



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 1, 1997

Mr. Vicente A. Jimenez
Ademarie's Dry Cleaners
1886 Southwest 57 Avenue
Miami, Florida 33155

Re: Facility No.: 0250934

Dear Mr. Jimenez:

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

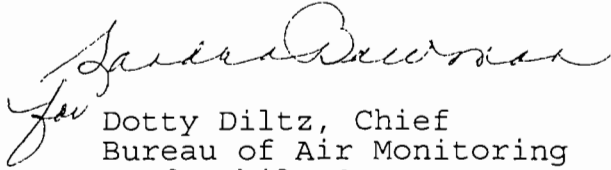
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

NOV 05 1997

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	Vicente A Jimenez		Air Quality Management Division
2. Site Name (For example, plant name or number):	Ademarie's Dry Cleaners		
3. Hazardous Waste Generator Identification Number:	FLD982144180		
4. Facility Location:	Street Address:	City:	County: Zip Code:
	1886 SW 57 Ave	Miami	Dade 33155
5. Facility Identification Number (DEP Use):	0250934		

Responsible Official

6. Name and Title of Responsible Official:	Vicente A Jimenez - Owner		
7. Responsible Official Mailing Address:	Organization/Firm:	Street Address:	City: County: Zip Code:
		Same As Above	
8. Responsible Official Telephone Number:	Telephone:	Fax:	() -
	(305) 264 - 0623		

Facility Contact (If different from Responsible Official)

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

RECEIVED

NOV 14 1997

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>Example</i>	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser		01-NOV-92	01-NOV-92						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed .

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

100 gallons

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source

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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

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

(a) Purchase receipts and solvent purchases

(b) Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

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

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

Responsible Official Certification

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

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

Scott A. Jirinec
Signature

11 5 97
Date

interoffice
MEMORANDUM

Contact Person - English



MIAMI-DADE COUNTY
DEPARTMENT OF PLANNING AND ZONING
ZONING INSPECTIONS SECTION

To: Marcelo Barros
From: Debbie Griner
Subject: 0250934 Ademarie's Dry Cleaner
Date: January 19, 1999

RAMIRO MARTINEZ
ZONING INSPECTOR

STEPHEN P. CLARK CENTER
111 N.W. 1st ST., 11th FLOOR
MIAMI, FLORIDA 33128-1974

PHONE: (305) 375-3606
FAX: (305) 375-4976

Mr. Ramiro Martinez, son-in-law of Responsible Official (R.O.) Mr. Vicente Jimenez, came into the office today to discuss the results of the compliance inspection I conducted on 1/6/99. I provided a copy of the inspection summary report and explained that the R.O. was directed to have a gauge installed in order to monitor the temperature of the refrigerated condenser outlet stream as required by Florida Department of Environmental Protection Rule 62-213.300, Florida Administrative Code (F.A.C.). The facility was given 30 days to comply with this requirement.

While discussing the requirements of this permit, I explained how the applicability of particular requirements depend upon the installation date of the dry cleaning machine. Mr. Martinez said he believed this facility had been in operation since about 1988 and would double check the machine installation date of Nov. 1992 as appears on the notification form. If the machine was in fact installed prior to Dec. 1991, no controls would be required and therefore a gauge would not be necessary.

According to Mr. Martinez, Mr. Jimenez was told by his "machine mechanic" that a gauge could not be installed on his particular machine. Mr. Martinez questioned the dependability of this conclusion. I suggested that he contact another mechanic or one of the dry cleaner associations.

I informed Mr. Martinez that if a gauge was not installed within 30 days (ending Feb. 5, 1999), the R.O. would probably be required to submit a compliance plan that outlines when and how a facility will come into compliance. I said I would check with my supervisor, Marcelo Barros, about the appropriate next step and would call him back with that information by Wednesday, January 20, 1999.

Please see attached FDEP Compliance Inspection Checklist Instruction Sheet. Notice in Part IV that this compliance plan refers to the installation of appropriate vent controls (refrigerated condenser). This facility does have a refrigerated condenser but does not have the equipment necessary for the temperature monitoring. The suggested action for non-compliance with the monitoring of the temperature of the outlet stream of the refrigerated condenser "...is for the R.O. to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector." In summary, there is no specific guideline for lack temperature monitoring equipment, only guidelines for lack of control equipment and lack of performing the temperature monitoring.

As discussed, please advise on appropriate action after your inquiry to FDEP.

AIR ID#: 0250934

BEST AVAILABLE COPY

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ademarie's Dry Cleaner DATE: 1/6/99
FACILITY LOCATION: 1886 SW 57 Ave Miami, FL 33155

Annual Reporting Period: 1 1998 TO 1 1999

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

If NO, complete the following:

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

NO refrigerated condensers temperature gauge on machine.

Exact period of non-compliance: from 11/97 to 1/98

Action(s) taken to achieve compliance: Call mechanic for installation within 30 days

Method used to demonstrate compliance: Call DERM + fax receipt

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

No record keeping of leak inspection, ref. condenser temp. + 12 month rolling

Exact period of non-compliance: from 11/97 to 1/98

Action(s) taken to achieve compliance: Begin doing inspection for leak, temp. monitoring, +

Method used to demonstrate compliance: FDEP Calendar

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to-dry facilities or 1,800 gallons per year for transfer or combination facilities.
RESPONSIBLE OFFICIAL: Vicente Jimenez Name (Please Print) Vicente Jimenez Signature 1/6/98 Date

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

interoffice MEMORANDUM

Contact Person - English



MIAMI-DADE COUNTY
DEPARTMENT OF PLANNING AND ZONING
ZONING INSPECTIONS SECTION

To: Marcelo Barros
From: Debbie Griner
Subject: 0250934 Ademarie's Dry Cleaner
Date: January 19, 1999

RAMIRO MARTINEZ
ZONING INSPECTOR

STEPHEN P. CLARK CENTER
111 N.W. 1st ST., 11th FLOOR
MIAMI, FLORIDA 33128-1874

PHONE: (305) 375-3506
FAX: (305) 375-4976

Mr. Ramiro Martinez, son-in-law of Responsible Official (R.O.) Mr. Vicente Jimenez, came into the office today to discuss the results of the compliance inspection I conducted on 1/6/99. I provided a copy of the inspection summary report and explained that the R.O. was directed to have a gauge installed in order to monitor the temperature of the refrigerated condenser outlet stream as required by Florida Department of Environmental Protection Rule 62-213.300, Florida Administrative Code (F.A.C.). The facility was given 30 days to comply with this requirement.

While discussing the requirements of this permit, I explained how the applicability of particular requirements depend upon the installation date of the dry cleaning machine. Mr. Martinez said he believed this facility had been in operation since about 1988 and would double check the machine installation date of Nov. 1992 as appears on the notification form. If the machine was in fact installed prior to Dec. 1991, no controls would be required and therefore a gauge would not be necessary.

According to Mr. Martinez, Mr. Jimenez was told by his "machine mechanic" that a gauge could not be installed on his particular machine. Mr. Martinez questioned the dependability of this conclusion. I suggested that he contact another mechanic or one of the dry cleaner associations.

I informed Mr. Martinez that if a gauge was not installed within 30 days (ending Feb. 5, 1999), the R.O. would probably be required to submit a compliance plan that outlines when and how a facility will come into compliance. I said I would check with my supervisor, Marcelo Barros, about the appropriate next step and would call him back with that information by Wednesday, January 20, 1999.

Please see attached FDEP Compliance Inspection Checklist Instruction Sheet. Notice in Part IV that this compliance plan refers to the installation of appropriate vent controls (refrigerated condenser). This facility does have a refrigerated condenser but does not have the equipment necessary for the temperature monitoring. The suggested action for non-compliance with the monitoring of the temperature of the outlet stream of the refrigerated condenser "...is for the R.O. to make appropriate corrections before the next regularly scheduled inspection. These items should be checked to verify compliance during the next regularly scheduled inspection. Proceed with enforcement if any of these items are not corrected within 1 year of initially being advised of noncompliance by the inspector." In summary, there is no specific guideline for lack temperature monitoring equipment, only guidelines for lack of control equipment and lack of performing the temperature monitoring.

As discussed, please advise on appropriate action after your inquiry to FDEP.

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Ademarie's Dry Cleaner DATE: 1/6/99
 FACILITY LOCATION: 1886 SW 57 Ave
Miami, FL 33155

Annual Reporting Period: 1 19 98 TO 1 19 99

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

If NO, complete the following:

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

No refrigerated condensers temperature gauge on machine.

Exact period of non-compliance: from 11/97 to 1/98

Action(s) taken to achieve compliance: Call mechanic for installation within 30 days

Method used to demonstrate compliance: Call DERM + fax receipt

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

No record keeping of leak inspection, ref. condenser temp., + 12 month rolling le

Exact period of non-compliance: from 11/97 to 1/98

Action(s) taken to achieve compliance: Begin doing inspection for leak, temp. monitoring, + rec

Method used to demonstrate compliance: DERM Calendar

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

RESPONSIBLE OFFICIAL: Vicente Jimenez Vicente Jimenez 1/6/98
 Name (Please Print) Signature Date

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

METROPOLITAN DADE COUNTY, FLORIDA



Department of Environmental Resources Management
33 S.W. 2nd Avenue
Miami, FL. 33130-1540

F
A
X

T
R
A
N
S
M
I
T
T
A
L

SEND TO:

Name: Sandy BOWMAN

Company/Department: DET / DERM / BAAMS

Phone Number: 850 - 488 - 6140

Fax Number: 850 - 922 - 1362

Message:

FROM:

Name: MARCELO BARROS

Division/Section: AQMD / AFS

Phone Number: 305 372-6944

Fax Number: (305) 372-6954

Date: 1/20/99

Number of Pages (including this one):

3

1) New facility? ^{2 years}

11/92 refrigeration
condenser
new machines?

2) Schematic of unit - contact
manufacturer. *

→ can a thermometer be installed
w/o voiding warranty?

→ leniency → unfamiliar w/regs
US aware of regs but
choose not to comply?

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

RECEIVED

AIRS ID#: 0250934 DATE: 1/10/99 TIME IN: 10:41 am TIME OUT: 11:45 am
 FACILITY NAME: Ademarie's Dry Cleaners
 FACILITY LOCATION: 1886 Southwest 57 Ave
Miami, FL 33155
 RESPONSIBLE OFFICIAL: Vicente Jimenez PHONE: (305) 264-0623
 CONTACT NAME: _____ PHONE: _____

Bureau of Air Monitoring
& Mobile Sources

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

No notification form
 Drop store/out of business/petroleum

A.

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

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

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 136.5 gallons.

DAG
2/19/99
ARMS

1/12/99

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls? Y N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/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? Y N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

Deborah Griner
 Inspector's Name (Please Print)

1/06/99
 Date of Inspection

Deborah Griner
 Inspector's Signature

1/2000
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional site information.

Acc

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED

FACILITY NAME: Ademarie's Dry Cleaner DATE: MAR 14 1999
 FACILITY LOCATION: 1886 SW 57 Ave
Miami, FL 33155
 Bureau of Air Monitoring & Mobile Sources

Annual Reporting Period: 1 19 98 TO 1 19 99

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

If NO, complete the following: N/A 2/19/99 JGG

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No refrigerated condenser temperature gauge on machine

Exact period of non-compliance: from 11/97 to 1/98

Action(s) taken to achieve compliance: Call mechanic for installation within 30 days

Method used to demonstrate compliance: Call DERM + fax receipt

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
No recordkeeping of leak inspection, ref. condenser temp., + 12

Exact period of non-compliance: from 11/97 to 1/98 month rolling log

Action(s) taken to achieve compliance: Begin doing inspection for leak, temp. monitoring, + record

Method used to demonstrate compliance: FDEP Calendar

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

RESPONSIBLE OFFICIAL: Vicente Jimenez Vicente Jimenez 1/16/98
Name (Please Print) Signature Date

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

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: _____ TIME OUT: _____ AIRS ID#: _____
TYPE OF FACILITY: _____
FACILITY NAME: _____ DATE: _____
FACILITY LOCATION: _____
RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED

COMMENTS: _____

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

DATE OF NEXT INSPECTION: _____
(Approximate)

INSPECTION CONDUCTED BY: _____
(Please Print)

INSPECTOR'S SIGNATURE: _____ PHONE NUMBER: _____

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:41 am TIME OUT: 11:45 am AIRS ID#: 0250454

TYPE OF FACILITY: Perc Dry Cleaner

FACILITY NAME: Ademarie's Dry Cleaners DATE: May 17 1999

FACILITY LOCATION: 1886 SW 57 Ave.
Miami, FL 33155

RESPONSIBLE OFFICIAL: Vicente Jimenez PHONE NUMBER: (305) 267-5000

RECEIVED
Bureau of Air Monitoring & Mobile Sources

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

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

COMPLIANCE REQUIREMENT/PROBLEM

FOLLOW-UP ACTION REQUIRED

<p>Facility does not have a refrigerated condenser temperature gauge on the outlet side of the condenser.</p>	<p>Need to have install temperature gauge as required and described in DEP Rule 62-213.300, FAC.</p>
<p>No reading and measurement of refrigerated condenser temp.</p>	<p>Begin keeping record of refrigerated condenser temperature.</p>
<p>No rolling monthly total of perc consumption.</p>	<p>Begin keeping record in calendar provided.</p>
<p>No record of weekly leak detection inspection</p>	<p>Begin keeping record in calendar provided.</p>
<p></p>	<p></p>
<p></p>	<p></p>

COMMENTS: ~~Instructed the R.O. (Mr. Jimenez) to install refrigerated condenser temperature gauge within 30 days. He must call me to inform me of date of installation and fax the receipt for the labor.~~ 2/19/99 Determined N/A. See letter.

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

DATE OF NEXT INSPECTION: 1/2000 (Approximate)

INSPECTION CONDUCTED BY: Debora Griner (Please Print)

INSPECTOR'S SIGNATURE: *Debora Griner* PHONE NUMBER: (305) 372-6925

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

NOV 13 2000

Bureau of Air Monitoring
& Mobile Sources

✓ TYPE OF INSPECTION: ANNUAL
RE-INSPECTION

COMPLAINT/DISCOVERY

AIRS ID#: 0250934 DATE: 9/12/00 TIME IN: 12:35pm TIME OUT: 1:00pm
 FACILITY NAME: Ademaries Dry Cleaners
 FACILITY LOCATION: 1886 SW 57 Ave
Miami, FL 33155
 RESPONSIBLE OFFICIAL: Vicente Jimenez PHONE: (305) 264-0623
 CONTACT NAME: _____ PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

- No notification form
- Drop store/out of business/petroleum

A.

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

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

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

If no, please check the appropriate classification:

- facility qualified for a general permit as number 1 above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

(check appropriate boxes)

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

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

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A
 - Is the temperature differential equal to or greater than 20° F? Y N N/A

3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 - Is the perc concentration equal to or less than 100 ppm? Y N N/A

4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A

5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A

6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N

2. Maintained rolling monthly total of perc consumption? Y N

3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A

4. Maintained calibration data? *(for applicable direct reading instruments)* Y N N/A

5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A

6. Maintained startup/shutdown/malfunction plan? Y N

7. Maintained deviation reports? Y N N/A
 - Problem corrected? Y N N/A

8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

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

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

Hose connections, fittings, couplings, and valves

Y N N/A

Muck cookers

Y N N/A

Door gaskets and seating

Y N N/A

Stills

Y N N/A

Filter gaskets and seating

Y N N/A

Exhaust dampers

Y N N/A

Pumps

Y N N/A

Diverter valves

Y N N/A

Solvent tanks and containers

Y N N/A

Cartridge filter housings

Y N N/A

Water separators

Y N N/A

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

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)

Halogen leak detector

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N

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

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

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

Deborah Griner -
Inspector's Name (Please Print)

9/12/00
Date of Inspection

Deborah Griner
Inspector's Signature

9/2001
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Mr. Jimenez had the calendar but was not keeping any records.

- * Changed facility classification to "existing" b/c machine was installed in 1988.



**TITLE V AIR QUALITY GENERAL PERMIT
FIELD NOTICE OF VIOLATION**



Miami-Dade County Department of
Environmental Resources Management
33 S.W. 2nd Ave. Suite 900
Miami, FL 33130-1540
(305)372-6925 (305)372-6954 fax

FACILITY OWNER/COMPANY NAME Vicente Jimenez
 SITE NAME: Ademarie's Dry Cleaners AIRS ID# 0250934
 FACILITY LOCATION 18810 SW 57 Ave.
 TYPE OF FACILITY: Perc Dry Cleaner
 RESPONSIBLE OFFICIAL: Vicente Jimenez PHONE NUMBER: (305)2104-0023

YOU ARE HEREBY NOTIFIED that on 9/12/00, the following violations of Chapter 62-213.300 F.A.C., pursuant to Chapter 403 F.S. and adopted by reference in Section 24-54 of the Code of Miami-Dade County, were observed by a representative of this Department. In view of the above and pursuant to the authority granted to me under the provisions of Section 24-5 of the Code of Miami-Dade County, I hereby order you to, immediately upon receipt of this **NOTICE, CEASE and DESIST** from the violations referenced below and immediately initiate any required corrective actions within the timeframes set forth below.

Title V General Permit Condition Reference Pursuant to 62-213.300 F.A.C.	INSPECTOR'S FINDINGS/ COMPLIANCE REQUIREMENTS	CORRECTIVE ACTIONS REQUIRED	CORRECT ON OR BEFORE
11(6)(b) 11(7)(a)	No 12 month rolling log of perc purchases.	Begin keeping rolling log. Fax records to (305)372-6954	10/12/00 30 days
11(7)(a) 9/12/00	No leak detection inspection log.	Begin keeping log. Fax records to (305)372-6954	10/12/00 30 days

ADDITIONAL INFORMATION:

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

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

Failure to comply with the above or continued operation in violation of Chapter 24 of the Code of Miami-Dade County and Chapter 62 F.A.C., may subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56 of the Code of Miami-Dade County, including the issuance of a Uniform Civil Violation Notice (UCVN).

For further information, please contact the Air Facilities Section at (305)372-6925.

John W. Renfrow, P.E.
Director

By (please print): Deborah Griner
 Section: Air Facilities Date: 9/12/00
 Signature: [Signature]

Received By (please print): Vicente Jimenez
 Title: RO Date: 9/12/00
 Signature: [Signature]

file

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

FACILITY NAME: Ademarie's Dry Cleaners DATE: 9/12/00
 FACILITY LOCATION: 1886 SW 57 Ave
Miami, FL 33155

Annual Reporting Period: 9 1999 TO 9 ~~30~~ 20 ~~12~~ 00

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

If NO, complete the following:

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

Not keeping records

Exact period of non-compliance: from 9/99 to 9/2000

Action(s) taken to achieve compliance: Begin keeping

Method used to demonstrate compliance: Fax copies after 30 days

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

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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

RESPONSIBLE OFFICIAL: Vicente Jimenez Vicente Jimenez 9/12/00
 Name (Please Print) Signature Date

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

Ademario's Dry Cleaner
 1886 SW 57th Ave

SEPTEMBER 2000

fax 10/12/00

CONDENSER TEMP LOG *Miami FL 33145* PERC PURCHASES RUNNING TOTAL

PAGE 01

DATE	TEMP	Is temp less than or equal to 45° F (7.2° C)?	
		Y	N
		Y	N
		Y	N
		Y	N
		Y	N

TOTAL FROM LAST MONTH		
SUBTRACT PERC PURCHASED SEPTEMBER 1999		
SUBTOTAL		
PURCHASE DATE	PURCHASE AMOUNT	12 MONTH RUNNING TOTAL
	+	
	+	

NOTES

PRINT TIME OCT. 12. 9:51AM

INSPECTIONS

AHN: Debora Griner

FM. Vice

INSPECTED	LEAKING?								DATE PARTS ORDERED	DATE PARTS RECEIVED
	<i>off</i>	<i>off</i>	DATE							
HOSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
DOOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
PUMP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
SOLVENT TANK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
WATER SEPARATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
MUCK COOKER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
STILL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
EXHAUST DAMPER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
DIVERTER VALVE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
FILTER GASKET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
CARTRIDGE FILTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y			
WASTE CONTAINERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	N Y	N Y	N Y	N Y	N Y	LABELED Y N	DATED Y N	

RECEIVED TIME OCT. 12. 9:49AM

10/12/2000 10:24 3052552883

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

7455
3108
907E
E100
0013
0270
1670
0000

OFFICIAL USE

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

Receipt
 Costmark
 Here
02

1 10 AIRS ID # 0250934001AG
 Se VICENTE A JIMENEZ
 ADEMARIE'S DRYCLEANERS
 St 1886 SW 57TH AVENUE
 City MIAMI FL
 33155

PS Form 3800, May 2000

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:
 10 AIRS ID # 0250934001AG
 VICENTE A JIMENEZ
 ADEMARIE'S DRYCLEANERS
 1886 SW 57TH AVENUE
 MIAMI FL
 33155

2. Article Number
 (Transfer from service label) **70001670001331087455**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <i>Vicente Jimenez</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

4. Restricted Delivery? (Extra Fee) Yes



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413461 JAN24 2002

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 # 0250934
ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL
33155

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

P 174 052 309

2000

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250934

ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

PS Form 3800, April 1995

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

SENDER

Fold at line over top of envelope to

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 # 0250934

ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

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

C. Signature Addressee Agent

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

P 174 052 309

7 333 660 499

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0250934

ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

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

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: AIRS ID # 0250934
ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

4a. Article Number: 2 333 660 499

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

7. Date of Delivery: 2/13/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X: Vicente A Jimenez

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

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

P 174 052 153

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID # 0250934

ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID # 0250934
ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

4a. Article Number

P174 052 153

4b. Service Type

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

7. Date of Delivery

12/1/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Vicente A Jimenez

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392233

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 # 0250934

ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
FEB 16 00

0360857

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 # 0250934

ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

RECEIVED
MAIL ROOM
FEB 17 98

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404216

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

1-30-01A

Do **NOT** Remove Label

AIRS ID # 0250934

ADEMARIE'S DRYCLEANERS
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

RECEIVED
MAIL ROOM
JAN 30 0

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

✓ 301444

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

TOTAL AMOUNT DUE: \$50.00

RECEIVED
MAIL ROOM

JAN 30 98

Do **NOT** Remove Label

AIRS ID#0250934

VICENTE A JIMENEZ
VICENTE A JIMENEZ
1886 SW 57TH AVENUE
MIAMI FL 33155

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