

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 24, 1997

Mr. Louis R. Romero Coral Way Cleaners 360 Sevilla Avenue Coral Gables, Florida 33134

Facility No.: 0250896

Dear Mr. Romero:

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 $\mbox{\tt V}$ 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,

Ďotty 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"

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	FORMARIA CARP
2.	FONMAGY CORP. Site Name (For example, plant name or number):
	•
3.	CORAL WAY CLEANERS Hazardous Waste Generator Identification Number:
٥.	•
	FLD 010 435 691
4.	Facility Location: Street Address:
	City: County: DADE Zip Code:
WE WE	360 Devilla AVE CORAL GABILL 33134
,: 	Street Address: City: 360 Seulla Ave Coral Gable 33134 Facility Identification Number (DEP Use):
	Responsible Official
	Acsponsible Official
6.	Name and Title of Responsible Official:
	Louis R. Romero, OWNER
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: Zin Code:
	SAME AS ABOVE
8.	Responsible Official Telephone Number: Telephone: (305) 446-1345 Fax: (305) 443-1865
	rax. (909) 7 15- 1863
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	`
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
-	

RECEIVED

NOV 5, 1997

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		1 1			•				
(1) w/ ref. condenser		18/8/95	8/8/95		5/8/8/	5/8/86			
(2) w/ carbon adsorber		1 1	,		1	· · · · · · · · · · · · · · · · · · ·			
(3) w/ no controls	_		,						
Washer Unit					•	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit								•	
(7) w/ ref. condenser						T			
(8) w/ carbon adsorber									
(9) w/ no controls									† ·
Reclaimer Unit							I	l	
(10) w/ ref. condenser.				T					
(11) w/carbon adsorber	_								
(12) w/ no controls	_						 	1	
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices	are r quant gallo	equired to be ity of perchlons	installed [_	(perc)	_].	n the latest 1	2 mo	nths?	
(b) If less than 12 mont Check why it is less					_] New store	e: [] Did	not l	keep records:	
3. What is the facility's so (Indicate with an "X".					initions foun	d in section ((3) of	Part II?	
Existing small ar	ea so	ource []	N	ew si	nall area sou	rce X]		
Existing large area source [] New large area source []									

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

4. What control technology is required on machines (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 [X]	
New large area source Refrigerated condenser	3
to Rule 62-213.300, F.A.C. Verify that all steam and	inits shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
exemption criteria or that no such units exist on-site:	
	have a total heat input of 10 million BTU/hr or less (298 atural 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	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	Ĺ X
(b) Leak detection inspection and repair	ι Χ υ
(c) Refrigerated condenser temperature monitoring	X
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	L X
(f) Start-up, shutdown, malfunction plan	ι <u>Χ</u>

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

Surrender of Existing Air Permit(s)

Please indicat	te 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)
χ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. It is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	in R. Pornew 9-12-97

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

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM ϖ

FONMAGY CORA LOUIS R ROMERO 360 SEVILLA AVENUE CORAL SPRINGS FL 33134 Bureau of Air Monitoring

Mobile Sources

AIRS ID#0250896

Do NOT Remove Label

	Do <u>NOT</u> Re	move Label		
Annual Reporting Period:	19	то		19
Based on each term or condition of the Title V g 62-213.300, Florida Administrative Code (F.A.C		-	<u> </u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that	t has not been in continu	uous compliance du	ring the reporting per	riod stated above:
Exact period of non-compliance: from		to		. country
Action(s) taken to achieve compliance:		·	· !	
Method used to demonstrate compliance:		· .		ROCIM
#2. Term or condition of the general permit that	has not been in continu	uous compliance du	ring the reporting per	riod 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 notification are true, accurate and complete. Furth does not exceed 2,100 gallons per year for dry-to dry	er, my annual consumpti	on of perchloroethyle	ene solvent, based upor	n purchase receipts,
RESPONSIBLE OFFICIAL: LOUIS &	Romees	Lausk	2. Romero	1-26-98
Name (I	Please Print)	Sig	nature	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 CLEANER CEIVED

TITLE V GENERAL PERMIT. COMPLIANCE INSPECTION CHECKLIST

OCT 2 7 1998

TYPE () F 1	NSPE	CTION:
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ANNUAL.

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COMPLAINTID Bureautof Air Monitoring & Mobile Sources

RE-INSPECTION

Co.0.44 1:001/ 01-00	8 TIME IN: 1430 TIME OUT: 1500	
FACILITY NAME: CORAL WAY CHAN		—
FACILITY LOCATION: 360 SEVILLA	AVE.	
CORAL GABLES.	33134	
RESPONSIBLE OFFICIAL : LUIS ROMERO	PHONE: <u>305 - 446 - 1345</u>	
CONTACT NAME:	PHONE: 4	
]
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to star	rtup	ı
2. Facility failed to notify DARM to use general per	nnit C	ם נ
PART II: CLASSIFICATION		
Facility indicated on notification form that it is:	☐ No notification form	
(check appropriate box)	☐ No notification form ☐ Drop store/out of business/petrole	นทา
(check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petrole 2. New small area source	นทา
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr	นทา
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petrole 2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	um
(check appropriate box) A. 1. Existing small area source □ dry-to-dry only, x < 140 gal/yr	Drop store/out of business/petrole 2. New small area source dry-to-dry only, x < 140 gal/yr	นกา
(check appropriate box) 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)	Drop store/out of business/petrole 2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$	นกา
(check appropriate box) 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petrole 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	um
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(check appropriate box) 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a g	□ Drop store/out of business/petrole 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ ication: ceneral permit as number above	um
(check appropriate box) 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a g	Drop store/out of business/petrole 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) 4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91) TY $\square N$ \square Can not determine	um

PART III: GENERAL CONTROL REQUIREMENTS	
ts the responsible official of the dry cleaning facility: (check appropriate boxes)	
Storing perchloroethylene in tightly scaled and impervious containers?	DY ON DNA
2. Examining the containers for leakage?	DY DN CN/A
3. Closing and securing machine doors except during loading/unloading?	dy 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?	OY ON ONA
PART IV: PROCESS VENT CONTROLS	-4-3-2
In Part II-A:	
If classification I has been checked, no controls are required. Proceed to Part V	<i>'</i> .
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber maprior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	dy 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?	dy on onia
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	dy ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON WNIA
6. Conducted all temperature monitoring after an appropriate cooldown period and after	מא רוא

Has the responsible official of an existing large or new large area source also:			
	ÜΥ	ΩN	
·	ΟY	ΩΝ	
Is the temperature differential equal to or greater than 20° F?	\Box Y	Ωи	□N/A
Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	On/a
Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	∇N
Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ОN	□N/∧
Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/∧
Routed airflow to the carbon adsorber (if used) at all times?	□Y	ПN	□N/A
	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? 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	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? Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? 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? 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? Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?

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PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	/
1. Maintained receipts for perc purchased?	MO Y DN
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 DN WN/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 QNIV
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØNIA
5. Maintained exhaust duct monitoring data on pere concentrations?	DY DN DNIA
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON ONIA
Problem corrected?	ON ON QNIV
8. Maintained compliance plan, if applicable?	OY ON ONIA

PART VI: LEAK DETECTION AND RE	EPAIRS .			
1. Does the responsible official conduct a w	eekly (for small sources	, bi-weckly) leak detection an	id repair	
inspection?			My ON	
2. Has the facility maintained a leak log?			RAY ON	
3. Does the responsible official check the fo	ollowing areas for leaks?			
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	Y ON ONA	
Door gaskets and scating	CY ON ON/A	Stills	QA ON ONVY	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	QY ON ON/A	
Pumps	Y ON ON/A	Diverter valves	QA ON ONIV	
Solvent tanks and containers	dy on onia	Cartridge filter housings	GY ON ONIA	
Water separators	DY ON ON/A			
4. Which method of detection is used by the	ne responsible official?		/	
Visual examination (condensed so	olvent on exterior surface	es)	Ø	
Physical detection (airflow felt th	rough gaskets)		\mathbf{g}_{j}	
Odor (noticeable perc odor)			d	
Use of direct-reading instrumenta	tion (FID/PID/calorimet	ric tubes)	0	
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:				
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	OY ON	
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	DY ON	
d. Kept in a clean and s	secure area when not in t	se?	אם אם	
e. Verified for accuracy	y by use of duplicate san	ples (calorimetric only)?	OY ON	
	•			
	e de sent amendo des cos es seguindos disponentes montes por en el recepción de indicación de consecuentes de Recepción por eficia esta españa en el caración de cinical el defenda en mel el destructivo de del presidentes			
	,		. 204	
M. ENRIQUE FLORES		SEPF. 30	, 1998	
Inspector's Name (Please Pr	iiit)	Date of Inspection		
Manigus Flores		OCT.	1999	
Inspector's Signature	तिकार के प्रवास की विभाग किया किया कि व्यक्ति के व्यक्ति के विभाग किया कि विभाग किया किया किया किया कि विभाग क	Approximate Date of		

ADDI	TIONA	L SITE INFORMATION
	COOD	DECODA VERDINA

- TWO PERC MACHINES ON SITE. ONLY ONE IS IN OPERATION, THE OTHER HAS BEEN SHUT DOWN FOR A YEAR, AND HAS NO PERC IN IT.

BEST AVAILABLE COPY

cype of inspection:	VNNNVL \(\bigcirc \) COI	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1430	TIME OUT: 1500	AIRS 1011: 25(196
TYPE OF FACILITY: <u>) DO</u>	DRY CLEANTR		
ACILITY NAME: <u> </u>	LWAY CITANERS		_OATE: 9-30-98
	O SEVILLA AVE.		
	RAL GABLES, 33134		
RESPONSIBLE OFFICIAL:_		PHONE NUMBER	: 305, 446-1345
Based on the results of compliance with DEI	of the compliance requirements eval P Rule 62-213.300, Florida Adminis of the compliance requirements eval	strative Code (F.A.C.).	,
·	QUIREMENTAROBLEM	FOLLOW-UP ACT	ION REQUIRED
	· · · · · · · · · · · · · · · · · · ·		
			,
			
. GOOD RE	NT FN GUDD WORKING OR CORDKEEPING KEPT.	DIR.	
The Annual Compliance Cer	rtification form has been properly co		etor. YES NO
DATE OF NEXT INSPEC	*****	017 1999	
NSPECTION CONDUCT	ED BY: M. EN	(Approximate) RIVUE FLORES (Please Print)	
NSPECTOR'S SIGNATU	IRE: Manguiffores	вили энона	ER: 305-372-6925
	Pag	c of	Revised 10

AIRS 110#: 250896

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: COL	RAL WAY CLEANE	ERS			DAT	16: 9-30-98
FACILITY LOCATION:	360 SEVILLA	AVE.				
	CORAL GABLES					
Annual Reporting Period:	SEPT.	'97	19	то	SEPT ' 98	19
Based on each term or cond 62-213.300, Florida Admin	ition of the Title V go istrative Code (F.A.C	eneral air permit .), during the po	, my facilit	y has rema ed by this st	ined in compliance with atement. WYES	DEP Rulc
If NO, complete the following	ng:					
#1. Term or condition of the	ne general permit that		continuous	complianc	æduring the reporting p	eriod stated above:
Exact period of non-compli	iance: from				0	
Action(s) taken to achieve	compliance:					
Method used to demonstrate	te compliance:					
#2. Term or condition of t	he general permit tha	t has not been in	n continuor	s complian	ce during the reporting	period-stated above:
Exact period of non-comple	liance: from			t	RECE	IVED
Action(s) taken to achieve	compliance;				OCT 2	7 1998
Method used to demonstra	ite compliance:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Bureau of Ai & Mobile	r Monitoring
					(· · · · · · · · · · · · · · · · · · ·
As the responsible official made in this notification of upon rolling averages of year for transfer or combined.	are true, accurate and purchase receipts, do ination facilities.	l complete. Fur es not exceed 2,	ther, my an 100 gallon:	nual consu per year f	mption of perchloroethy or dry-to dry facilities o	lene solvent, based
RESPONSIBLE OFFIC		(Please Print)	<u>)</u>	Low	o R. Amero Signature	9-30-98 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 1999 FO

TITLE V GENERAL PERMIT

TANCE INSPECTION CHECKLIST

TOTAL PROPERTY CONTROL OF THE PROP

T٦	/P	\mathbf{F}_{-}	OF	IN	SP	$\mathbf{F}C$	TI	O	N.
		Ľ.	$\mathcal{O}_{\mathcal{X}}$	417	JL.	Ľ		v	٦.

RE-INSPECTION

PART	I:	NOTIFICATION	

(check appropriate box)

(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	N	CATIC	122111	11: C	PART
-------------------------	---	-------	---------------	-------	------

1. Existing small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)

Facility indicated on notification form that it is:

- 3. Existing large area source 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, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)
- 5. This is a correct facility classification

- ☐ No notification form
- ☐ Drop store/out of business/petroleum
- 2. New small area source dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr (constructed on or after 12/9/91)
- 4. New large area source 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, $140 \le x \le 1,800$ gal/yr. (constructed on or after 12/9/91)
- $\square N$ □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 40 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 □N □N/A 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 MD YM verifying that the coolant had been completely charged?

5	Yanati and the Control of the Contro			
В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	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,			
	if machines are equipped with a carbon adsorber?	\Box Y	\square N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	□и	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□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? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: □Y □N XN/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? DY DN DYNA \Box Y \Box N 4. Maintained calibration data? (for applicable direct reading instruments) DY DN MYNA 5. Maintained exhaust duct monitoring data on perc concentrations? $\square N$ 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN **X**N/A DY DN XXN/A Problem corrected? DY DN XXVIA 8. Maintained compliance plan, if applicable?

PA	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			XY □N	
2.	Has the facility maintained a leak log	?		y □N	
3.	Does the responsible official check th	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A	
	Door gaskets and seating	OY ON ON/A	Stills	Y ON ON/A	
	Filter gaskets and seating	N ON ON/A	Exhaust dampers	Y ON ON/A	
	Pumps	Y ON ON/A	Diverter valves	YY ON ON/A	
	Solvent tanks and containers	Y ON TINIA	Cartridge filter housings	TY ON ON/A	
	Water separators	YY ON ON/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 inst	rumentation, is the equip	oment:	' X N/A	
	a. Capable of detecting	g perc vapor concentration	s in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	□Y □N	
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	□Y □N	
	d. Kept in a clean and	secure area when not in us	e?	OY ON	
	e. Verified for accurac	y by use of duplicate samp	oles (calorimetric only)?	OY ON	

KRISTAL YIPON	06/04/99
Inspector's Name (Please Print)	Date of Inspection
Kristal Gipon Inspector's Signature	06/2000
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:40 pmTIME OUT:	AIRS ID#: 250896
TYPE OF FACILITY: PERC DRY CLEANER	25.
FACILITY NAME: Coral Way Cleaners	DATE: 06/04/99
FACILITY LOCATION: 360 Seville Ave	
(oral gables	
RESPONSIBLE OFFICIAL: Lus Romano	PHONE NUMBER: (304) 446-1345
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NA	NA
COMMENTS: Chan perce mach	and records is asserted
No violations observed.	and records in compliance.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 06/2000	proximate)
INSPECTION CONDUCTED BY: KRISTAL	YIPON
	ease Print) PHONE NUMBER: (305) 372 - 6925
Page	of Revised 10/96

AIRS ID#: 250896

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Page of

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	©2► COMPLAI	NT/DISCOVERY C	1
AIRS ID#: 0357896 D.	•		TIME OUT: _/\$	0
FACILITY NAME:	ral way Cla	early		
FACILITY LOCATION:	360 Senl	a lie.		
	Coral Colo	ls		
RESPONSIBLE OFFICIAL: _	Luis Romer	o PHONE: 🗸	305 446-1345	
CONTACT NAME:	·	PHONE: _	7 0	
		M	FT1	
PART I: NOTIFICATION		Ure.		
(check appropriate box)		Mo Cr	ic. PTI	
1. New facility notified DARM 30	days prior to startup	pile		
2. Facility failed to notify DARM	to use general permit	Sour	a Com	
		S	및 대	
PART II: CLASSIFICATION	· 			
Facility indicated on notification	form that it is:	☐ No notifi	•	
(check appropriate box)	•	☐ Drop sto	e/out of business/petroleu	m
I 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)	dry- trans both	New small area source to-dry only, $x < 140$ gal/y sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after $12/9/9$		
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	dry- trans both (con 4. N 0 gal/yr dry- gal/yr trans /yr both	to-dry only, $x < 140$ gal/y sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr	Ol) Oligal/yr gal/yr	
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal/both types, 140 ≤ x ≤ 1,800 gal/s 	dry- trans both (con Gal/yr dry- gal/yr trans /yr both (con	to-dry only, $x < 140$ gal/yr sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12/9/slew large area source to-dry only, $140 \le x \le 2,1$ sfer only, $200 \le x \le 1,800$ types, $140 \le x \le 1,800$ g	Ol) Oligal/yr gal/yr al-yr	
 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) Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) This is a correct facility class If no, please check the approximation of the property of the	dry- trans both (con 1 4. N 0 gal/yr dry- gal/yr trans /yr both (con ification 217 propriate classification: qualified for a general p	to-dry only, $x < 140$ gal/y sfer only, $x < 200$ gal/yr types, $x < 140$ gal/yr structed on or after 12/9/9 lew large area source to-dry only, $140 \le x \le 2,1$ sfer only, $200 \le x \le 1,800$ gystructed on or after 12/9/9 structed on or after 12/9/9	00 gal/yr gal/yr all yr (1) etermine	

3560

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ONA
2. Examining the containers for leakage?	DY ON DAVIA
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	□Y ØN □N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN ĐÁVA
PART IV: PROCESS VENT CONTROLS	,
In Part II-A:	. "
If classification 1 has been checked, no controls are required. Proceed to Part V.	
If classification 2 has been checked, the machine should be equipped with a refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a 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)	
1. Equipped all machines with the appropriate vent controls?	ØY □N
Equipped dry-to-dry machines with a closed-loop vapor venting system?	BY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	Øy On On/a
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ØY □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON Ø n/a
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ØY □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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Ωи	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	Ωи	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПΝ	□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?	υY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	ΩΝ	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	·			
1. Maintained receipts for perc purchased?	ØÝ ON			
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;	DY ON ON/A			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON G N/A			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ZIN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	ØY □N			
7. Maintained deviation reports?	OY ON ETNA			
Problem corrected?	OY ON Ø n/a			
8. Maintained compliance plan, if applicable?	OY ON BWA			

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a		all sources, b	i-weekly) leak detection a	nd ren	nair i
inspection?			• •	ØΥ	ПN
2. Has the facility maintained a leak log?					ПΝ
3. Does the responsible official check the following areas for leaks?					
Hose connections, fittings, couplings, and valves	MA ON OV	N/A	Muck cookers	ΩΥ	ON ÉN/A
Door gaskets and seating	DA ON OV	N/A	Stills	ØY	ON ON/A
Filter gaskets and seating	QY ON ON	N/A	Exhaust dampers	ØΥ	□N □N/A
Pumps	MA ON ON	NA	Diverter valves	Øγ	□N □N/A
Solvent tanks and containers	NU NO Y	۸\A	Cartridge filter housings	ØΥ	ON ON/A
Water separators	AY ON ON	J/A			
4. Which method of detection is used by the	ne responsible of	fficial?			
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt thr	ough gaskets)			Ø	
Odor (noticeable perc odor)			-	Ø	
Use of direct-reading instrumentat	ion (FID/PID/ca	alorimetric tu	bes)		
Halogen leak detector					
If using direct-reading instru	mentation, is th	he equipmen	it:	DN/	Α
a. Capable of detecting p	erc vapor conce	entrations in a	range of 0-500 ppm?	ΩY	DИ
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				ΩY	אם
c. Inspected for leaks and obvious signs of wear on a weekly basis?			ΩY	ПИ	
d. Kept in a clean and secure area when not in use?			ΠY	ПN	
e. Verified for accuracy t	by use of duplica	ate samples (calorimetric only)?	QΥ	ПИ

Ivan Famin	4/7/20
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION: Good Record Keeping Not allowing filters to draw for atleast 24 hrs.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔂	СОМ	PLAINT/DISCOVERY	RE-INSPEC	CTION
TIME IN: /500	TIME OUT:	1530	AIRS ID#:	0250896	
TYPE OF FACILITY:	Perc Dry (Cleans	~		
FACILITY NAME:	Carel Way	Cleane		DATE: <i>4/</i>	7/00
FACILITY LOCATION:	360 (25)	la Du	e.		_
	Coral Gabl				
RESPONSIBLE OFFICIAL:	Luis Remarc)	PHONE NUMBI	ER: 30,5-446	-1345
	f the compliance requireme Rule 62-213.300, Florida		ed during this inspection, the ive Code (F.A.C.).	facility is found to be	e in
Based on the results o discrepancies were no	•	ents evaluate	ed during this inspection, the	following compliance	e
COMPLIANCE REQ	UIREMENT/PROB	LEM	FOLLOW-UP AC		
Not allowing ca	studge filters &	6	Draw Liters	for atleas	to4 hs
			·		
					· .
	<u> </u>				
		ĵ			
	•				
					· · · · · ·
					· ·
COMMENTS:	Good Re	c-Di		1	
,	Coon pe		regions / House	Deap, and	
				V	,
The Annual Compliance Certif	ication form has been prop	erly certifie	d and submitted to the inspec	etor. YES	ИО
DATE OF NEXT INSPECTI	ON:	4/01			
•			roximate)		
INSPECTION CONDUCTED	D BY:		annin	-	
INSPECTOR'S SIGNATURE	E: Dron la	(Plea	ese Print) PHONE NUMBI	ER: <u>305-J</u> 70	-6705
		Page	of		Revised 10/96

AIRS ID#: 0250896

ROC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Coral Way	Cleman	1	DATE:	4/2/00
FACILITY LOCATION:	360 500	Ila Ane.			
		10 F/			
· · · · · · · · · · · · · · · · · · ·	Coral Ge	tales, 12		· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period:	Lak	1999	то	April	the sec
Based on each term or condition	n of the Title V general a	ir permit, my facility	has remained in	ompliance with Di	EP Rule
62-213.300, Florida Administra	- ·			_	P NO
If NO, complete the following:					
#1. Term or condition of the ge	eneral permit that has not	been in continuous o	compliance during	the reporting perio	od stated above:
Not allowing	_				
Exact period of non-compliance	e: from	June 99	to	April co	
Action(s) taken to achieve comp					
Method used to demonstrate con			•		
#2. Term or condition of the go	eneral permit that has not	been in continuous o	compliance during	g the reporting perio	od stated above:
Exact period of non-compliance	e: from		to		
Action(s) taken to achieve comp	pliance:				
Method used to demonstrate co	mpliance:				
		· · ·			· · · · · · · ·
As the responsible official, I he made in this notification are tru upon rolling averages of purch year for transfer or combination	ie, accurate and complet ase receipts, does not exc	e. Further, my annuc	al consumption of	perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	Louis R Roi	nero La	wie R. Ros	new	4-7-2000
	Name (Please P		<u> </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.



Department of Environmental Protection

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

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

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 # 0250896

CORAL WAY CLEANERS LOUIS R ROMERO 360 SEVILLA AVENUE CORAL GABLES FL 33134

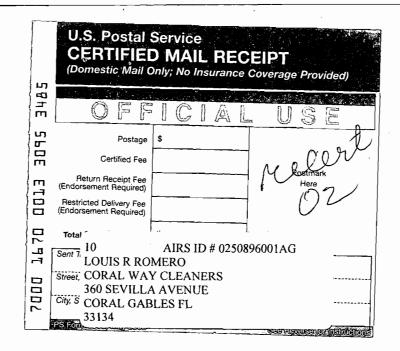
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obi.: 002273 Title V br. General Permits recespts PO BOX 3070 PONGhassee, +2,32315-3070.

BEODER: 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: AIRS ID # 0250896 CORAL WAY CLEANERS LOUIS R ROMERO 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
360 SEVILLA AVENUE CORAL GABLES FL 33134	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7000 05 2000 20 9 373	
PS Form 3811, July 1999 Domestic	Return Receipt 102595-99-M-1789

		AIL RECEIPT	e Coverage Provided)
1142			
73	Postage	\$	
93,	Certified Fee		
8	Return Receipt Fee (Endorsement Required)		Postmark Here
0200	Restricted Delivery Fee (Endo	AIDC ID # 005	
	Tot CORAL WAY	AIRS ID # 025(CLEANERS	1896
0520	Rec LOUIS R RON 360 SEVILLA	MERO	naller)
{	Stre CORAL GABI		
7000	33134		·
2	City, _		,
,	PS Form 3800, Februa	ary 2000 ≰,≰	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 7/29 C. Stgnature Addresser			
1. Article Addressed to: 10 AIRS ID # 0250896001AG LOUIS R ROMERO COPAL WAY CLEANERS	D.			
CORAL WAY CLEANERS 360 SEVILLA AVENUE CORAL GABLES FL 33134	3. Service Type D Certified Mail			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Transfer from service label) 7000 1670	0013 3095 3485			
PS Form 3811, March 2001 Domestic Ret	turn Receipt 102595-01-M-1424			



on the reverse side?	SENDER: Complete items, 1 and/or 2 for addition. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested* on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	o can return this e does not a number.	
N ADDRESS completed	3. Article Addressed to: AIRS ID # 0250896 CORAL WAY CLEANERS LOUIS R ROMERO 360 SEVILLA AVENUE CORAL GABLES FL 33134	4b. Service 1 Registere Express I	Type ad Certified Mail Insured Desipt for Merchandise COD
ls your RET	5. Received By: (Print Name) 6. Signature: (Addressee for Agent) X JULY (C. 102 PS Form 3811 , December 1994	8. Addressee and fee is	e's Address (Only if requested 😤

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	/ 1 1.1	AIRS ID # 0250896
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	UIS R ROMERO	
	SEVILLA AVENUE RAL GABLES FL 331	124
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	Postage	\$
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	Special Delivery Fee	
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^	Return Receipt Showing to	
1995	Whom & Date Delivered	
April 1995	Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addresse's Address	
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on the reverse side?	Ot adolanua to dot Jano auti SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
ADDRESS completed	AIRS ID # 0250896 CORAL WAY CLEANERS LOUIS R ROMERO 360 SEVILLA AVENUE CORAL GABLES FL 33134	4a. Article N 4b. Service Registere Express Return Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery FEB 1 4 2000
Is your BETURN	5 Received By: (Print Name) 1. Laua & Seudo 6. Signature: (Addressee or Agent)	8. Addressed and fee is	e's Address (Only if requested paid) 본
\:-	PS Form 3811 , December 1994		Domestic Return Receipt

P 174 052 495 **US Postal Service** Receipt for Certified Mail No Insurance Coverage Products ID # 0250896 CORAL WAY CLEANERS LOUIS R ROMERO 360 SEVILLA AVENUE CORAL GABLES FL 33134 \$ 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 \$ <u>S</u>

	Z 333	513 35	7					
(US Postal Service Receipt for Certified Mail							
L 30	ONMAGY CORA OUIS R ROMERO 60 SEVILLA AVENUE ORAL SPRINGS FL 331	AIRS ID 0	1250896					
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April	Return Receipt Showing to Whom, Date, & Addressee's Address							
800,	TOTAL Postage & Fees	\$						
PS Form 3800 , April 1995	Postmark or Date							

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.		
ADDRESS completed	3. Article Addressed to: AIRS ID 0250896 FONMAGY CORA LOUIS R ROMERO 360 SEVILLA AVENUE CORAL SPRINGS FL 33134 GABLES	4b. Service Registere	Type ad Mail Insured ceigt for Merchandise COD	o g Return Re	
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	PS Form 3811 , December 1994		Domestic Return Receipt		

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TOTAL AMOUNT DUE: \$50.00

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FONMAGY CORA LOUIS R ROMERO 360 SEVILLA AVENUE CORAL SPRINGS FL 33134

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Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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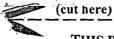
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LOUIS R ROMERO
360 SEVILLA AVENUE
CORAL GABLES FL
33134

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Fund: 20-2-035001

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CORAL WAY CLEANERS LOUIS R ROMERO 360 SEVILLA AVENUE CORAL GABLES FL 33134 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 S Fund: 20-2-035001 Obj.: 002273