

### Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

December 15, 1997

Mr. Arnaldo Daly Daly Cleaners 874 Northeast 125 Street North Miami, Florida 33161

Facility No.: 0250914

Dear Mr. Daly:

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,

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"

Please inactivate 0250914 Daly Cleaners. They constructed a new site and are now 0251002. Thank You.

Debbie Griner
Pollution Control Inspector II
Air Quality Management Division
Department of Environmental Resources Management
305.372.6925
grined@co.miami-dade.fl.us

### BEST AVAILABLE COPY

### Perchloroethylene Dry Cleaning Facility Notification



#### **Facility Name and Location**

	Alt Quality — Alt Quality —
1.	
	Daly Clemnen Live.
2.	Site Name (For example, plant name or number):
	Daly Clamvers
3.	Hazardous/Waste Generator Identification Number:
	TLD 984908202
4.	Street Address: 874 NE 125 ST
	City: N. HIAM County: DADE Zip Code: 33/6/
5.	Facility Identification Number (DEP-Use): The results of the second seco
	15. I DOSOY
	Responsible Official
6.	Name and Title of Responsible Official:
	Annalpo Daly, PRES.
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address:
	City: Zip Code:
8.	Responsible Official Telephone Number:
	Telephone: 305) 873-0655 Fax: ( ) -
	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:
	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: (. ) - Fax: ( ) -
1.	

RECEIVED

NOV 5 1997

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Bureau of Air Monitoring & Mobile Sources

p16	add permit #(s) of permits surrendered.
, <del></del>	surrendered.
	(DEP issued air permit only)
	Responsible official sign and date for changes.
,	

Single A Commence of the

game for the beautiful to the second

### 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
	ĺ	Machine	Control		Maehine	Control		Machine	Control
		Initially	Device		Initially	Device .		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed :	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		MA493	11/193						
(2) w/ carbon adsorber		1							
(3) w/ no controls									
Washer Unit					· <del></del>			•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber	_			<b>†</b>					
(6) w/ no controls						-	<del> </del>		
Dryer Unit		1:1		I.a		<u> </u>		!.	<u> </u>
(7) w/ ref. condenser	Ť		T:				1		
(8) w/ carbon adsorber		<del>                                     </del>			<del>                                     </del>	-	<del> </del>		
(9) w/ no controls				† —					
Reclaimer Unit		·:'		J	- I		1		
(10) w/ ref. condenser							T		
(11) w/carbon adsorber	<del> </del>						+		
(12) w/ no controls							+		
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the control devices</li> <li>(b) If less than 12 montrol Check why it is less</li> </ul>	are r quant gallo	equired to be tity of perchlons ow many? [_	installed [_oroethylene (	(perc)	_] ) purchased i				· ·
3. What is the facility's so (Indicate with an "X".  Existing small an Existing large ar	Selectrea so	ct one classif	ication only.	) ew si	initions foun mall area sou	irce 🔽	(3) of / _] ]	Part II?	;
5 5	-		_		5	٠			

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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
(f) Start-up, shutdown, malfunction plan

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

#### Surrender of Existing Air Permit(s)

lease indicat	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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	mptly notify the Department of any changes to the information contained in this notification.
Signature	$\frac{1069}{\text{Date}}$

### BEST AVAILABLE COPY

# INSPECTION SUMMARY REPORT ANNUAL D COMPLAINT/DISCOVERY

TYPE OF INSPECTION: ANNUAL COMP	CAINTIDISCOVERY RE-INSPECTION
TIME IN: 1/5 TIME OUT: 145	AIRS 10#: 0250714
	My cont
FACILITY NAME: MLy KICK	14CHS DATE: 2-10-95
	125 21.
FACILITY LOCATION:	
Margaret 1 Sol	, and the same of
RESPONSIBLE OFFICIAL: 11 PROJECT DIC	PHONE NUMBER: K13 0055
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No constant beingenten	1971 A Receiping 129.
We walkly falling the total	Complete good by
THE MECHANICA CORK MARTINS	Bureau & N
	MAR 30 1998  eau of Air Monitoring Mobile Sources
	nitoring ces
COMMENTS: MINICH DECORD KEE	Eging V InAm. Egus Kong
The Annual Compliance Certification form has been properly certif	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
VAME (Ap	March Constant Consta
INSPECTION CONDUCTED BY:	
May 10 at 191	lease Print)
INSPECTOR'S SIGNATURE	PHONE NUMBER: 372 692 Z
Page	of Revised 10/96

### TITLE V GENERAL PERMIT

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		•			7	
PERCHLOR	OETHY	LENE D	RY CLEANI	E <b>R</b> S	, C.	
		NERAL PE		1		Ì.
COMPL	IANCE INS	PECTION	CHECKLIST \	Su	MAD	<b>/</b> ,
TYPE OF INSPECTION: ANNUA	AL		COMPLAINT	OISCOVERY	MAR 3 0 1990	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	-	_		N	101.4.	, 0
RE-INS	SPECTION	u	•		S Mos	•
/		<del> </del>	<del></del>		Corio	Ì
AIRS ID#: 02509/4 DATE: Z	2-10-98	TIME	in: <u>[/5</u>	TIME OUT:	: 145	
FACILITY NAME:	4 Ch	CANCE	C5			
FACILITY LOCATION: 874	NO	= 12	55.			
	WORTH	+ H1	AMI			
RESPONSIBLE OFFICIAL:	Isldo	Daly	PHONE:	893-0	655	
CONTRA CTENIANCE		-	DWONE.			
CONTACT NAME:	<u> </u>	•	PHONE:		•	
			****			
DADEL MOTETOATION						7
PART I: NOTIFICATION						<b>∐</b> 7a
(check appropriate box)		· .				
1. New facility notified DARM 30 days pr	rior to startu	р				
2. Facility failed to notify DARM to use go	eneral permi	it	•			
					·	
						1
PART II: CLASSIFICATION					*	
Facility indicated on notification form the	nat it is:		☐ No notificat			
(check appropriate box)			☐ Drop store/c	out of business	/petroleum	ll.
A.  1. Existing small area source	□ 2	. New small	araa saursa	ď		
dry-to-dry only, x < 140 gal/yr			y, x < 140 gal/yr			1
transfer only, x < 200 gal/yr			x < 200 gal/yr			
both types, x < 140 gal/yr	b	oth types, x	< 140 gal/yr			h
(constructed before 12/9/91)	. (	constructed o	n or after 12/9/91)	•		ļ
3 Evicting large even source	□ 4	Now large	0.00.00.00			
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr			area source y, 140 < x < 2,100	_ :		
transfer only, $200 \le x \le 1,800$ gal/yr		•	$200 \le x \le 1,800 \text{ ga}$	~ -		
both types, $140 \le x \le 1,800$ gal/yr	b	oth types, 14	$0 \le x \le 1,800 \text{ gal/y}$	γT		1
(constructed before 12/9/91)	(	constructed o	n or after 12/9/91)			
5. This is a correct facility classification	n 0	ZY ON	□Can not dete	rmine		
II						12

Revised 8/11/97

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

facility qualified for a general permit as number \_

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

If no, please check the appropriate classification:

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN CHYLA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN EMA 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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 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? MY DN DNIA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

### PERCHLOROETHYLENE DRY CLEANERS

### TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

all

TYPE OF INSPECTION:

ANNUAL

9

COMPLAINT/DISCOVERY

**RE-INSPECTION** 

	198 TIME IN: 21.10 TIME OUT: 309
FACILITY NAME: Incentive C	lenvers
FACILITY NAME: <u>Incentive</u> C FACILITY LOCATION: 18400	V.W. 2nd Ave
RESPONSIBLE OFFICIAL: Ms. Paulin CONTACT NAME: Pauline	ve Davis PHONE: (305)651-36777 44
CONTACT NAME: Pholine	Nue PHONE:
PART I: NOTIFICATION	
(check appropriate box)	Bureau of Waste Cleanup
1. New facility notified DARM 30 days prior to star	SE 25
Facility failed to notify DARM to use general per	mit Hazardous Valla la
	Cleanup Section
PART II: CLASSIFICATION	·
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	☐N ☐Can not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) put facility was gallons.	urchased within the preceding 12 months by this dry cleaning

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) Y ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 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 New Garlity least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DAN 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? ПN

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
Maintained receipts for perc purchased?	AT ON				
2. Maintained rolling monthly total of perc consumption?	y <b>≤</b> v □n				
3. Maintained leak detection inspection and repair reports for the following:	,				
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON XXIN/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 MAYA				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN SW/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DXIA				
6. Maintained startup/shutdown/malfunction plan?	<b>X</b> Y □N				
7. Maintained deviation reports?	DY DN SA/A				
Problem corrected?	DY DN DOMINA				
8. Maintained compliance plan, if applicable?	DY DN DNANA				

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log?  $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A THE ON ON/A couplings, and valves Muck cookers TY ON ON/A Stills TO UN UN/A Door gaskets and seating TAY ON ON/A □N □N/A Filter gaskets and seating Exhaust dampers BY ON ON/A □N □N/A Pumps Diverter valves AY ON ON/A **M**Y □N □N/A Solvent tanks and containers Cartridge filter housings ANO NO PA Water separators 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? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  $\Box$ Y  $\Box$ N c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use?  $\Box$ Y  $\Box$ N e. Verified for accuracy by use of duplicate samples (calorimetric only)?  $\square$ Y  $\square$ N

Mitchell Fishk IND	8/27/98
Inspector's Name (Please Print)	Date of Inspection
mutit Suther	8/99
Inspector's Signature - •	Approximate Date of Next Inspection

Gave DEP Calendar Gave P2 Booklet Open endof March 1998 Quark 28 Solar machine

<del>1</del> :	INSPECTION ST	UMMARY REPORT	BEST AVAILABLE COPY
YPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION
TME IN: 250 TYPE OF FACILITY: 50 FACILITY NAME: 125 FACILITY LOCATION: 125	ZENTINE OUT /Car	AIRS IDH:	025074/ SD7/98/ DATE:
RESPONSIBLE OFFICIAL:	Pauline Davis	PHONE NUMB	ER: (30\$ 65/3577
	ne compliance requirements evule 62-213.300, Florida Admin	aluated during this inspection, the istrative Code (F.A.C.).	facility is found to be in
Based on the results of the discrepancies were noted		valuated during this inspection, the	: following compliance
COMPLIANCE REQU	JIREMENT/PROBLEM	FOLLOW-UP AG	CTION REQUIRED
			PECEL OF DE NOTHER SOURCES
	<del></del>		W Alle
			<b>~</b>
COMMENTS: Sfart	vsing Dep	Catenta	
The Annual Compliance Certific	X/92	estified and submitted to the insp	ector. YES NO
INSPECTION CONDUCTED	BY: Mifchel	(Approximate)	B 2000 0000
INSPECTOR'S SIGNATURE:	THE THE THE THE THE THE THE THE	PHONE NUM	BER: (1808/81/2-07)
	Paş	gcof	Revised 10/96

B. Has the responsible official of an existing large or new large area source also:	en e
Measured and recorded the exhaust temperature on the outlet side of the condenser loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated □Y □N
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?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	DY DN DN/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

	PART VI: LEAK DETECTION AND R	EPAIRS		
Ī	1. Does the responsible official conduct a v	weekly (for small sources, t	oi-weekly) leak detection an	d repair
	inspection?			QA ON
	2. Has the facility maintained a leak log?			DY M
	3. Does the responsible official check the f	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	DY CH DN/A
	Door gaskets and seating	DY ON ON/A	Stills	ZY ON ON/A
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	MY ON ON/A
	Pumps	מאם אם צים	Diverter valves	DY ON ON/A
	Solvent tanks and containers	DAY ON ON/A	Cartridge filter housings	Y ON ON/A
	Water separators	DY ON ON/A		
	4. Which method of detection is used by the	ne responsible official?		
I	Visual examination (condensed so	olvent on exterior surfaces)	)	E
	Physical detection (airflow felt thr		<b>⊡</b>	
Ì	Odor (noticeable perc odor)			
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	
I	Halogen leak detector			
	If using direct-reading instr	umentation, is the equipn	nent:	□N/A
Ì	a. Capable of detecting y	perc vapor concentrations i	in a range of 0-500 ppm?	DY DN
١	b. Calibrated against a s			

c. Inspected for leaks and obvious signs of wear on a weekly basis?

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

d. Kept in a clean and secure area when not in use?

Inspector's Name (Please Print)

(PID/FID only)?

Date of Inspection

DY DN

ND YD NO YO

DY DN

2 - 1999 Approximate Date of Next Inspection

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

FACILITY NAME: INCENTIVE FACILITY LOCATION: 18400	Cleaners	· .	_DATE: 8/27/98_
FACILITY LOCATION: 18400	N.W. 20	LAR	
Mioni	33169		
Annual Reporting Period:	8	19 <u>47</u> TO	g 19 <b>9</b> 9
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		· · · · · · · · · · · · · · · · · · ·	
If NO, complete the following:		•	
#1. Term or condition of the general permit	that has not been in cor	ntinuous compliance during the rep	orting period stated above:
			P
Exact period of non-compliance: from		to	δ
Action(s) taken to achieve compliance:			Line SEB K
Method used to demonstrate compliance:			No No Z
#2. Term or condition of the general permit	that has not been in co	ntinuous compliance during the rep	orting position 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, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further,	my annual consumption of perchlogallons per year for dry-to dry faci	proethylene solvent, based
RESPONSIBLE OFFICIAL:	2005	<u> Vaus</u>	<u> </u>
Nai	ne (Please Print)	Signature	Date

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

<sup>\*</sup>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.

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

### AIRS ID 0250914 DALY CLEANER INC ARNALDO DALY 874 NE 125TH STREET NORTH MIAMI FL 33161

Bureau of Air Monitoring Do NOT Remove Label Annual Reporting Period: 2-10 92 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.  $\square$ 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 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:

<sup>\*</sup>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.

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

AIRS ID#0250914

DALY CLEANER INC ARNALDO DALY 874 NE 125TH STREET NORTH MIAMI FL 33161

Do NOT Remove Label

Annual Reporting Period:	19 TO		19
Based on each term or condition of the Title V generated 62-213.300, Florida Administrative Code (F.A.C.), of		/	h DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has	s not been in continuous comp	liance 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 comp	liance during the reporting	period stated above:
		to	
Action(s) taken to achieve compliance:			A second
Method used to demonstrate compliance:			
· · · · · · · · · · · · · · · · · · ·	·		
As the responsible official, I hereby certify, based on info notification are true, accurate and complete. Further, m does not exceed 2,100 gallons per year for dry-to dry facing the second s	ilities or 1,800 gallons per year j		

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.

11/06/97

AIRS ID#: 0750914

acc

## DRY CLEANER AIR QUALITY GENERAL PERMIT () ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DALY CLEANERS	DATE: <u>2-10-98</u>
FACILITY LOCATION: 874 NE 125 ST	
N. Mami	·
Annual Reporting Period: 10 -6 1997 TO	2-10 1998
Based on each term or condition of the Title V general air permit, my facility has remain	ned in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this st	atement. TYES TNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
EMPROPER PACORD KEEPING	·
Exact period of non-compliance: from 10-6 97 to	0 2-10 - 98
Action(s) taken to achieve compliance: 57MnJ MANYTHIN	ng preonos é logs
Method used to demonstrate compliance: Thou Infler	ng preonos é /ogs
#2. Term or condition of the general permit that has not been in continuous compliance	e during the reporting period stated above:
	urea ₹
Exact period of non-compliance: from to	AR 3
	Air O
Action(s) taken to achieve compliance:	Monit ource
Method used to demonstrate compliance:	ŭ Q
	ng
As the responsible official, I hereby certify, based on information and belief formed as	
made in this notification are true, accurate and complete. Further, my annual consunupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year fo	
year for transfer or combination facilities.	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
RESPONSIBLE OFFICIAL: ARMANO DAY	m/24 2-1098
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.

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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

CO	MIPLIANCE IN	SPECTION (			
	NNUAL E-INSPECTION		COMPLAINT	RISE OCTE I VE	D
AIRS ID#: <u>02509 (H</u> DAT		9 TIME	IN: 1055	Burnage QUT:   A~ & Mobile Sources	g —
FACILITY LOCATION:	1874	f NF	1255	+	
RESPONSIBLE OFFICIAL:	Nort Richald	. Saly	PHONE:	893-0655 H	 
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 da	vs prior to startu	מו		. 0	
2. Facility failed to notify DARM to	•	•		*	
PART II: CLASSIFICATION					===
Facility indicated on notification for	rm that it is:		☐ No notificat	ion form	
(check appropriate box)	im that it is.			ut of business/petroleum	
A. ,					
1. Existing small area source		2. New small a	area source	<b>r</b>	
dry-to-dry only, x < 140 gal/yr			x < 140  gal/yr		
transfer only, x < 200 gal/yr		ransfer only, x	•		
both types, x < 140 gal/yr		ooth types, x <			
(constructed before 12/9/91)	(	constructed on	or after 12/9/91)		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ gal/yr	al/yr c yr t	ransfer only, 2	rea source , $140 \le x \le 2,100$ $00 \le x \le 1,800$ gai $\le x \le 1,800$ gal/y	l/yr	
both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)			or after 12/9/91)	÷.	
	(			÷.	
(constructed before 12/9/91)  5. This is a correct facility classific	cation &	constructed on	or after 12/9/91)	÷.	9
(constructed before 12/9/91)  5. This is a correct facility classific  If no, please check the appropriate the control of the	cation &	constructed on Y	or after 12/9/91) □Can not deter	·. mine	!
(constructed before 12/9/91)  5. This is a correct facility classific  If no, please check the approparties of the facility qua	cation & priate classificati	constructed on TY UN  on: ral permit as nu	or after 12/9/91)	mine above	3

Z. \$ ARM 4/14/99

Revised 9/15/97

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYN/A 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 Y DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

р	Has the responsible official of an existing large or new large area source also:			
Β.	Thas the responsible official of an existing targe of 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	ΩΝ	
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?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΩY	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	. □Y	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	□и	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	,
1. Maintained receipts for perc purchased?	MD DN
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	1
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?	עואם אם אס
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON CON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DNIA
6. Maintained startup/shutdown/malfunction plan?	ØY ON
7. Maintained deviation reports?	DY DN DXIA
Problem corrected?	DY DN DN/A
8. Maintained compliance plan, if applicable?	OY ON DANIA

PA	PART VI: LEAK DETECTION AND REPAIRS			
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			nd repair
	inspection?		• •	ON KIN
2.	Has the facility maintained a leak log	?		QV DN
3.	Does the responsible official check th	ne following afeas for leaks?	•	
	Hose connections, fittings, couplings, and valves	באים אים אים	Muck cookers	DY ON DAVIA
	Door gaskets and seating	DY DN DN/A	Stills	DY DN DN/A
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	באום מק אם
	Pumps	DY ON ONIA	Diverter valves	DY ON ON/A
	Solvent tanks and containers	AY DN CIN/A	Cartridge filter housings	DY ON ON/A
	Water separators	ON 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 t	through gaskets)		
	Odor (noticeable perc odor)			
	Use of direct-reading instrument	tation (FID/PID/calorimetric	tubes)	
	Halogen leak detector			- /
	If using direct-reading inst	rumentation, is the equipme	ent:	□M/A
	a. Capable of detecting	g perc vapor concentrations in	a range of 0-500 ppm?	אם אם
	b. Calibrated against a (PID/FID only)?	standard gas prior to and afte	r each use	OY ON .
	c. Inspected for leaks a	and obvious signs of wear on	a weekly basis?	DY DN
	d. Kept in a clean and	secure area when not in use?		□Y □N
	e. Verified for accuracy	y by use of duplicate samples	(calorimetric only)?	מם צם

Inspector's Name (Please Print)

Date of Inspection

3/2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
•	
	,
·	
	•
<del>-</del>	
	·.

	MARY REPORT BEST AVAILABLE COPY
TYPE OF INSPECTION: ANNUAL COMP	PLAINT/DISCOVERY RE-INSPECTION
IME IN: 10 55 AM TIME OUT: 1/HI AM	AIRS 10#: 0750 914
YPE OF FACILITY: Perc Dy	Cleines
ACILITY NAME: Daly cland	DATE:
ACILITY LOCATION: 874 NE 1	25 St North Minni
ESPONSIBLE OFFICIAL: ARNOLDO DA	14 PHONE NUMBER: 873-0655
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluat discrepancies were noted:	ed during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
*	
)MMENTS:	
•	
: Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO
TE OF NEXT INSPECTION: 7000	<b>,</b>
	proximate)
PECTION CONDUCTED BY: KED	ease Print)
PECTOR'S SIGNATURE:	PHONE NUMBER: 893-065
Page	_of Revised 10/9

AIRS 10#: 0250914

ACC

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

FACILITY NAME: Dyly	Jesne	DA′	TE: <u>3/30/99</u>
FACILITY LOCATION: 8 24	VE 125 5	<del></del>	
· · · · · · · · · · · · · · · · · · ·			
<u> </u>			
Annual Reporting Period: MArch	19 <u>93</u> TO	March	19_99
Based on each term or condition of the Title V gener	ral air permit, my facility has rer	nained in compliance with	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), o	during the period covered by this	s statement. YES	□NO
If NO, complete the following:			
#1. Term or condition of the general permit that has	s not been in continuous complia	ance during the reporting p	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	s not been in continuous complia	ance during the reporting p	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 made in this notification are true, accurate and compupon rolling averages of purchase receipts, does not year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	plete. Further, my annual consi	umption of perchloroethyle	eng solvent, based

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

Page	of

### INTEROFFICE MEMORANDUM

Date:

09-Dec-1999 04:25pm

From:

Griner, Debbie

DERM)

( GrineD@co.miami-

dade.fl.us

Dept: Tel No:

To: 'Rick.Butler@dep.state.fl.us'

( Rick.Butler@dep.state.fl.us)

CC: 'Sandy.Bowman@dep.state.fl.us'

( Sandy.Bowman@dep.state.fl.us)

Subject: Inactivation of 0250914

Please inactivate 0250914 Daly Cleaners. They constructed a new site and are now 0251002. Thank You.

Debbie Griner
Pollution Control Inspector II
Air Quality Management Division
Department of Environmental Resources Management
305.372.6925
grined@co.miami-dade.fl.us

	Z 333 L US Postal Service Receipt for Cer	( '	9
ARI 874	LY CLEANERS NALDO DALY NE 125TH STREET RTH MIAMI FL 3316	RS ID # 025091	
	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
,,	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$ 	
PS Form <b>3800</b> , April 1995	Postmark or Date		

		turn address	an adt to tar	,		
	NDER:  Implete items 1 and/or 2 for accomplete items 3, 4a, and 4b.  Init your name and address on the results in the results	O) Ol Oldon (O) Oldon		Talso wish to red following service extra fee):		
	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.			,	ee's Address ed Delivery ster for fee.	ceipt Service.
9	3. Article Addressed to:		4a. Article N			Rece
S completed	DALY CLEANERS ARNALDO DALY 874 NE 125TH STREET	AIRS ID # 0250914	4b. Service Registere	Type ad	□ Certified	Return
ADDRESS	NORTH MIAMI'FL 33161		ı - ·	ceipt for Merchandise		you for using
RETURN	5. Received By: (Print Name)	00		s's Address (Only	if requested	Thank y
ls your	6. Signature: (Addressee or Age	Pol	_			
	PS Form <b>3811</b> , December 1994	4 10	2595-97-B-0179	Domestic Ret	urn Receipt	

	Z 333 L US Postal Service Receipt for Cer	10,00
	• .	AIRS ID # 0250914
	ALY CLEANERS	
	RNALDO DALY	
	4 NE 125TH STREET	
N	ORTH MIAMI FL 33 I	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
'n	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered	
PS Form <b>3800</b> , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
33	Postmark or Date	
-or		
S		
4		

ADDRESS completed on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional service Complete items 3, 4a, and 4b.  Print your name and address on the reverse of card to you.  Attach this form to the front of the mailpiece, of permit.  Write "Return Receipt Requested" on the mail in the Return Receipt will show to whom the and delivered.  3. AIRS DALY CLEANERS  ARNALDO DALY  874 NE 125TH STREET  NORTH MIAMI FL 33161	of this form so that we or on the back if spac piece below the article	4a. Article No 2 2 2 4b. Service 1 Registere	Type  ad  Mail  ceipt for Merchandise	s (for an se's Address d Delivery ser for fee.  Certified Insured COD	idi asilib vetatili vecelbi
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	Clin	Z-Z7-9, 8. Addressee and fee is	e's Address (Only it		<b>&gt;</b>

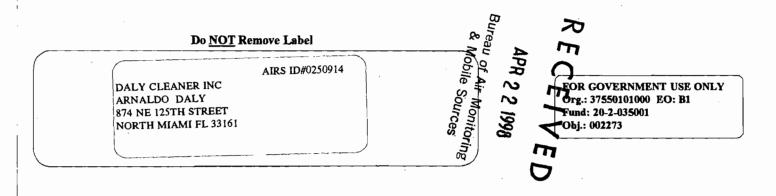
THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0313828

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

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 APR 20 98



	Z 333 L	- 1 3	372				
D.	Receipt for Certified Mail  AIRS ID 0250914  DALY CLEANER INC  ARNALDO DALY						
1	74 NE 125TH STREET NORTH MIAMI FL 3316	1		·			
	Certified Fee	Þ					
	Special Delivery Fee						
1995	Restricted Delivery Fee  Return Receipt Showing to						
, April	Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address	_	_				
3800	TOTAL Postage & Fees	\$					
PS Form <b>3800</b> , 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 to card to you.  Attach this form to the front of the mailpiece, or on the back in permit.  Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delived delivered.	if space	e does not e number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	Receipt Service.
ADDRESS completed	3. Article Addressed to:  AIRS ID 0250914  DALY*CLEANER INC ARNALDO DALY 874 NE 125TH*STREET NORTH MIAMI FL 33161	,	4b. Service 1  Registere Express I  Return Rec  Date of Dec	Type  ad	you for using Return
Is your RETURN	6. Signature: (Addressee or Agent)  PS Form 3811, December 1994	2	8. Addressee and fee is	o's Address (Only if requested paid)  Domestic Return Receipt	Thank

#### 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** 

303730

#### Do NOT Remove Label

AIRS ID 0250914 DALY CLÉANER INC ARNALDO DALY

874 NE 125TH STREET NORTH MIAMI FL 33161 FOR GOVERNMENT USE ONI Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0362949

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 # 0250914
DALY CLEANERS
ARNALDO DALY
874 NE 125TH STREET
NORTH MIAMI FL 33161

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

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Production)	vided)
3423	OFFICIAL US	P C Manager Comments of the Co
3095	Postage \$ Certified Fee	2 th
0013	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	2
7000 1,670	Sent: 10 AIRS ID # 0250914001AG ARNALDO DALY Street DALY CLEANERS 826 NE 125TH STREET City: 5 NORTH MIAMI FL 33161	Instituto (6.15)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  A. Received by (Please Print Clearly)  B. Date of Delivery  1.30. 0.2  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?
1. Article Addressed to:  10 AIRS ID # 0250914001AG ARNALDO DALY DALY CLEANERS	If YES, enter delivery address below:
826 NE 125TH STREET NORTH MIAMI FL 33161	3. Service Type    Image: Certified Mail   Express Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.
2. Article Number (Transfer from service label) 7000 1670 00	4. Restricted Delivery? (Extra Fee)
PS Form 3811, March 2001 Domestic Ret	urn Receipt . 102595-01-M-1424

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N

