



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

April 3, 1998

Ms. Yolaine Saint-German
Sabal Family Cleaners
5305 Northeast 2nd Avenue
Miami, Florida 33137

Re: Facility No.: 0250953

Dear Ms. Saint-German:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 27, 1998.

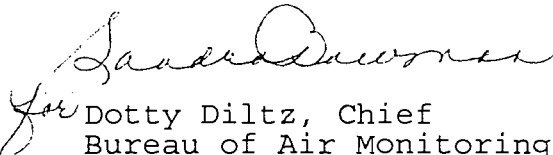
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

wked - 3/16 LM
3/23 LM

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

OCT 27 1998

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

Bureau of Air Monitoring
& Mobile Sources

AIRS ID#: 0250953 DATE: 09/30/98 TIME IN: 4:00 pm TIME OUT: 4:20 pm
FACILITY NAME: Sabal Family Cleaners
FACILITY LOCATION: 5305 N. E. 2nd Ave.
Miami FL 33137
RESPONSIBLE OFFICIAL: Yolaine Saint-Germain PHONE: (305) 754-4053
CONTACT NAME: Seme. PHONE:

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

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

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

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

MBS
10/15/98
ARMS

MBS
9/30/98

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?
- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?
- Visual examination (condensed solvent on exterior surfaces)
- 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

KRISTAL YIPON
Inspector's Name (Please Print)

09/30/98.
Date of Inspection

Kristal Yipon
Inspector's Signature

09/99
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

I left the Annual Compliance Certification form at facility, so Ms. Saint-German could fill it in and send it to D.E.R.M office.

I also left a copy of the D.E.P. calendar for record keeping at site.

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 4:00 pm. TIME OUT: 4:20 pm AIRS ID#: 02509531
 TYPE OF FACILITY: Existing small area Source Dry Cleaner
 FACILITY NAME: Sabal Family Cleaners. DATE: 09/30/98.
 FACILITY LOCATION: 5305 N.E. 2nd Ave.
 Miami FL 33137
 RESPONSIBLE OFFICIAL: Ms. Yolaine Saint-germa PHONE NUMBER: (305) 754-4053

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

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No records of perc. purchase available at on premises	Begin keeping records of perc. purchase on premises for last 5 yrs. purchases.
No records of leak detection and inspection available on premises.	Begin keeping records of leak detector and inspections.

COMMENTS:

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

DATE OF NEXT INSPECTION: 09/99 (Approximate)

INSPECTION CONDUCTED BY: KRISTAL YIPON (Please Print)

INSPECTOR'S SIGNATURE: *Kristal Yipon* PHONE NUMBER: (305) 372-6925

RECEIVED

MAR 10 1998

RECEIVED Bureau of Air & Mobile Sources Monitoring Management Division

NOV 07 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sabal Family Cleaners dba Yolaire

2. Site Name (For example, plant name or number):
Sabal Family Cleaners

3. Hazardous Waste Generator Identification Number:
89F 527222 Ser-Nr. / or 10596 Ser-Nr.

4. Facility Location: *Sabal Palm Plaza*
 Street Address: *5305 N.E 2 A.V*
 City: *Miami* County: *Dade* Zip Code: *33137*

5. Facility Identification Number (DEP Use):
0250953

Responsible Official

6. Name and Title of Responsible Official:
Gary Saintillo / Washer

7. Responsible Official Mailing Address: *5305 N.E 2 A.V*
 Organization/Firm: *N/A*
 Street Address:
 City: County: Zip Code:

8. Responsible Official Telephone Number:
 Telephone: *(305) 754 4053* Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:
 Street Address:
 City: County: Zip Code:

11. Facility Contact Telephone Number:
 Telephone: () - Fax: () -

PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

ACCESS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
 RE-INSPECTION

AIRS ID#: 0250953 DATE: 4/17/00 TIME IN: 1515 TIME OUT: 1550
 FACILITY NAME: Sabal Family Cleaners
 FACILITY LOCATION: 5305 NE 2 Ave.
Miami, FL
 RESPONSIBLE OFFICIAL: Sonel Guillaude PHONE: _____
 CONTACT NAME: Sonelle Millene PHONE: 305-754-4005

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

RECEIVED
 JUN 1 5 00 PM '00
 Bureau of Air, Noise & Water Pollution Control

PART II: CLASSIFICATION

Facility indicated on notification form that it is: No notification form
 (check appropriate box) Drop store out of business/petroleum

A.

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

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

If no, please check the appropriate classification:

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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0 gallons.

*170MS
5/19/00*

*D/G
5/23/00*

PART III: GENERAL CONTROL REQUIREMENTS

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

- | | |
|---|--|
| 1. Storing perchloroethylene in tightly sealed and impervious containers? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input 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 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 type="checkbox"/> N/A |

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

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

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

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

2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N N/A

 Is the temperature differential equal to or greater than 20° F? Y N N/A

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

 Is the perc concentration equal to or less than 100 ppm? Y N N/A

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

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

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N

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

3. Maintained leak detection inspection and repair reports for the following:

 a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A

 b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A

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

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

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

7. Maintained deviation reports? Y N N/A

 Problem corrected? Y N N/A

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

PART VI: LEAK DETECTION AND REPAIRS

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

Ivan Fannin
Inspector's Name (Please Print)

4/17/00
Date of Inspection

Ivan Fannin
Inspector's Signature

4/01
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

Currently operating as drop store
Have not purchased perc at all during
1999 or 2000.

Machine contains perc. Informed contact
that 1999 fee of \$75 needs to be paid
→ NOV. payable w/in 7 days.
If they have perc removed, air permit
is no longer necessary. Fax receipts.

5/19/00

1999 permit fee paid 5/8/00.

METROPOLITAN DADE COUNTY, FLORIDA



NOTICE OF VIOLATION

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

TO: Sonel Guillaume
ADDRESS: 5305 NE 2 AVE, Miami, FL 33137
SOURCE/LOCATION: Sabal Family Cleaners

YOU ARE HEREBY NOTIFIED that on 4/17/00 the following violation(s) of Chapter 24, Metropolitan Dade County Environmental Protection Ordinance, and/or regulations of the Florida Administrative Code, was observed at the referenced location by an official of this Department.

- Operating without an Air Permit
- Excessive Visible Emissions
- Uncontrolled fugitive particulates
- Improper handling/removal of asbestos
- Non-compliance with Stage II Vapor Recovery
- Non-compliance with CFC regulations
- OTHER

Specifically: Title V Air General Permit for the calendar year 1999 expired on March 1, 2000. Renewal of said permit is required by Rule 62-213.205 Florida Administrative Code (F.A.C.)

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

- Immediately upon receipt of this NOTICE, initiate corrective measures to eliminate and/or Cease and Desist the above-referenced violation(s).
- Within 7 days of receipt of this NOTICE, submit to this office in writing the steps which you have taken to ensure that no further violations will occur. Said report may include evidence of equipment repairs, adjustments, or servicing performed to correct the violation.
- Within _____ days of receipt of this NOTICE, contact the Air Section of this Department at 372-6925 to discuss air permit requirements.
- Within _____ days of receipt of this NOTICE, contact Plan Review Section at 375-3330 to discuss other Departmental permitting requirements.

Failure to comply with the above or continued operation in violation of Chapter 24 shall subject you to the enforcement and penalty provisions of Sections 24-55 and 24-56, Metropolitan Dade County Code.

For further information regarding the above, please contact the Air Section of this office at 372-6925.

Sincerely,

John W. Renfrow, P.E.
Director

Received by: HILLERIE
Title: Rep
Date: 4/17/00

By: Ivan Fannin
Signature: [Signature]
Section: AIR FACILITIES

AREA	AIRS ID	0250953	STATUS	A	OFFICE	SEDA	SE:	DADE
SITE NAME	SABAL FAMILY CLEANERS		COUNTY	DADE				
OWNER/COMP	SABAL FAMILY CLEANERS							
Year 1999								
Amount Due	\$50.00		Due Date	01-MAR-2000				
Amount Paid	\$75.00		Paid Date	08-MAY-2000				
Penalty	\$25.00		Penalty Begin Date	02-MAR-2000				
Refund Due	\$0.00	Total Due	\$0.00	Total Due Date	02-MAR-2000			
Init. Notice	01-DEC-1999		Initial Return Receipt	08-MAY-2000				
Second Notice			Second Return Receipt					
Comment								
Account Closed Y								

Enter YEAR for Title V Fees

Count: 1 v

<Replace>

AREA	AIRS ID 0250953	STATUS A	OFFICE SEDA	SE: DADE
SITE NAME	SABAL FAMILY CLEANERS		COUNTY	DADE
OWNER/COMP	SABAL FAMILY CLEANERS			
Year 1998				
Amount Due	\$50.00		Due Date	01-MAR-1999
Amount Paid	\$75.00		Paid Date	07-FEB-2000
Penalty	\$25.00		Penalty Begin Date	02-MAR-1999
Refund Due	\$0.00	Total Due	\$0.00	Total Due Date 02-MAR-1999
Init. Notice	03-DEC-1998		Initial Return Receipt	07-FEB-2000
Second Notice			Second Return Receipt	
Comment				
Account Closed Y				

Enter YEAR for Title V Fees

Count: *1

<Replace>

Facility Information

RECEIVED
MAR 10 1998
Bureau of Air Monitoring
for Mobile Sources

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>		<i>#1 03-OCT-93</i>	<i>12-NOV-93</i>	<i>#2</i>	<i>08-DEC-91</i>		<i>#3</i>	<i>02-MAR-92</i>	<i>02-MAR-92</i>
Dry-to-Dry Unit									
(1) w/ ref. condenser		<i>MMR 89</i>	<i>MMR 89</i>						
(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?

54 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

RECEIVED
 MAR 10 1998
 Bureau of Air Monitoring
 & Mobile Sources

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) _____

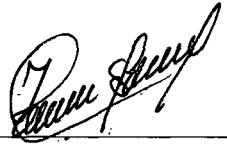
No air permits currently exist for the operation of the facility indicated in this notification form.

RECEIVED
MAR 10 1998
Bureau of Air Monitoring
& Mobile Sources

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.

X  _____
Signature

X 11-13-97 _____
Date

RECEIVED

APR 08 1998

Perchloroethylene Dry Cleaning Facility

Facility Name and Location

Bureau of Air, Noise & Vibration
City, Not Mobile Sources

RECEIVED

NOV 07 1997

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sabal Family Cleaners db Yolaine St Germain

2. Site Name (For example, plant name or number):
Sabal Family Cleaners

3. Hazardous Waste Generator Identification Number:
89F 527222 Ser-Nr. / or 10596 Ser-Nr.

4. Facility Location: *Sabal Palm Plaza*
 Street Address: *5305 N.E 2 A.V*
 City: *Miami* County: *Dade* Zip Code: *33137*

5. Facility Identification Number (DEP Use):

Air Quality Management Division

Responsible Official

6. Name and Title of Responsible Official:
YOLAINE SAINT-GERMAIN, OWNER

7. Responsible Official Mailing Address: *5305 N.E 2 A.V*
 Organization/Firm: *N/A*
 Street Address:
 City: County: Zip Code:

8. Responsible Official Telephone Number:
 Telephone: *(305) 754-4053* Fax: () -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):

10. Facility Contact Address:
 Street Address:
 City: County: Zip Code:

11. Facility Contact Telephone Number:
 Telephone: () - Fax: () -

03/11/94

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		MMZ 89	MMZ 89						
(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?

54 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
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- (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.


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

X  _____
Signature

X 11-13-97
Date

X  _____

X 11-12-98

METROPOLITAN DADE COUNTY, FLORIDA



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

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SEND TO:

Name: Rick Butcher

Company/Department: DEP / DERM

Phone Number: 850-921-9586

Fax Number: 850-922-1362

Message:

FROM:

Name: Marcelo Barros

Division/Section: DERM / AFS

Phone Number: (305) 372-6944

Fax Number: (305) 372-6954

Date: 4/7/98

Number of Pages (including this one):

5

Best Available Copy

Perchloroethylene Dry Cleaning Facility Notification

RECEIVED

NOV 07 1997

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Sabal Family Cleaners dba Yolaine St Germain

2. Site Name (For example, plant name or number):
Sabal Family Cleaners

3. Hazardous Waste Generator Identification Number:
89F 527222 Ser-Nr. / or 10596 Ser-Nr.

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Air Quality Management Division

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YOLAINE SAINT-GERMAIN / OWNER

7. Responsible Official Mailing Address: *5305 N.E 2 A.V*
 Organization/Firm: *N/A*
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(1) w/ ref. condenser		MAR 89	MAR 89						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
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54 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:

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New small area source

Existing large area source

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Refrigerated condenser

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

X 
Signature

X 11-13-97
Date

X 

X 11-2-98

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RECEIVED

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

JUN 25 1999

AIRS ID#: 0250953 DATE: 09/05/99 TIME IN: 12⁰⁰ Noon TIME OUT: 12⁰⁰ Noon Bureau of Air Monitoring & Mobile Sources

FACILITY NAME: Sebal Family Cleaners

FACILITY LOCATION: 5305 NE 2nd Ave
MIAM. FL 33137

RESPONSIBLE OFFICIAL: Yolaine Sant German PHONE: (305) 754-4053

CONTACT NAME: Same PHONE: _____

PART I: NOTIFICATION

(check appropriate box)

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

PART II: CLASSIFICATION

Facility indicated on notification form that it is:

- (check appropriate box)
- No notification form
 Drop store/out of business/petroleum

A.

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

If no, please check the appropriate classification:

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

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

AAMS

Review
6/14/99
DS

7-May-99
L B

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

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

PART VI: LEAK DETECTION AND REPAIRS

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

LEO SMART
Inspector's Name (Please Print)

4/5/99
Date of Inspection

[Signature]
Inspector's Signature

5/2000
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

R.O. was not present at time of inspection. Left series of messages and have not received response. Paperwork was withheld from inspection proceedings.

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

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12⁰⁰ noon TIME OUT: 12¹⁵ pm AIRS ID#: 0250953
 TYPE OF FACILITY: Peric Dry Cleaner
 FACILITY NAME: Sabal Family DATE: April 5, 1999
 FACILITY LOCATION: 5305 NE 2nd Ave
 RESPONSIBLE OFFICIAL: Yolaine Saint Germain PHONE NUMBER: 754-4053

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
<u>No Paperwork available</u>	<u>need to have paperwork present at time of inspection</u>

COMMENTS: A.O. failed to be present at scheduled inspection left a series of messages no response
A.O. failed to have records available for inspections

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

DATE OF NEXT INSPECTION: 4/2000 (Approximate)

INSPECTION CONDUCTED BY: LEO SMART (Please Print)

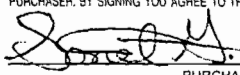
INSPECTOR'S SIGNATURE: [Signature] PHONE NUMBER: (305) 372-6922

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0391866

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TRAVELERS EXPRESS		02/03/00	75-53 919
INTERNATIONAL MONEY ORDER			
		9455983798	
		MONEY ORDER	
		IMPORTANT - SEE BACK BEFORE CASHING	
94559837988	PAY TO THE ORDER OF <u>Title V AIR General Permits</u>		***75.00**
	PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE  PURCHASER, SIGNER FOR DRAWER		SEVENTY-FIVE *** DOLLARS 00-CENTS
	<u>Seibal Family Cleaner - 5305 N.E. 2ND AVE</u> ADDRESS		967757539020001 3533942034168798
	<small>Payable Thru: Northwest Bank Minn. So. N.A. Farouk, MN</small>		<small>ISSUER/DRAWER: TRAVELERS EXPRESS COMPANY, INC.</small>
	AIRS ID# 0250953 		

RECEIVED
MAIL ROOM
FEB - 7 00

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>10 AIRS ID# 0250953001AG SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMI FL 33137</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (7) 7001 0320 0001 7976 3217</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

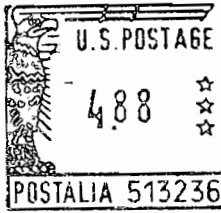
U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>									
OFFICIAL USE									
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<p style="font-size: 2em; text-align: center;">03 <i>Received</i></p> <p style="text-align: center;">Postmark Here</p>
Postage	\$								
Certified Fee									
Return Receipt Fee (Endorsement Required)									
Restricted Delivery Fee (Endorsement Required)									
<p>Total Postage: 10 AIRS ID# 0250953001AG</p> <p>Sent To: SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN Street, Apt. No. or PO Box No. 5305 NE 2ND AVENUE City, State, Zip: MIAMI FL 33137</p>									
<p>PS Form 3800, January 2001 See Reverse for Instructions</p>									

7001 0320 0001 7976 3217

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



7001 0320 0001 7976 3217



RETURN TO
SENDER
ADDRESSEE UNKNOWN
BUENA VISTA STATION 33137

RETURN TO
SENDER
ADDRESSEE UNKNOWN
BUENA VISTA STATION 33137

RECEIVED
MAR 31 2003
Bureau of Air Monitoring
& Mobile Sources

cmk

~~10 AIRS ID# 0250953001AG
SABAL FAMILY CLEANERS
YOKAINE SAINT GERMAIN
5305 NE 2ND AVENUE
MIAMI FL 33137~~

Sabal Family Cleaners
5305 N.E. 2nd Avenue.
Miami, FL. 33137



Title V AIR General Permits
Post Office Box 3070
Tallahassee, FL. 32315-3070

32315/3070



Fold at line over top of envelope to

SENDER: COMPLETE THIS SECTION	RECIPIENT'S SECTION ON DELIVERY										
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Received by (Please Print Clearly)</td> <td style="width: 50%;">B. Date of Delivery</td> </tr> <tr> <td colspan="2">C. Signature X <i>Southern G</i></td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes</td> </tr> <tr> <td colspan="2">If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature X <i>Southern G</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		D. Is delivery address different from item 1? <input type="checkbox"/> Yes		If YES, enter delivery address below: <input type="checkbox"/> No	
A. Received by (Please Print Clearly)	B. Date of Delivery										
C. Signature X <i>Southern G</i>											
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee											
D. Is delivery address different from item 1? <input type="checkbox"/> Yes											
If YES, enter delivery address below: <input type="checkbox"/> No											
1. Article Addressed to: <div style="text-align: right;">AIRS ID # 0250953</div> SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMI FL 33137	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.										
2. Article Number (Copy from service label) Z 333 667 145	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <i>J / 14/00</i>										
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789											

Z 333 667 145 2000

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to _____

AIRS ID # 0250953

SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

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

PS Form 3800, April 1995

Fold at line over top of envelope to the right of the return address

SENDER: COMPLETE **POST OFFICE: COMPLETE**

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 # 0250953

SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

Z 210 663 150

2. Article Number (Copy from service label)

4 / 4 / 00

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____
 C. Signature B. Germain Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

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

4. Restricted Delivery? (Extra Fee) Yes

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

Z 210 663 150

US Postal Service
Receipt for Certified Mail

AIRS ID # 0250953

SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

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

PS Form 3800, April 1995

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature <input checked="" type="checkbox"/> <i>Gene</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
AIRS ID # 0250953 SABAL FAMILY CLEANERS YOLAINE SAINT GERMAIN 5305 NE 2ND AVENUE MIAMI FL 33137 Z 210 661 873	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789		

Z 210 661 873

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

2000
AIRS ID # 0250953

SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

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

PS Form 3800, April 1995

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

394921

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0250953

SABAL FAMILY CLEANERS
YOLAINE SAINT GERMAIN
5305 NE 2ND AVENUE
MIAMI FL 33137

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

RECEIVED
MAIL ROOM
MAY - 8 00

Fold at line over top of envelope to the right of the return address

SENDER

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

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 AIRS ID # 0250953
 SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

4a. Article Number
 P174052 289

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X *[Signature]*

7. Date of Delivery
 4/3/99

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

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 174 052-289

1999

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

AIRS ID # 0250953

SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 AIRS ID # 0250953
 SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

4a. Article Number
 2333660501

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

7. Date of Delivery
 2/16/99

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *YOLAINE SAINT GERMAIN*

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

2333660501

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

1999

AIRS ID # 0250953

SABAL FAMILY CLEANERS
 YOLAINE SAINT GERMAIN
 5305 NE 2ND AVENUE
 MIAMI FL 33137

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	