

Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 16, 1997

Mr. Mark Orlhac
176 Beach Laundry & Dry Cleaners
17612 Collins Avenue
North Miami Beach, Florida 33160

Re: Facility No.: 0250895

Dear Mr. Orlhac:

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

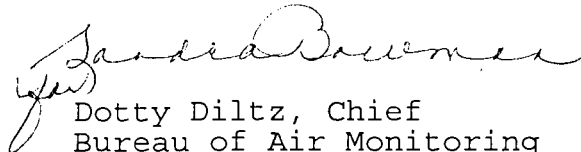
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Fl 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

Bowman, Sandy

From: Barros, Marcelo (DERM) [BarroM@miamidade.gov]
Sent: Tuesday, October 21, 2003 4:27 PM
To: Bowman, Sandy
Cc: Fernandez, Cynthia (DERM)
Subject: RE: ARMS Database

Hi Sandy:

Please be informed that Cynthia is attending training in Tampa and she will be out of the office until Thursday. I need to discuss some of the cases you mention with her before giving you an answer. After that, I will E-mail you the status of all the pending cases.

As far as I know, the following facilities which are part of your list, need to be inactivated from ARMS and ASGP:

1-	0250966	ARTCRAFT	PETROLEUM
2-	0250907	TONI'S LAUNDRY & CLEANER	OOB
3-	0250895	176 BEACH LAUNDRY	OOB

In addition, the following facilities also need to be inactivated from ARMS and ASGP:

1-	0250700	ONE HOUR VALENTONE	DROP-OFF
2-	0250752	CRANDON CLEANERS	PETROLEUM
3-	0250791	DRYCLEAN USA	DROP-OFF
4-	0250793	DRYCLEAN USA	DROP-OFF
5-	0251061	DRYCLEAN USA	PETROLEUM
6-	0251071	DRYCLEAN USA	OOB
7-	0251118	AMERICAN CHROMING	OOB
8-	0251131	MIAMI'S BEST CLEANERS	PETROLEUM

Thanks for your help.

Marcelo.

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

From: Bowman, Sandy [mailto:Sandy.Bowman@dep.state.fl.us]
Sent: Tuesday, October 21, 2003 11:08 AM
To: Barros, Marcelo (DERM)
Subject: RE: ARMS Database

Good Morning Marcelo!

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

I suspect some of these facilities are no longer in operation. However, if they are still operating of course they will need to submit another notification form. If not, then I will need to inactivate them. With this information, I am hoping to make the database as current to the information you have as possible.

10/22/2003

0250895

p16 add Permit #'s of permits
surrendered.

(DEP issued permits only)
Responsible official sign and
date for changes.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MONIK ENTERPRISES, INC.		
2. Site Name (For example, plant name or number):	176 BEACH LAUNDRY & DRY CLEANERS		
3. Hazardous Waste Generator Identification Number:	PLD 984 708587		
4. Facility Location:	17612 COLLINS AVE		
Street Address:			
City:	County:	Zip Code:	
N. MIAMI BEACH	DADE	33160	
5. Facility Identification Number (DEP Use):	0250895		

Responsible Official

6. Name and Title of Responsible Official:	MARK ORLHAC, OWNER		
7. Responsible Official Mailing Address:			
Organization/Firm:	SAME AS ABOVE		
Street Address:			
City:	County:	Zip Code:	
8. Responsible Official Telephone Number:			
Telephone:	305 932 - 3239		Fax: () -

Facility Contact (If different from Responsible Official)

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

RECEIVED

NOV 5 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>									
	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		Aug 26							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons

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

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

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

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

Equipment Monitoring and Recordkeeping Information

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

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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


Signature

X 9/17/97
Date

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: 176 BEACH LAUNDRY AND DRY CLEANERS DATE: 9-29-98
FACILITY LOCATION: 17612 COLLINS AVE. N. MIA. BCH. 33160

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

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

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: NO RECORDS OF PERC PURCHASES, AND LEAK INSPECTIONS KEPT ON SITE
Exact period of non-compliance: from SEPT. 97 to SEPT. 98
Action(s) taken to achieve compliance: RECORDS WILL BE KEPT AND MADE AVAILABLE FOR INSPECTION DURING BUSINESS HOURS.
Method used to demonstrate compliance:

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period-stated above:
Exact period of non-compliance: from to RECEIVED
Action(s) taken to achieve compliance: OCT 27 1998
Method used to demonstrate compliance: Bureau of Air Monitoring & Mobile Sources

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

RESPONSIBLE OFFICIAL: Marique Orllae Signature Date 9/28/98

*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.

all

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

AIRS ID 0250895

MONIK ENTERPRISES INC
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL 33160

Bureau of Air Monitoring
& Mobile Sources

RECEIVED
FEB 24 1998

Do NOT Remove Label

Annual Reporting Period: _____ 19 _____ TO DEC- 19 97

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

If NO, complete the following:

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

Exact period of non-compliance: from _____ to _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: ORLHAC Marc Ornlhac [Signature] 2.14.98
Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

OCT 28 1998

RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 250895 DATE: 9-29-98 TIME IN: 1145 TIME OUT: 1215
 FACILITY NAME: 176 BEACH LAUNDRY & DRY CLEANERS
 FACILITY LOCATION: 17612 COLLINS AVE.
N. MIA. BCH. 33160
 RESPONSIBLE OFFICIAL: MARK ORLHAC PHONE: 305-932-3239
 CONTACT NAME: MONIQUE ORLHAC PHONE: '

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

(check appropriate box)

No notification form

Drop store/out of business/petroleum

A.

- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
- 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)
- 5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

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

MB
ARMS
9/30/98

MB
9/30/98

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Muck cookers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Door gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Stills	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Filter gaskets and seating	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Exhaust dampers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pumps	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Diverter valves	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Solvent tanks and containers	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Cartridge filter housings	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water separators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
4. Which method of detection is used by the responsible official?

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

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

M. Enrique Flores
 Inspector's Signature

SEPT. 29 1998
 Date of Inspection

SEPT. 1999
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

* STATE'S INSPECTION CALENDAR ALONG WITH INSTRUCTIONS ON HOW TO PROPERLY FILL IT OUT WERE GIVEN TO MRS. ORLHAC. DERM'S POLLUTION PREVENTION FOR DRY CLEANERS BOOKLET WAS ALSO GIVEN TO MRS. ORLHAC.

✓ NO RECORDS OF ANY TYPE KEPT ON SITE. MRS. ORLHAC STATED THAT MR. ORLHAC - WHO WAS AT A DENTIST'S APPOINTMENT AT THE TIME OF THIS INSPECTION - IS THE ONE WHO HANDLES ALL RECORDS PERTAINING TO THEIR PERC MACHINE. SHE WAS ASKED TO HAVE ALL RECORDS AVAILABLE FOR INSPECTION DURING BUSINESS HOURS.

NOTE: MR. ORLHAC SHOWED UP ON SITE AS THE INSPECTION WAS ALMOST OVER. SAME INSTRUCTIONS (SEE ABOVE) WERE GIVEN TO HIM. MACHINE (DRY TO DRY) WAS REPAIRED ON 5-24-98 AND 6-11-98 TO REPLACE FAULTY VALVES (NO PERC LEAKS).

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1145 TIME OUT: 1215 AIRS ID#: 750895
 TYPE OF FACILITY: PERC DRY CLEANER
 FACILITY NAME: 176 BIRCH LAUNDRY AND DRY CLEANERS DATE: 9-29-98
 FACILITY LOCATION: N. WIA. BLDG. 33160
 176.12 COLLINS AVE.
 RESPONSIBLE OFFICIAL: MARK DALMAC PHONE NUMBER: 305-932-3239

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

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO RECORDS OF PERC PURCHASES, LEAK INSPECTIONS AVAILABLE FOR INSPECTION.	RECORDS WILL BE KEPT ON SITE AND MADE AVAILABLE FOR INSPECTION DURING BUSINESS HOURS.

COMMENTS: - OLD PERC MACHINE APPEARED TO BE IN GOOD OPERATING CONDITIONS.
 - SHOP IN GOOD HOUSEKEEPING ORDER.
 - OWNER'S WIFE ADVISED TO HAVE RECORDS AVAILABLE FOR INSPECTION AT ALL TIMES.

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

DATE OF NEXT INSPECTION: SEPT. 1999 (Approximate)

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

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED RECEIVED

JUN 25 1999

JUN 25 1999

TYPE OF INSPECTION: ANNUAL
RE-INSPECTION

COMPLAINT/DISBUREAU of Air Monitoring & Mobile Sources

Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 0250895 DATE: 6/15/99 TIME IN: 12¹² pm TIME OUT: 1³⁰ pm

FACILITY NAME: 176 Beach Laundry + Dry Cleaners

FACILITY LOCATION: 17612 Collins Ave.
W. Mia Beach 33160

RESPONSIBLE OFFICIAL: Mark O'Hara PHONE: 932-3239

CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:

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

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

Review
DG
6/17/99

ARMS
#A
6/15/99

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the temperature differential equal to or greater than 20° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Is the perc concentration equal to or less than 100 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Routed airflow to the carbon adsorber (if used) at all times? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

LEO SMART
Inspector's Name (Please Print)

6/15/99
Date of Inspection

[Signature]
Inspector's Signature

6/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

ISSUED FD 22 calendar

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12¹²pm TIME OUT: 1³⁰pm AIRS ID#: 0250895
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: 176 Beach Laundry + Dry Cleaner DATE: 6/15/99
 FACILITY LOCATION: 17612 Collins Ave.
 RESPONSIBLE OFFICIAL: Mark OrHag PHONE NUMBER: 932-3239

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No leak log	need leak log
No Monthly total Perc Consumption	need Monthly total of Perc Consumption
No receipt	need receipt

COMMENTS:

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

DATE OF NEXT INSPECTION: 6/2000
(Approximate)

INSPECTION CONDUCTED BY: LEO SMART
(Please Print)

INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6922

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

JUN 25 1999

FACILITY NAME: 176 Beach Laundry + Dry Cleaners Bureau of Air Quality Control & Mobile Sources DATE: 6/15/99

FACILITY LOCATION: 17612 Collins Ave.

Annual Reporting Period: June 1998 TO June 1999

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

If NO, complete the following:

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

NO leak fog + monthly total Perc consumption + receipt

Exact period of non-compliance: from June 98 to June 99

Action(s) taken to achieve compliance: Keep records

Method used to demonstrate compliance: FDEP Calendar

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: MARC ORCHAE Name (Please Print) [Signature] Signature 6/15/99 Date

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

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

[Handwritten signature]
RECEIVED
 MAR 21 2000
 Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250895 DATE: 3/31/00 TIME IN: 10:30 TIME OUT: 11:00
 FACILITY NAME: 176 Beach Laundry & Dry Cleaner
 FACILITY LOCATION: 17612 Collins Ave.
N. Miami Beach, FL
 RESPONSIBLE OFFICIAL: Mark Orhac PHONE: 305-932-3239
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 90 gallons.

[Handwritten signatures and initials]
 1 of 5
 7/24/00
 DFF

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

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

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

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

Ivan Fannin

Inspector's Name (Please Print)

3/30/00

Date of Inspection

Ivan Fannin

Inspector's Signature

3/01

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

No rolling log
leak log

Provided calendar

R.O. to fax perc receipts

Machine not in operation during
inspection

8/00

Recordkeeping underway - complying

6/00

Perc receipts received in mail.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1030 TIME OUT: 1100 AIRS ID#: 0250895
 TYPE OF FACILITY: Perc Dry Cleaner
 FACILITY NAME: 176 Beach Laundry + Dry Cleaner DATE: 3/30/00
 FACILITY LOCATION: 17612 Collins Ave
N. Miami Beach, FL
 RESPONSIBLE OFFICIAL: Mark Orhee PHONE NUMBER: 305-932-3239

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<i>Not maintaining rolling monthly total of perc consumption</i>	<i>Begin maintaining rolling log of perc purchases</i>
<i>Not maintaining leak log</i>	<i>Begin maintaining leak log on bi-weekly basis</i>
<i>Not maintaining receipts of perc purchases onsite</i>	<i>Begin maintaining receipts of perc purchases onsite for 5 year <small>minimum</small></i>

COMMENTS: P.O. to fax receipts for 1999 and 2000

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

DATE OF NEXT INSPECTION: 3/01
(Approximate)

INSPECTION CONDUCTED BY: Ivan Fannin
(Please Print)

INSPECTOR'S SIGNATURE: *Ivan Fannin* PHONE NUMBER: 305-372-6922

METROPOLITAN DADE COUNTY, FLORIDA



NOTICE OF VIOLATION

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

TO: Mark Orhac
ADDRESS: 17612 Collins Ave, N. Miami Beach, FL
SOURCE/LOCATION: 176 Beach Laundry + Dry Cleaners

YOU ARE HEREBY NOTIFIED that on 3/31/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced 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 with Title V General Air Permit Part II (6)(a)(1). Must maintain receipts for pers purchases onsite for minimum of 5 years.

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
Within 10 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation. FAX March 1999 and 2000 receipts
Within days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
Within days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

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 contact the Air Section of this office at 372-6925.

Sincerely,

John W. Renfrow, P.E.
Director

Received by: [Signature]
Title: [Signature]
Date: 3/31/00

By: Ivan Fannin
Signature: [Signature]
Section: Air Facilities

METROPOLITAN DADE COUNTY, FLORIDA



NOTICE OF VIOLATION

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

TO: Mark Ortlac
ADDRESS: 17612 Collins Ave, N. Miami Beach, FL
SOURCE/LOCATION: 17612 Beach Laundry + Dry Cleaners

YOU ARE HEREBY NOTIFIED that on 3/31/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced 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 with Title V General Air Permit Part II (6)(b) and (7)(a) Recordkeeping Requirements. Not maintaining rolling log of perc consumption and leak log.

In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15)a, Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within 30 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation.
- Within _____ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within _____ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

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 contact the Air Section of this office at 372-6925.

Sincerely,
John W. Renfrow, P.E.
Director

Received by: [Signature]
Title: AD
Date: 3/31/00

By: Ivan Fannin
Signature: [Signature]
Section: Air Facilities

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

FACILITY NAME: 176 Beach Laundry + Dry Cleaners DATE: 3/31/00
 FACILITY LOCATION: 17612 Collins Ave.
N. Miami, Beach FL

Annual Reporting Period: March 1999 TO March ~~1999~~ 2000

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

If NO, complete the following:

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

Not maintaining receipts of pure purchases and rolling log of consumption

Exact period of non-compliance: from March 99 to March 00

Action(s) taken to achieve compliance: Begin maintaining logs and receipts

Method used to demonstrate compliance: FDEP Calendar provided

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

Not maintaining leak log of inspectors

Exact period of non-compliance: from March 99 to March 00

Action(s) taken to achieve compliance: Begin maintaining leak log

Method used to demonstrate compliance: FDEP Calendar

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

RESPONSIBLE OFFICIAL: ORUAE [Signature] 8/31/00
 Name (Please Print) Signature Date

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



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

**Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070**



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02

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#0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL
33160

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

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

POSTAL CLASS

RETURN TO SENDER/UNABLE TO FORWARD



RETURN SERVICE REQUESTED

AIRS ID # 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL
33160

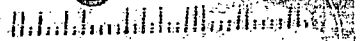
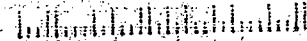
WAC

Bureau of Air Monitoring
& Mobile Sources

DEC 2 6 2001

RECEIVED

FL 113 33160
22399/2400



BEST AVAILABLE COPY

SENDER - COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 33160

2. Article Number:
 (Transfer from service label)

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____

Agent
 Addressee

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

3. Service type:

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

4. Restricted Delivery? (Extra Fee) Yes

102566-01-M-1424

00012870000570275364

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

7000 2070 0100 7027 5364

OFFICIAL USE

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

AIRS ID#0250895

Sent To: 176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
Street, Apt. No.: 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
City, State, Zip: 33160

Postmark Here

PS Form 3800, May 2000 See Reverse for Instructions

BEST AVAILABLE COPY

MS# 6510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

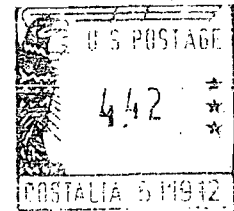
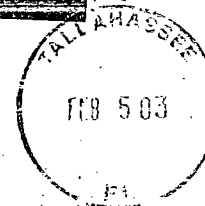
FEB 17 2003

Bureau of Air Monitoring
& Mobile Sources

CERTIFIED MAIL



7000 2870 0000 7027 5364

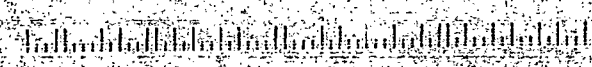


(305-932-3231)
Monique Dr. Has

REFUSED
 UNCLAIMED
 NO SUCH ADDRESSEE
 NO SUCH POSTAGE
 NEED APT. NO.
 INSUFFICIENT ADDRESS
 TWO ORDER EXPIRED
 ATTEMPTED NO DELIVERY
 RETURNED TO SENDER
 RETURNED LEFT NO FORWARD

AIRS-ID#0250895

176 BEACH LAUNDRY & DRY-CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 33160



LIBRARY OF CONGRESS PHOTODUPLICATION SERVICE

SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0250895
 176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

2. Article Number (Copy from service label):

7001 0320 0001 7975 9708

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent

Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

OFFICIAL USE

7001 0320 0001 7975 9708

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

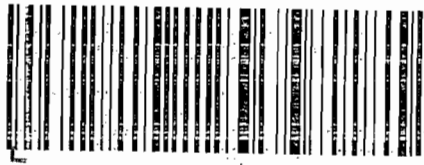
AIRS ID # 0250895
 176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 33160

U.S. POSTAL SERVICE

MS# 5510 MC Acct # 5521

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7975 9708



RETURNED TO SENDER
Reason for return:
Unrecoverable
Address
Insufficient
Postage
No such
Zip

AIRPS ID# 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLENS AVENUE
NORTH MIAMI BEACH FL 33160

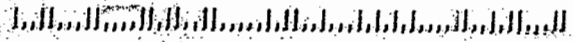
Handwritten: WNA 6068 4/5/02

Bureau of Air Monitoring
& Mobile Sources

AIR 8 2002

RECEIVED

33160-2823 68



MS#

5510

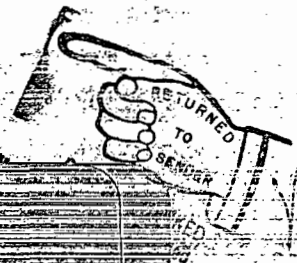
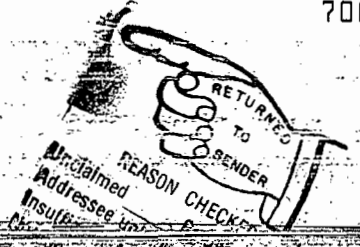
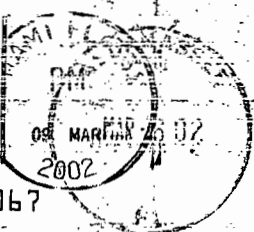
MC Acct #

9527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7976 2067



RECEIVED
MAR 29 2002
Bureau of Air Monitoring
& Mobile Sources

AIRS ID # 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
1762 COLLINS AVENUE
NORTH MIAMI BEACH FL
33160

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

OFFICIAL USE

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

Total Postage
AIRS ID # 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
1762 COLLINS AVENUE
NORTH MIAMI BEACH FL
33160

7001 0320 0001 7976 2067

SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID # 0250895
 176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 33160

2. Article Number (Copy from service label)

7000 05 20 0020 9373 0985

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-1789

RECIPIENT COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

7000 0520 0020 9373 0976

Postage	\$	Postmark Hours
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
AIRS ID # 0250895		
176 BEACH LAUNDRY & DRY CLEANERS		
Recipient	MARK ORLHAC	
Street, Apt	17612 COLLINS AVENUE	
	NORTH MIAMI BEACH FL	
City, State	33160	

PS Form 3800, February 2000

See Reverse for Instructions

MS# 6610 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7000 0520 0020 9373 0978

MAIL

RETURNED TO SENDER
REASON CHECKED
Unclaimed
Addressee unknown
Insufficient address
No such person
No street

AIR MAIL 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLETT AVENUE
NORTH MIAMI BEACH FL
33160

RECEIVED
FEB 25 2002
Bureau of Air Monitoring
& Mobile Sources

U.S. POSTAGE
394
POSTALIA 512720



SENDER COMPLETE THIS SECTION

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

1. Article Addressed to:

AIRS ID#0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 33160

2. Air Mail 7001 0320 0001 7976 4337

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

CERTIFIED MAIL RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

AIRS ID#0250895

Sent To

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 33160

Street, Apt. or PO Box

City, State

City, State

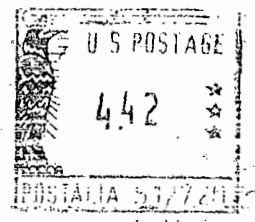
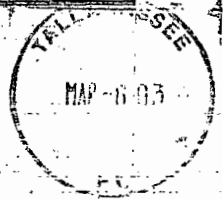
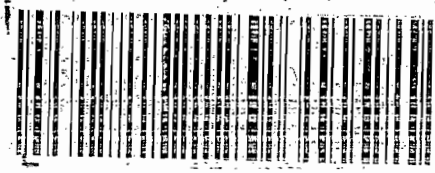
7001 0320 0001 7976 4337

Handwritten signature

MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

UPPER RETURN ADDRESS FOLD AT DOTTED LINE
CERTIFIED MAIL



7001 0320 0001

RETURN TO SENDER
 ATTEMPTED NOT KNOWN
 MOVED LEFT NO FORWARD
 REFUSED
 NO SUCH #
 DECEASED
 INSUFFICIENT
 UNCLAIMED
 NO SUCH ST
 NEED ART #

RETURN TO SENDER
 ATTEMPTED NOT KNOWN
 LEFT NO FORWARD
 REFUSED
 NO SUCH #
 DECEASED
 INSUFFICIENT ADDRESS
 UNCLAIMED
 NO SUCH ST
 NEED ART #
 FWD ORDER EXPIRED

AIRS ID#0250895
176 BEACH LAUNDRY & DRY-CLEANERS
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL
33160

RECEIVED
MAR 21 2003
Bureau of Air Monitoring
& Mobile Sources

SENDER: C

JOIN-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

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

1. Article Addressed to:

AIRS ID#0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 33160

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

4: Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

70001670 00133109 2190

PS Form 3811, July 1999

Domestic Return Receipt

#02595-99-M-1789

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

OFFICIAL USE

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

Postmark Here

AIRS ID#0250895

Sent: 176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 Street: 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL
 City: 33160

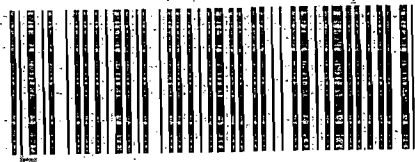
0612 601E E100 0700 7000 1670 0000

5510

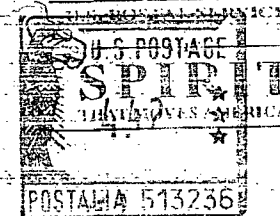
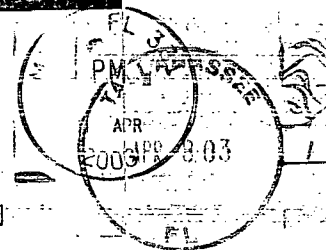
5521

CERTIFIED MAIL

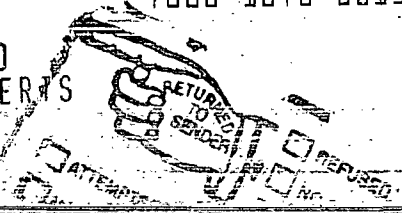
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



7000 1670 0013 3109 2190



BAMMS/BCO
JOEY ROBERTS
5510

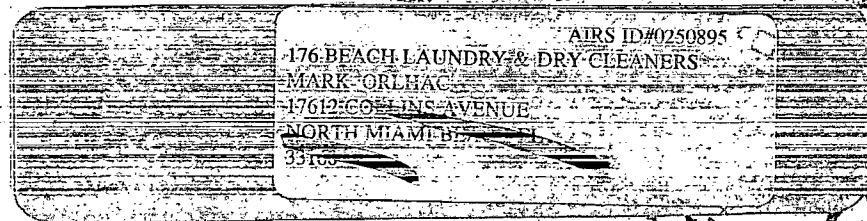


MJWA

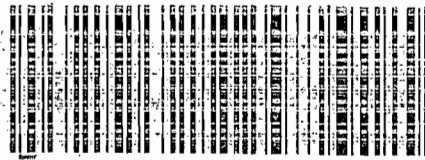
Bureau of Air Monitoring
& Mobile Sources

APR 15 2003

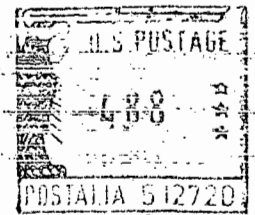
RECEIVED



STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 1670 0013 3095 3584



RETURN TO SENDER
 ATTEMPTED NOT KNOWN
 MOVED LEFT NO FORWARD
 REFUSED
 NO SUCH #
 DECEASED
 UNCLAIMED
 NO SUCH ST
 NEED APT #
 INSUFFICIENT ADDRESS
 PWD ORDER EXPIRED

10 - AFFAIRS ID # 0250895001AG
MARK ORSHAC
176 BEACH LACNDRY & DRY CLEANERS
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL
33160

RECEIVED

AUG 12 2002

Bureau of Air Monitoring
& Mobile Sources

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>	
<p>1. Article Addressed to:</p> <p>10 AIRS ID # 0250895001AG MARK ORLHAC 176 BEACH LAUNDRY & DRY CLEANERS 17612 COLLINS AVENUE NORTH MIAMI BEACH FL 33160</p>		<p>C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Transfer from service label) 7000 1670 0013 3095 3584</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, March 2001</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

OFFICIAL USE

Postage	\$	Postmark Here 02
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent # 10 AIRS ID # 0250895001AG
Street, MARK ORLHAC
176 BEACH LAUNDRY & DRY CLEANERS
City, 17612 COLLINS AVENUE
NORTH MIAMI BEACH FL
33160

7000 1670 0013 3095 3584

Z 333 660 578

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250895

176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL 33160

PS Form 3800, April 1995

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

Fold at line over top of envelope to

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL 33160

4a. Article Number

2333 660 578

4b. Service Type

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

7. Date of Delivery

13 99

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: COMPLETE **ON DELIVERY**

Fold at line over top of envelope to

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

1. Article Addressed to:

AIRS ID # 0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

A. Received by (Please Print Clearly) _____

B. Date of Delivery 3/2/02

C. Signature Mark Orhac Agent Addressee

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Z 210 661 851

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 210 661 851

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided

AIRS ID # 0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

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

PS Form 3800, April 1995

SENDER:

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

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

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

3. Article Addressed to:
 AIRS ID 0250895
 MONIK ENTERPRISES INC
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

4a. Article Number
 2 333 613 356

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 2-14

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

.Z 333 613 356

US Postal Service
Receipt for Certified Mail

AIRS ID 0250895

MONIK ENTERPRISES INC
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

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

PS Form 3800 April 1995

Fold at line over top of envelope

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: right;">AIRS ID # 0250895</p> <p>176 BEACH LAUNDRY & DRY CLEANERS MARK ORLHAC 17612 COLLINS AVENUE NORTH MIAMI BEACH FL 33160</p>	<p>4a. Article Number P 174 052 020</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery 4/27/99</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p><i>[Handwritten Signature]</i></p>	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 Domestic Return Receipt

P 174 052 020

1999

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.

AIRS ID # 0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

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

PS Form 3800, April 1995

Fold at line over top of envelope to

SENDER: COMPLETE **INFORMATION 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:

AIRS ID # 0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

A. Received by (Please Print Clearly) B. Date of Delivery
7/14/99

C. Signature Agent
 Addressee
Mark Orhac

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
 P 174 052 697

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

P 174 052 697

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250895

176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

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

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

303105

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM
FEB 20 98

Do **NOT** Remove Label

AIRS ID 0250895
MONIK ENTERPRISES INC
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL 33160

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

0393333

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 # 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL 33160

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

RECEIVED
MAIL ROOM
MAR - 8 00



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

400097

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 # 0250895
 176 BEACH LAUNDRY & DRY CLEANERS
 MARK ORLHAC
 17612 COLLINS AVENUE
 NORTH MIAMI BEACH FL 33160

Bureau of Air Monitoring
& Mobile Sources

DEC 20 2000

RECEIVED

DEC 18 2000

RECEIVED
MAIL ROOM

FOR GOVERNMENT USE ONLY
 Org.: 37550101000 EO: 12812
 Fund: 10-2-035001
 Obj.: 002273

12-16-00 pd

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

03.64982 ✓

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 # 0250895
176 BEACH LAUNDRY & DRY CLEANERS
MARK ORLHAC
17612 COLLINS AVENUE
NORTH MIAMI BEACH FL 33160

RECEIVED
MAIL ROOM
MAR 2 1999
FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: R1
Fund: 20-2-035001
Obj.: 002273