

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 25, 1997

Mr. Enrique Chantres Chantres Cleaners 2555 Southwest Eight Street Miami, Florida 33135

Re: Facility No.: 0250928

Dear Mr. Chantres:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 14, 1997.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

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Perchloroethylene Dry Cleaning Facility Notification

NOV 0 3 1997

Facility Name and Location

Air Quality

Management Division

1	Facility Owner/Company Name Oleme of compretion agency or individual owners			
	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
	SPANNY (Leaners De D/B/A) 2. Site Name (For example, plant name or number):			
2.	Site Name (For example, plant name or number):			
(SHANTRES CLEANERS.			
3.	Hazardous Waste Generator Identification Number:			
	FLD 981029507			
4.	Facility Location:			
	Street Address: 2555 5 W 8 S t			
	City: Miami County: Dade Zip Code: 33135			
5.	Facility Identification Number (DEP Use):			
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
100				
	Responsible Official			
6.	Name and Title of Responsible Official:			
	ENRIQUE CHANTRES - ONNER			
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: County: Zip Code:			
8.	Responsible Official Telephone Number:			
	Telephone: $(305) (42 - 2555)$ Fax: $(305) (642 - 0067)$			
Facility Contact (If different from Responsible Official)				
9.	Name and Title of Facility Contact (For example, plant manager):			
	, and the same of			
10.	Facility Contact Address:			
	Street Address:			
	City: Zip Code:			
11.	Facility Contact Telephone Number:			
11.	Telephone: () - Fax: () -			
	receptions. () - rank. () -			

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NOV 1 4 1997

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Machine Initially Purchased	Date Control Device Installed
Example		03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		27-JAN-89	03-DCT-97						
(2) w/ carbon adsorber			,						
(3) w/ no controls									
Washer Unit			•					•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls		•							
Dryer Unit		in the state of				-		•	<u> </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber					~				<u> </u>
(9) w/ no controls									
Reclaimer Unit		i gar i				•			
(10) w/ ref. condenser									T
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are(c) No control devices2.(a) What was the total of the control of the control	are ro	equired to be	installed [_		_].	n the latest 12	2 moi	nths?	
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					initions foun	d in section (3) of	Part II?	
Existing small ar	ea so	ource []	No	ew sr	nall area sou	rce []		
Existing large area source [] New large area source []									

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4. What control technology is requi (Indicate with an "X".)	red on machines p	oursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condenser	(\times)
New small area source Refrigerated condenser]		
New large area source Refrigerated condenser			
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such ute All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil contains and hot water generating No such units on-site	that all steam and inits exist on-site: qunits on-site (1) if dexclusively by no ontaining no more units exempt	hot water generating units thave a total heat input of I atural gas except for period than one percent sulfur is	on-site meet the following 0 million BTU/hr or less (298 ds of natural gas curtailment
Equipme	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required t	o be kept on-site	n accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent pr	urchases		[X]
(b) Leak detection inspection and r	repair		(X)
(c) Refrigerated condenser tempera	ture monitoring		
(d) Carbon adsorber exhaust perc c	concentration mon	itoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunctio	n plan		ĽΧJ

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Surrender of Existing Air Permit(s)

[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)					
ιX	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
I, the un	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in				
statemer maintair	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.				

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PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	,			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN GNIV			
2. Examining the containers for leakage?	DY ON ONA			
3. Closing and securing machine doors except during loading/unloading?	MY ON			
4. Draining cartridge filters in their housing or in scaled containers for at least 24 hours prior to disposal?	MY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ONIA			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part V.				
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated condenser			
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 refrig (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?	DY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מא טא טאוע			
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?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ONIA			
6 Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON			

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT R F

	COMPLIANCE INS	SPECTION	CHECKLIST	CEL	/ED
TYPE OF INSPECTION:	ANNUAL.	1		чтир вс фуда ў Ч 19 9	
	RE-INSPECTION	O		Bureau of Air Mon & Mobile Source	.:
AIRS IDH: 250 928	DATE: 9-30-98	8 TIME		Source Source	es II
FACILITY NAME:	ANTRES CLEANER	25			
FACILITY LOCATION: _	2556 SW 8 ST	Т.			
	m19M1, 3313	_			
RESPONSIBLE OFFICIAL	L: HENRY CHANTI	RES	PHONE:	305 - 642 - 254	55
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
, , ,	204 20 down asias to see as				
New facility notified DARM 30 days prior to startup					
2. Facility failed to notify DARM to use general pennit					
PART II: CLASSIFICATI	ON				
Facility indicated on notific	cation form that it is:		☐ No noti	fication form	
(check appropriate box)			☐ Drop st	ore/out of business/	petroleum
۸.					ļ
1. Existing small area s			ill area source	,	
dry-to-dry only, $x < 140$ transfer only, $x < 200$ gal	•		nly, x < 140 gal /, x < 200 gal/yi	•	
both types, $x < 140$ gal/y	-		v, x < 200 ganyi c < 140 gal/yr		
(constructed before 12/9/			on or after 12/9	9/91)	
,	/	(,	
3. Existing large area s	ource 🗹	4. New lar	ge area source		
dry-to-dry only, $140 \le x$		dry-to-dry o	nly, $140 \le x \le 3$	2,100 gal/yr	
transfer only, $200 \le x \le$			$y, 200 \le x \le 1,8$		
both types, $140 \le x \le 1.8$		both types, $140 \le x \le 1,800 \text{ gal/yr}$			
(constructed before 12/9)	/91)	(constructed	l on or after 12/	9/91)	
5. This is a correct facili	ty classification	e Y Di	V Can no	t determine	
If no, please check	the appropriate classifica	ation:			
	acility qualified for a gen			above	
	acility exceeds above lim	nits and is no	t eligible for a g	eneral permit	
B. The total quantity of per				,	

Revised 9/15/97

13.	Has the responsible official of an existing large or new large area source also:	
١.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY ON ONIA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN GN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN GNIA
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?	N ON ONIA
6	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON DNA

Andreas de la composition de l

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	/
1. Maintained receipts for perc purchased?	BY ON
2. Maintained rolling monthly total of perc consumption?	MC AM
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ONIA
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 QN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ONA
6. Maintained startup/shutdown/malfunction plan?	DY ON ,
7. Maintained deviation reports?	OY ON WHA
Problem corrected?	איאש אם אם
8. Maintained compliance plan, if applicable?	OY ON DONA

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PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official	conduct a weekly (f	or small sources, bi	-weekly) leak detection an	d repair	
inspection?				QA DW	
2. Has the facility maintained a	leak log?			DY ON	
3. Does the responsible official	check the following	areas for leaks?		,	
Hose connections, fitti couplings, and valve:	· /	IN DN/A	Muck cookers	DY ON ONA	
Door gaskets and seat	ng ty 🗆	IN DN/A	Stills	OY ON ON/A	
Filter gaskets and seat	ing dy C	IN □N/A	Exhaust dampers	DY ON ONA	
Pumps	ØY C	IN □N/A	Diverter valves	Y ON ONA	
Solvent tanks and con	tainers WY C	AINO NI	Cartridge filter housings	DAY ON ON/A	
Water separators	EY C	AVA ON			
4. Which method of detection	is used by the respon	sible official?			
Visual examination (d	ondensed solvent on	exterior surfaces)		d ,	
Physical detection (ai	rflow felt through ga	skets)		Ø/	
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (F1D/P1D/calorimetric tubes)					
Halogen leak detecto	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:					
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY ON	
11	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
c. Inspected	for leaks and obvious	us signs of wear on	a weekly basis?	OY ON	
d. Kept in a	clean and secure are	ea when not in use?		אט אס	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					
m. EURIRIE	M. ENRIQUE FLORES 9-30-98				
Inspector's Nam	*****		Date of Inspection		
Memigu I	Memigue flows				
Insucctor's	Signature	us a salitim de si militaritim din la palapaga	Approximate Date o	f Next Inspection	

ADDITIONAL SITE INFORMATION:

- PERC RECEIPTS AND ROLLING LOG OK.
- CAN'T INSTRUCTIONS TO MR. CHANTRES ON HOW TO KETP PROPER RECORDS OF CONDENSER TEMP. READINGS AND LEAK INSPECTIONS.
- PERC MACHINE OR. NO LEAKS, NO REPAIRS DONE. OLEAN SHOP

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ALE OF INSLECTION: VNUAL (A) COM	IPLAINT/DISCOVERY RE-INSPECTION
IME IN: 1515 TIME OUT: 1535	AIRS 1011: 250928
YPE OF FACILITY: PERC DRY CLEANER	·
ACILITY NAME: CHANTRES CLEANERS	DATE: 9-30-98
ACILITY LOCATION: 2555 SW & ST.	
minm1, 33135	
,	PHONE NUMBER: 305 - 642 - 2556
ESPONSIBLE OFFICIAL: <u>HENRY (MANTRES</u>	PHONE NUMBER: 307 6 7 X 3 3 7 3
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluate.	rative Code (F.A.C.).
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO CONDENSER TEMPERATURE READINGS	WILL START , LOG FOR TEMP. READINGS
	AND
NO LUG OF LEAK INSPECTIONS	LEAK INSPECTIONS
COMMENTS: - PERC MACHINE IN (5001)	HOPKING OPNER
	NON NING DRISEN.
- CLCAN SHOP.	
he Annual Compliance Certification form has been properly cer	tified and submitted to the inspector. YES NO
OATE OF NEXT INSPECTION:	001 198
	Approximate)
	ENRIGUE TICRES
~ 0.01	(Please Print)
NSPECTOR'S SIGNATURE: Mamque How	205.377.6925
ASTECTOR'S SIGNATURE: / / ////////////////////////////////	PHONE NUMBER: JV) J/Z U/V
. Page	of Revised II

. ARS DH: 250928

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: LAGNTRES	OLEANERS		RECEL	VED	9-30-98
facility location: 2655			OCT 27	998	
	1 , 33135		Bureau of Air N & Mobile Sc	Monitoring ources	
Annual Reporting Period:	SEPT. 198	19	TO	SEPT. 199	19
Based on each term or condition of the 62-213,300, Florida Administrative Could NO, complete the following:	•		•	-	EP Rulc NO
#1. Term or condition of the general	permit that has not been	in continuo	ıs complianœ duri	ng the reporting peri	od stated above:
NO CONDENSER TEMP. RIADI			•	0 7	
Exact period of non-compliance: from	sepī.	97	to	SEPT. 98	
Action(s) taken to achieve compliance	: WILL START	USING CO	ND ENSER TENI	P. AND LOAK IN	SPECTION LOS
Method used to demonstrate complian	ncc:				
#2. Term or condition of the general	permit that has not been	n in continuo	us compliance dur	ing the reporting per	iod-stated above:
Exact period of non-compliance: fro	m		to		
Action(s) taken to achieve compliance	ce:				
Method used to demonstrate complia	nce:				
			· .		
As the responsible official, I hereby made in this notification are true, as upon rolling averages of purchase reyear for transfer or combination fac	ccurate and complete. Feceipts, does not exceed	urther, my o	nnual consumption	of)perchloroethylen	e solvent, based
RESPONSIBLE OFFICIAL:	Mine (Please Print	US	Sign	gnature	190/9 Day

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLAINT/DISCOVERY

ANNUAL

RE-INSPECTION	N O
FACILITY NAME: Chartres C	-8 St. 305)-68 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup 🗆 🗆
2. Facility failed to notify DARM to use general per	mit 🔻 🗖
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box) A.	☐ Drop store/out of business/petroleum
1. Existing small area source	2. New small area source
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source □
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	Ý DN DCan not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above lin	•
B. The total quantity of perchloroethylene (perc) p facility was 240 gallons.	urchased within the preceding 12 months by this dry cleaning



TYPE OF INSPECTION:



PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) □N □N/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 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? 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 XYY ON ON/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?

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?	OY XV
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY N X N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON XXVIA
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 194 1/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON BYNA
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 JANA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	,
6.	Routed airflow to the carbon adsorber (if used) at all times?	איא א אם צ A

PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	□Y ¾ (v					
2. Maintained rolling monthly averages of perc consumption?	OY X N					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	DY X DN/A					
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY X ON/A					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DYNA					
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DXÛ/A					
6. Maintained startup/shutdown/malfunction plan?	DN 🔀					
7. Maintained deviation reports?	A'NO PAG YO					
Problem corrected?	AVA UD YO					
8. Maintained compliance plan, if applicable?	D. A.					

PART VI: LEAK DETECTION AND REPAIRS								
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
insp	ection?					XY	⊓א	
	the facility maintained a leak log?					$\Box Y$	MA	
3. Doc	s the responsible official check the f	ollowi	ng ar	cas for leaks?			,	
	Hose connections, fittings, couplings, and valves	7	ПΝ	□N/A	Muck cookers	\$CY	ON ON/A	
	Door gaskets and seating	P Y	ΠИ	□N/A	Stills	KY Y	□N □N/A	
	Filter gaskets and seating	V ÎY	ПN	□N/A	Exhaust dampers	X	□N □N/A	
	Pumps	YY	ΠN	□N/A	Diverter valves	X	□N □N/A	
	Solvent tanks and containers	Ax.	ΩN	□N/A	Cartridge filter housings	X	ON ON/A	
	Water separators	YY	ΩИ	□N/A				
4. Whi	ich method of detection is used by the	ne rest	onsib	ole official?		•	:	
	Visual examination (condensed so	olvent	on ex	terior surfaces))	4		
	Physical detection (airflow felt the	rough	gaske	ets)				
	Odor (noticeable perc odor)							
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)								
Halogen leak detector								
	If using direct-reading instrumentation, is the equipment:							
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?							
	b. Calibrated against a s (PID/FID only)?	tanda	rd gas	s prior to and at	fter each use	ΠY	Ωи	
	c. Inspected for leaks ar	id obv	ious s	igns of wear or	a weekly basis?	ΩY	ΠN	
	d. Kept in a clean and s	ecure :	area v	when not in use	?	QY	Ωи	
e. Verified for accuracy by use of duplicate samples (calorimetric only)?							ΠN	
	KRISTAL YIPON							
	Inspector's Name (Please Print) Date of Inspection							
	Kustal Jipon	٠			05/200	٥		
•	Inspector's Signature Approximate Date of Next Inspection							

Revised 8/11/97

ADDITIONAL SITE INFORMATION:

Gave the responsible official DEP. calendar to use for record and log keeping, and explained uguirements.

Shop was to clean and pere machine in good working order.

AUC

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Chantres Cleaners	DATE: <u>05/19/99</u>
FACILITY NAME: Chantres Cleaners FACILITY LOCATION: 2555 S-W-881., Miani FL	33135
Annual Reporting Period: 05 TO 05	19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compl	liance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	lyes Dino
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	
Recording keeping not will availab	ble
Exact period of non-compliance: from	19 199
Recording keeping not some available Exact period of non-compliance: from to start a to 05/ Action(s) taken to achieve compliance: Have log/records pres	ent in office.
Method used to demonstrate compliance:	
Wo men and the state of the sta	
#2. Term or condition of the general permit that has not been in continuous compliance during the	
N/A.	·
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable	a incuing that the statements
made in this notification are true, accurate and complete. Further, my annual consumption of perci	hloroethylene solvent, based
upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry to dry fa year for transfer or combination facilities.	cilities or 1,800 gallons per
1/2 01/2	Il who
RESPONSIBLE OFFICIAL: Marme (Please Print) Signature	15 Jan 199
Signature	maig

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

Page ____ of ___

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
	50m AIRS ID#: 0250928.
TYPE OF FACILITY: PERC DRY CLEAN	UER
FACILITY NAME: CHANTER Cleaners	DATE: 05/18/99
FACILITY LOCATION: 2875 5 W. 84 31	Miami FL 33135- 1 17
RESPONSIBLE OFFICIAL: Henry Chautres	PHONE NUMBER: (305) 642-2555
Based on the results of the compliance requirements evaluate compliance with DEP Rule 62-213.300, Florida Administra	tive Code (F.A.C.).
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
Log [records of leak detection	Need to get log preords
Log / Records of leak detection + Temp. check not available.	current available
	·
COMMENTS:	
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: WK. Of 05/28/90	7
1. 1.	proximate)
INSPECTION CONDUCTED BY: KRISTAL	YIPON acco Brint
INSPECTOR'S SIGNATURE: Kirkal Jipa	PHONE NUMBER: 305 372-6925
Page	_of Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DI	SCOVERY	۵
AIRS ID#:	TE: 3//3/00	_ TIME II	N: <u>/050</u> TI	IME OUT:	1140
FACILITY NAME:	Chantres	Clean	nors	P	<u>~</u>
FACILITY LOCATION:	2222 Sr	2 8	34.		
	Miami, F	-(Our Pop	
responsible official : E	ngue Cha	n tres	PHONE: 305	-697 - 3	355 4
CONTACT NAME:			PHONE:	Source No.	<i>™</i> }.
					8
PART I: NOTIFICATION					·
(check appropriate box)			٠.		
1. New facility notified DARM 30 d	•				
2. Facility failed to notify DARM to	use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box)	rm that it is:		☐ No notification☐ Drop store/out of		roleum
A.				-	0.04
 Existing small area source dry-to-dry only, x < 140 gal/yr 		ew small ar	ea source x < 140 gal/yr		
transfer only, $x < 200 \text{ gal/yr}$	trans	fer only, x <	200 gal/yr		
both types, x < 140 gal/yr (constructed before 12/9/91)		types, $x < 1$	40 gal/yr or after 12/9/91)		
(constructed before 12/9/91)	, (cons	structed on t	n aiter 12/3/31)	220-	
3. Existing large area source	-	ew large ar		<u> </u>	
dry-to-dry only, $140 \le x \le 2,100$ g transfer only, $200 \le x \le 1,800$ gal			140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr		
both types, $140 \le x \le 1,800$ gal/yr	both	types, 140 <	≤ x ≤ 1,800 gal/yr		
(constructed before 12/9/91)	(cons	structed on o	or after 12/9/91)		
5. This is a correct facility classifi	cation A Y	ΠN	an not determine	ne	
If no, please check the appro	opriate classification:		•		
	alified for a general pe				
☐ facility ex	ceeds above limits and	u is not eligi	Die for a general pei	:mit	
B. The total quantity of perchloroeth facility was 316 gallons.	ylene (pere) purchase	d within the	preceding 12 month	ns by this dry c	leaning
	3	7	77 .		
	1 of	5	38/00	Revis	sed 9/15/97

PART III: GENERAL CONTROL REQUIREMENTS								
Is the responsible official of the dry cleaning facility: (check appropriate boxes)								
Storing perchloroethylene in tightly sealed and impervious containers?	□Y □N ØM/A							
2. Examining the containers for leakage?	OY ON BANA							
3. Closing and securing machine doors except during loading/unloading?	OY ON							
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A							
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DAN/A							
PART IV: PROCESS VENT CONTROLS								
In Part II-A:								
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 on a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1923							
If classification 4 has been checked, the machine should be equipped with a refrig (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?	OY 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?	□Y □N □N/A							
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON							
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A							
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON							

B	. Has the responsible official of an existing large or new large area source also:		
I 1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located		
- `	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
ľ	on dry-to-dry, rectantier, and dryer mac times on a weekly basis.	a. a.,	
1 _			
 2.	Measured and recorded the washer exhaust temperature at the condenser	_	
	inlet and outlet weekly?	\Box Y \Box N	\square N/A
ı	100	D	
l	Is the temperature differential equal to or greater than 20° F?	OY ON	UN/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	□N/A
1	in machines are equipped with a careen acceptance.		
ľ	Is the perc concentration equal to or less than 100 ppm?	OY ON	□N/A
ĺ			
1	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?	\Box Y \Box N	□N/A
ľ			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual		
	condenser coils?	NOVO	DN/A
	Condition Cond.	-, -,	
,			>
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	LIN/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	מע מא
2. Maintained rolling monthly total of perc consumption?	OY ON
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?	DY DN DN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OŸ ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	מם אם
7. Maintained deviation reports?	DA DU BONY
Problem corrected?	OY ON ON/A
8. Maintained compliance plan, if applicable?	OY QN ON/A

D. D. D. D. L.	DAY DEMOCRANA AND O	DD LVDG					
PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
inspection?				OY ON			
	ility maintained a leak log?			□Y □N			
	sponsible official check the f	following areas for leaks?					
	connections, fittings, plings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A			
Door	gaskets and seating	OY ON ON/A	Stills	OY ON ON/A			
Filter	gaskets and seating	אוחם חם אם	Exhaust dampers	OY ON ON/A			
Pump	os	אום אוס אם	Diverter valves	OY ON ON/A			
Solve	nt tanks and containers	DY DY DINA	Cartridge filter housings	□Y □N □N/A			
Water	r separators	ON ON OWY					
4. Which meth	hod of detection is used by th	e responsible official?					
Visua	a						
Physic							
Odor							
Use _. o	f direct-reading instrumentati	ion (FID/PID/calorimetric to	ubes)				
Halog	en leak detector						
Ιſ	using direct-reading instru	mentation, is the equipme	nt:	□N/A			
	a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	אם צם			
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and after	each use	□У □И .			
	c. Inspected for leaks and	obvious signs of wear on a	weekly basis?	אם אם			
	d. Kept in a clean and sec	cure area when not in use?		DY BY			
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?						
			/ /				

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of Next Inspection

Revised 9/15/97

2.0. * Contact net onsite.

Reendo not available for impertion.

DOU For failure to maintain receipts.

NOV for falue de maintain logs.

Union new machine

3 drums of 52 gallons pumped
into new machine.

Union has "Sub-Fero" filter for waste water, Transford 30 galles for dd to new

396 gallors perchard since Warch 99. No subtractors for '98 were made.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗗	СОМР	LAINT/DISCOVERY	RE-INSPECTION	
TIME IN: 10 50	TIME OUT:	1140	AIRS ID#:	0350528	
TYPE OF FACILITY:	Parc Dy	Clear			
FACILITY NAME:	Chantres		aner)	DATE:3/12/00	2
FACILITY LOCATION:	5222 30	<u>ي</u>	8 34.		
	M.am.,	FC	· 		
RESPONSIBLE OFFICIAL: 6	nrique Char	tres	PHONE NUMBER	1: 305 - 642 - 25	22
compliance with DEP R Based on the results of t	ule 62-213.300, Florida Ad he compliance requirements	ministrati	d during this inspection, the fave Code (F.A.C.). d during this inspection, the fo		
discrepancies were noted		1			
COMPLIANCE REQU		I	FOLLOW-UP ACT	-	
Not maintaining For inspection: la	j records aw	ilable	Manitani a	ll required l	ניקט
tor inspection: /	rak, temp, rolling	1055	· .	<u>.</u>	
		-			
· :	•				•
•				• • •	
COMMENTS:					
The Annual Compliance Certific	ation form has been proper!	y certified	and submitted to the inspecto	r. YES NO	 }
DATE OF NEXT INSPECTIO	N:3	sloc			
		(Appr	oximate)		
INSPECTION CONDUCTED	BY: <u>Ivan</u>	- ta	se Print)		
INSPECTOR'S SIGNATURE:	Don Ja	(Fleas	•	a: <u>305-772-69</u>	<u>22</u>
		Page (of .	Ravicad	110/04

airs id#: 0950928 RECEIVED



Revised 10/10/96

MAR 2 2 2000 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Management Division

		- miniainii				, ,
FACILITY NAME:	Chantle	s Cl	eaners		DATE:	3/13/00
FACILITY LOCATION:	2555	Şω	8	st		•
	Mian	, FL				
			.	-		
Annual Reporting Period:	Warel		_19 <u>95</u> T	o	March	113 ges 501
Based on each term or condition	on of the Title V ger	neral air permit,	my facility has	s remained in	ompliance with DEF	Rule_
62-213.300, Florida Administr	ative Code (F.A.C.), during the per	iod covered by	this statement	. □YES	NO
If NO, complete the following:				·		
#1. Term or condition of the g	eneral permit that	has not been in o	continuous com	npliance during	g the reporting period	stated above:
Not maintain	a) recor	ds ava	ilable	For 1.	Nechan	
		• •				
Exact period of non-compliance						<u> </u>
Action(s) taken to achieve com	ipliance: <u>B</u>	ega re	condkeo	ping		
Method used to demonstrate co	ompliance:	FAEP (Catender	<u> </u>		
#2. Term or condition of the g	general permit that	has not been in o	continuous com	pliance during	g the reporting period	stated above:
				-		·
Exact period of non-complianc	e: from		t			
-			.			
Action(s) taken to achieve com	ipnance:		· ·		· •	<u> </u>
Method used to demonstrate co	ompliance:				·· · -	
		•				<u> </u>
As the responsible official, I he made in this notification are tr upon rolling averages of purch year for transfer or combinatio	rue, accurate and co nase receipts, does	omplete. Furthe	r, my annual c	onsumpțion of	perchloroethylene so	olvent, based
RESPONSIBLE OFFICIAL:	FILMBIA-	Morris			IMM B	3/10/00
		lease Print)		Signat	nure	Date
<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.







NOTICE OF VIOLATION

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

TO: Enrique Chan	1/es			
ADDRESS: 2555 Sw 8	st. M. am, FC			
SOURCE/LOCATION: () Cle	awars.			
YOU ARE HEREBY NOTIFIED that on				
Operating without an Air Permit	Excessive Visible Emissions			
Uncontrolled fugitive particulates	Improper handling/removal of asbestos			
Non-compliance with Stage II Vapor Recovery	Non-compliance with CFC regulations OTHER			
	OTHERS			
Specifically: Not in compliance	Jith Title V General Ar Permit			
Reguments Rule 63-313, 300/61/6	1. Record Keeping Paguirements			
In view of the above, and pursuant to the authority g	ranted to me by Sections 24-54 and 24-5(15)a,			
☐ Immediately upon receipt of this NOTIC Cease and Desist the above-referenced	E, initiate corrective measures to eliminate and/or violation(s).			
you have taken to ensure that no furthe	TICE, submit to this office in writing the steps which her violations will occur. Said report may include onts, or servicing performed to correct the violation.			
□ Within days of receipt of this NO 372-6925 to discuss air permit requirem	TICE, contact the Air Section of this Department at ents.			
□ Within days of receipt of this NC discuss other Departmental permitting re	TICE, contact Plan Review Section at 375-3330 to equirements.			
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.				
For further information regarding the above, please conta	ct the Air Section of this office at 372-6925.			
	Sincerely,			
GUSTAUN	John W. Renfrow, P.E. Director			
Received by: Dusta	By: <u>Tvan Fannin</u>			
Title: Delivery	Signature: Law Dans			
Date: 7/1/	Section: As Facure 7165			

METROPOLITAN DADE COUNTY, FLORIDA





NOTICE OF VIOLATION

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

TO: Enrique Chantres	<u> </u>
ADDRESS: 2555 Sw & it., Miam. FL	<u> </u>
SOURCE/LOCATION: At Chantres Cleaners	
YOU ARE HEREBY NOTIFIED that on	
Operating without an Air Permit Excessive Visible Emissions	
Uncontrolled fugitive particulates Improper handling/removal of asbestos	
Non-compliance with Non-compliance with CFC regulations	
Stage II Vapor Recovery OTHER	
Specifically: Not in compliance with Title V Air Goveral Por Requirements Rula 62-213. 200/6)(a) and (2)(K). All secents porchloroethylene must be Kept onsite and available for inf	mit
Requirements Rula 62-213. 200/6/(a) and (2)(K). All secents	Yor.
porchloroethylene must be kept onsite and available too ini	1 e c lor
In view of the above, and pursuant to the authority granted to me by Sections 24-54 and 24-5(15) Metropolitan Dade County Environmental Protection Ordinance, I hereby order you to:	a,
Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/company cease and Desist the above-referenced violation(s).	or
Withindays of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation FAx perc receipts from Unique 1998, 19	de n
□ Within days of receipt of this NOTICE, contact the Air Section of this Department 372-6925 to discuss air permit requirements.	at:
 Within days of receipt of this NOTICE, contact Plan Review Section at 375-3330 discuss other Departmental permitting requirements. 	to
Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.	1 ė
For further information regarding the above, please contact the Air Section of this office at 372-6925.	
Sincerely	
GUSTAUU John W. Renfrow, P.E. Director	
Received by: Sentan By: Ivan Fannin	
Do O se A se	-
Title: Signature:	
Date: Section: Ac Facilities	<u> </u>



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

RECEIVED

MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

TRemove Label

AIRS ID# 0250928
EANERS INC
CHANTRES
ITH STREET

APR 20 98

Do NOT Remove Label

SPANNY CLEANERS INC ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135

Org.: 97550101000 EO: B1

Fand: 20-2-035001

002273

Z 333 613 122 US Postal Service Receipt for Certified Mail AIRS ID# 0250928 SPANNY CLEANERS INC ENRIQUE CHANGE ENRIQUE CHANTRES 2555 SW 8TH STREET **MIAMI FL 33135** 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 PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

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 card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write 'Return Receipt Requested' on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.	t we can return this pace does not rticle number.	Talso wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	 ceipt Service,
3. Article Addressed to: AIRS ID# 0250928 SPANNY CLEANERS INC ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135	4a. Article N 2 3 3. 4b. Service Register Express	36/3/2 \\ Type red □ Certified	 eturn Re
5. Received By: (Print Name)	7. Date of D	e's/Address (Only if requested	ו רhank vou for נו
6. Signature: (Addressee of Agent) PS Form 3811, December 1994	102595-97-8-0179	Domestic Return Receip	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361966

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 # 0250928

CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

VERNMENT USE ONLY

P 174 052 169 US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse) AIRS ID # 0250928 CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET **MIAMI FL 33135** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ 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 'Aeturn Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not le number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
ADDRESS completed	AIRS ID # 0250928 CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135	4a. Article N 4b. Service 1 Registere Express I Retum Re	Type ad Certified Mail Insured beipt for Merchandise COD cellivery	tor using Return R
Is your RETURN	6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addresses and fee is	e/s Address (Only if requested paid) Domestic Return Receipt	I nank you

CH EN 255	Z 333 LE US Postal Service Receipt for Cert ANTRES CLEANERS RIQUE CHANTRES S SW 8TH STREET AMI FL 33135	AIRS ID # 0250928
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
Aprií	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

SENDER: Complete items 1 and/or 2 for addition Complete items 3, 4a, and 4b. Print your name and address on the results of the second			I also wish to receive the following services (for an extra fee):
card to you. Attach this form to the front of the mai permit. Write "Return Receipt Requested" on a The Return Receipt will show to whom delivered.	ilpiece, or on the back if space	e does not le number.	Addressee's Address Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW/8TH STREET MIAMI FL/33135	AIRS ID # 0250928	4a. Article N 2 3 3 4b. Service Registere Express Return Rec 7. Date of Date	3 660 574 Type ed
Received By: (Print Name) Signature: (Andressee or Age	nt)	8. Addressee and fee is	e's Address (Only if requested paid)

.

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.

Do NOT Remove Label

CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET **MIAMI FL 33135**

TOTAL AMOUNT DUE: \$50.00 of Air Monitor Sources

Remove Label

AIRS ID # 0250928

NERS EOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

	US Postal Service Receipt for Cer	tifie	d Mail		
	SPANNY CLEANERS I ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135	3	AIRS ID 025092		
	Postage	\$			
	Certified Fee				
	Special Delivery Fee				
,,,	Restricted Delivery Fee				
April 1995	Return Receipt Showing to Whom & Date Delivered		-		
April	Return Receipt Showing to Whom, Date, & Addressee's Address				
800,	TOTAL Postage & Fees	\$			
Form 3800	Postmark or Date				
	1			1	

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 card to you. Attach this form to the front of the mailpiece, or on the back if spermit. Write 'Return Receipt Requested' on the mailpiece below the article was delivered delivered.	pace does not ticle number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: AIRS ID 0250928 SPANNY CLEANERS INC ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135	4b. Service ☐ Registere ☐ Express	Type ed Mail Insured ceipt for Merchandise COD
5. Received By: (Print Name) 6. Signature: (Agaressee or Agent)	8. Addresse and fee is	e's Address (Only if requested paid)



TITLE V - General Permit Receipts Post Office Box 3070 Tallahassee, FL 32315-3070

32315+3070 33

422250 JAN272003

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#0250928

CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273

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Best Available Copy

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
7370	OFFICIAL HOT
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3108	Postage \$ Certified Fee
0013	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
7000 1670	S 10 AIRS ID # 0250928001AG ENRIQUE CHANTRES CHANTRES CLEANERS 2555 SW 8TH STREET MIAMI FL 33135

PLACE STICKER AT TOP OF ENVELOPE	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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
AIRS ID # 0250928001AG NRIQUE CHANTRES	·
HANTRES CLEANERS 555 SW 8TH STREET 41AMI FL 3135	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7000/67000	013 3108.2320
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

(cat neic)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING-

405668 FEB**20**2001

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250928

CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET MIAMI FL 33135

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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7825	Postage Certified Fee	\$		Postmark	
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			Here	
7000 0600	Recipi CHANTRES C ENRIQUE CI- Street, 2555 SW 8TH MIAMI FL 33	IANTRES STREET	AIRS II	D # 0250928	
	PS Form Cooper Con Street	The Control of the Control	- mary property seeds	ALTO CONTRACTOR AND	istructions

N. S.	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2 and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250928 CHANTRES CLEANERS ENRIQUE CHANTRES 2555 SW 8TH STREET	A. Received by (Please Print Clearly) C. Signature X
MIAMI FL 33135	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7000 0600 0026 7825 6	492
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789