AIRS ID # 025089	93
LI I	ONE STOP CLE		www.ttoph
5	R ROSELIA LUIS		y maller)
	840 SW 8TH ST	KEEI	
	Si MIAMI FL		
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ROSELIA LUIS	
∮840 SW 8TH STREET ∮MIAMI FL	3. Service Type ☐ Certified Mail ☐ Express Mail
33130	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
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	Restricted Delivery Fee (Endorsement Required)				
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7007	Street, Apt. No.; 840 SV or PO Box No. MIAM City, State, ZIP+ 33130	V 8TH STREET II FL	•		
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s your RETURN ADDRESS completed of	AIRS ID # 0250893 ONE STOP CLEANERS ROSELIA LUIS 840 SW 8TH STREET MIAMI FL 33130 5. Received By: (Print Name)	7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD elivery es Address (Only if requested paid)	you lot usilly neturn
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R	ONE STOP CLEANERS OSELIA LUIS 40 SW 8TH STREET IIAMI FL 33130	AIRS ID # 0250893
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
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rse 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.	I also wish to receive the following services (for an extra fee):			
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Address	see's Address	
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2 2	delivered.	a 1110 dail0	Consult postma	ster for fee. 🚊	
completed	3. Article Addressed to: AIRS ID # 0250893	4a Article Number 291			
Ě	ONE STOP CLEANERS	4b. Service		☐ Certified —	
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	MIAMI FL 33130	I*	Mail ☐ Insured ☐ secipt for Merchandise ☐ COD		
		7. Date of De	<u> </u>	<u> </u>	
A Z			,	<u>.</u>	
BETUR	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only paid)	if requested yugy	
ls your	6 (Signature! (Addressee 6/ Agent)				
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FOR PROPER HANDLING

407179 MAR15 2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250893

ONE STOP CLEANERS ROSELIA LUIS 840 SW 8TH STREET **MIAMI FL 33130**

FOR GOVERNMENT USE OF LY Org.: 37550101000 EO: A1 & Fund: 20-2-035001

Obj.: 002273

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.

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

Remove Label

AIRS ID# 0250892 MAY -5 98

Do NOT Remove Label

SOAF & WATER INC ROSELIA LUIS 840 SW 8TH STREET MIAMI FL 33130

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Оыј.: 002273



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: \$75.00

418163 AUG 72882

Do NOT Remove Label

AIRS ID # 0250893 ONE STOP CLEANERS ROSELIA LUIS 840 SW 8TH STREET MIAMI FL 33130

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Printed on recycled paper.