

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 6, 1996

Mr. Samir Hanna Royal Palm Cleaners 1131 Royal Palm Beach Boulevard Royal Palm Beach, Florida 33411

Dear Mr. Hanna:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 14, 1996.

Please note that in November 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 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

Wety Wet

/DD

cc: Mr. Al Grasso, Palm Beach County

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
'	Royal Palm Cleaners, Inc.							
2.	Site Name (For example, plant name or number):							
	· Noyal Palm Cleanan							
3.	Hazardous Waste Generator Identification Number:							
	FLD 981858966							
4.	Facility Location: Street Address: 1131 Royal Palm Beach Blud.							
	City: Royal Palm Bch County: Palm Zip Code: 33411							
5	Facility Identification Number (DEP Use):							
٠.								
	1. O990370 II. II. II. II. II. II. II. II. II. II							
	Responsible Official							
6.	Name and Title of Responsible Official:							
	Samir HANNA OWNER							
7.	The INC PINA CLANNERS							
	Organization/Firm: Street Address: Same As #4							
	City: County: Zip Code:							
8.	Responsible Official Telephone Number:							
	Telephone: (561) 798-0430 Fax: (561) 798-0430							
	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: Zin Code:							
11.	Facility Contact Telephone Number:							
	Facility Contact Telephone Number: Telephone: () - Fax: () - Ell VER Air Monitori Of Air Monitori Of Air Monitori Of Air Source							
	The state of the s							
	ke "ne " would							

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#0990370

Royal Palm Cleaners

p.15 5. (f) required

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Device Installed
Type of Machine	ענ	ruichaseu	mstaneu	עו	ruiciiaseu	Ilistaneu	ענ	Fulchased	Illistatieu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	-	DNE	Dry		***		٠.		g significant
(1) w/ ref. condenser	1/1	04 T	08-12-51						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	,							49 (1.45)	•
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit						•			. strike it.
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit		ty a Table	# 12.1.1 × ×			1		1.50	
(10) w/ ref. condenser									Ī
(11) w/carbon adsorber									
(12) w/ no controls						-			
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the	are re quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (perc)	purchased in	n the latest 12			
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.)		nitions found		3) of	Part-II?	·
Existing large are		•			rge area sour	<u> </u>			

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 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of F	Part II of this notification form?				
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 to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site	d hot water generating unit					
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 a	and Recordkeeping Inform	nation				
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:				
(a) Purchase receipts and solvent purchases						
(b) Leak detection inspection and repair		\bowtie				
(c) Refrigerated condenser temperature monitoring						
(d) Carbon adsorber exhaust perc concentration mor	nitoring					
(e) Instrument calibration						
Start-up, shutdown, malfunction plan		· ·				

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Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:						
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
K	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notif statemen maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	Imptly notify the Department of any changes to the information contained in this notification. Date						

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL Z CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10:55	AIRS ID#: 0990370
TYPE OF FACILITY: Dry Cleaner	
FACILITY NAME: Royal Palm Cleaner	DATE: 3-11-87
FACILITY LOCATION: 1131 Royal Palm Ge	
Royal Pasan Beach,	Florida 33411
RESPONSIBLE OFFICIAL: Samir Hanna	PHONE NUMBER: 798-0430
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	lated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Open container of waste water observed-	
	-
· · · · · · · · · · · · · · · · · · ·	
and you are experienced and an experience of the control of the co	
• .	
·	· ·
COMMENTS:	ļ
	·
The Annual Compliance Certification form has been properly certif	Ted and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2/7	proximate)
INSPECTION CONDUCTED BY: Nobert 4-	Hello
INSPECTOR'S SIGNATURE: Robert 6.	ease Print) Sailo PHONE NUMBER: 355-4535

ARMS



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	ис ис	COMPLAINT/DISC	COVERY	<u> </u>
AIRS ID#: 09903701 FACILITY NAME: _RO	yal Pal	m Clean	er S		0:55
	Royal	(1) (/1	each, Fl	. 33	5411
PART I: NOTIFICATION					
(check appropriate box) 1. Existing facility notified DARM 2. New facility notified DARM 3. Facility failed to notify DARM	30 days prior to st	-			X 0
PART II: CLASSIFICATION Facility indicated on notification (check appropriate box)					
A. 1. Existing small area sourdary-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 a dry-to-dry only, transfer only, x both types, x<14 (constructed on	x<140 gal/yt 200 gal/yt 0 gal/yt	a	
3. Existing large area sourd dry-to-dry only, 140 <x<2, (constructed="" 10="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr gal/yr fyr</td><td>transfer only, 20 both types, 140< (constructed on</td><td>140<x<2, 100="" gal="" yτ<br="">0<x<1,800 gal="" yτ<br="">x<1,800 gal/yτ</x<1,800></x<2,></td><td></td><td></td></x<2,>	0 gal/yr gal/yr fyr	transfer only, 20 both types, 140< (constructed on	140 <x<2, 100="" gal="" yτ<br="">0<x<1,800 gal="" yτ<br="">x<1,800 gal/yτ</x<1,800></x<2,>		
This is a correct facility classific If no, please check the appropri		rmit 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 2 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?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?









PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

DY DN

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

AVAD ND YD

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

AVAD ND YD

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?

ND YD

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

ND YD

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

ND YD

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?	ΟY	ΩN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПN	
	Is the temperature differential equal to or greater than 20° F?	ΩY	ИП	
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?	QΥ	ZN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	QΥ	□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?	QY	_и□	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	Z	□N/A
ó.	Routed airflow to the carbon adsorber (if used) at all times?	QΥ	ПП	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	X ON	

2. Which method	of detection is used by	the respo	nsible official	?		•				
Visual ex	amination (condensed	solvent or	n exterior surf	aces)	X					
Physical	detection (airflow felt)	through ga	iskets)		T					
Odor (no	ticeable perc odor)				1					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)										
If using direct-reading instrumentation, is the equipment:										
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? OY ON_N/A										
,	c. Calibrated against a (PID/FID only)?	a standard	gas prior to a	nd after each use	ŪΥ	ON_N/A				
	c. Inspected for leaks	and obvio	us signs of we	ar on a weekly basis?	ΩY	ON_N/A				
	d. Kept in a clean and	secure ar	ea when not i	n use?	ΨY	ON_N/A				
	e. Verified for accurac	y by use o	of duplicate sa	mples (calorimetric only)?	ΩŸ	□N_N/A				
3. Has the facility	maintained a leak log	?			AY	ИD				
4. Does the respo	nsible official check th	e followir	ig areas for le	aks?	•					
	nections, fittings, gs, and valves	A.	_ ON	Muck cookers	. QY	□n X n				
Door gas	kets and seating	Y	ИО	Stills	X	<u> Пи</u>				
Filter ga	skets and seating	X	. □И	Exhaust dampers	ÒΥ	ON TA				
Pumps) Dec	ND	Diverter valves	No.	ON_N				
Solvent t	anks and containers	AS	ND	Cartridge filter housir	ngs 🍂	□N_N				
Water se	parators	De la companya della companya della companya de la companya della	ND							
	1	The state of the s								
	af			Jamir ;	tan.	NA				
) Nan	ne of Responsible Offic	dal (Sign	ature)	Name of Responsible Office	rial (Prir	nt) & Phone				
Koher	+ 6-6all	<u> </u>		3-11-9	<u>"</u>					
Inspe	ector's Name (Please P	rint)		Date of Ir	spection					
Theoliei	J. Hall	15		3/	98					
	nspector's Signature			Approximaté Date	of Next Ir	spection				
ndary Contai	nment for: Dry	Cleani	ng Machine	e & Storage area		Yes No				
				Waste area		X []				
				Spotting area Sea	led	(X) []				
posal of Wate	er from Water Se	parator	using an	proved evaporator						
			Handl e			r 1 📈				

open container of waste water observed- Machine on order.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:10 TIME OUT: 2:30	AIRS ID#: 0920370
TYPE OF FACILITY: Dey Claning	
FACILITY NAME: Royal Palm Cleanels	DATE: 2 /18 /OS
FACILITY LOCATION: //3/ Royal Palm	Beach Blud.
RPB F1 33411	
RESPONSIBLE OFFICIAL: SAMIR HANNA	PHONE NUMBER: 798 - 0430
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	· ·
	MAR - C. MAR - C. MAR - C. Mobile
and the second s	
	ZMM ZMM Sources
	S or S
COMMENTS: FACILITY IS Relocations. Free this location.	c machine has been removed from
The Annual Compliance Certification form has been properly certifie	d and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	
	roximate)
	Rey Dize K use Print)
· ·	PHONE NUMBER: _355 -3070 XT 1139



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

June 11, 1997

Mr. Robert Hopkins President Rainbow Cleaners 675 South Semoran Boulevard Orlando, Florida 32807

Facility No.: 0950370 Re:

Dear Mr. Hopkins:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 27, 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: Ms. Marie Driscole, Orange County

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

Annual Reporting Period:	Jan		19 <u>//</u>	ТО	Jan, as	19 / 0
Based on each term or condition 62-213.300, Florida Administr		-			<u> </u>	h DEP Rule
If NO, complete the following:						
#1. Term or condition of the g	eneral permit	that has not been	in continuous	complia	nce during the reporting p	period stated above:
Exact period of non-complianc	e: from				to	
Action(s) taken to achieve com	ipliance:	· •				
Method used to demonstrate co	ompliance:					·
#2. Term or condition of the g	eneral permit	that has not been	in continuous	compliai	nce during the reporting p	period stated above:
Exact period of non-complianc	e: from			1	to	
Action(s) taken to achieve com	pliance:	•				
Method used to demonstrate co	ompliance:	·	•			
As the responsible official, I here notification are true, accurate an does not exceed 2,100 gallons per	id complete. Fi r year for dry-to	urther, my annual o dry facilities or 1	consumption of ,800 gall <u>o</u> ns per	perchlor	roethylene solvent, based up	oon purchase receipts,
RESPONSIBLE OFFICIAL:	SAM	HANNA ne (Please Print)		1	Signature	

*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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	APLAINT/DISCOVERY RE-INSPECTION					
TIME IN: 10:30 TIME OUT: 11:0	0 AIRS ID#: 0990370					
TYPE OF FACILITY: DOY Clean						
FACILITY NAME: Royal Palm	(leaners DATE: 3-3-98					
FACILITY LOCATION: 1131 Koyal Va	m Beach BlVd					
RESPONSIBLE OFFICIAL: Samir Hanna	PHONE NUMBER: 798-0430					
RESPONSIBLE OFFICIAL: Danis Hanna	PHONE NUMBER: 7 7 8 5 7 35					
Based on the results of the compliance requirements evaluations compliance with DEP Rule 62-213.300, Florida Administr	•					
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance					
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED					
	`					
	- P					
	<u> </u>					
	APR 13 APR 13 Mobile 9					
	VET 1998 Sources					
	VED 1998 Monitoring Sources					
to the second se						
· · · · · · · · · · · · · · · · · · ·	·					
•						
-						
COMMENTS:						
	· - 					
The Annual Compliance Certification form has been properly certified and submitted to the inspector.						
DATE OF NEXT INSPECTION:						
INSPECTION CONDUCTED BY: R (Approximate) Chokchi						
INSPECTOR'S SIGNATURE: 2. V. Chokshi PHONE NUMBER: 355-3070						

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	TITLE V COMPLIANCE I	GENERAL PERINSPECTION C		ARM D.
TYPE OF INSPECTION:	ANNUAL	×	COMPLAINT/DISC	COVERY C
	RE-INSPECTIO			THE WAR
AIRS 1D#: 0990370	DATE: 3-3-		N: 10:30 TIM	1E OUT: K
FACILITY NAME: KO	yal tan	m Clea	ness	- G 6
FACILITY LOCATION:	31 Roya	al Pals	n Seach	DIN9
· · · · · · · · · · · · · · · · · · ·	Royal	Palm J	Beach, F	1 33411
RESPONSIBLE OFFICIAL:	Samir	Hanna	-PHONE: 79	8-0430
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION	·			``
(check appropriate box)	`			`
1. New facility notified DARM	30 days prior to star	rtup		۵
2. Facility failed to notify DAR	M to use general per	rmit .		۵
PART II: CLASSIFICATION	1			
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification fo☐ Drop store/out of	
A. 1. Existing small area sour dry-to-dry only, x < 140 gal/transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr	2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	, x < 140 gal/yr < 200 gal/yr	
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	,100 gal/yr 00 gal/yr gal/yr	transfer only, 20 both types, 140	area source , $140 \le x \le 2,100$ gal/y $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after $12/9/91$)	O VI
5. This is a correct facility cl	lassification	XXX DN	□Can not determine	ē
	ity qualified for a gen	neral permit as nu	imber above	

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

facility was 15 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ZY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DAVA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been shecked, 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 year controls? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? $\Box Y \cdot \Box N$

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY .	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	□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?	ΩÝ	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 pm?	ΩΥ	ΠИ	□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?	ΩΥ	ΠN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	_N □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩΥ	ПИ	□N/A

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

PART VI: LEAK DETECTION AND	REPAIRS				
1. Does the responsible official conduct	a weekly (for small sources	, bi-weekly) leak detection as	nd repair		
inspection?			MY ON		
2. Has the facility maintained a leak log	?		ØY □N		
3. Does the responsible official check the	e following areas for leaks?	•			
Hose connections, fittings, couplings, and valves	PAY ON ON/A	Muck cookers	אואם אם צם		
Door gaskets and seating	DY ON ONA	Stills	אואם אם צים		
Filter gaskets and seating	DA ON ON'Y	Exhaust dampers	םע מם עמוא		
Pumps	אואם אם צע	Diverter valves	MY ON ON/A		
Solvent tanks and containers	DA ON ON/Y	Cartridge filter housings	A'NO NO YA		
Water separators	DY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed	solvent on exterior surfaces	s)	Z .		
Physical detection (airflow felt t	hrough gaskets)		2		
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector	`		\$ NA		
If using direct-reading inst	trumentation, is the equip	ment:	ØN/A		
a. Capable of detecting	g perc vapor concentrations	in a range of 0-500 ppm?	DY DN		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for leaks a	and obvious signs of wear o	n a weekly basis?	OY ON		
d. Kept in a clean and	secure area when not in us	e?	אם צם		
e. Verified for accurac	y by use of duplicate sampl	es (calorimetric only)?	מם עם		
		·			

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

3-3-98

Date of Inspection

3-3-99

Approximate Date of Next Inspection

ADD	THOMALSH	EINFORMATI	OIA:					
1.	Secondary	Containment	for:	Dry	Cleaning	Machine & Storage area	Yes	NO []
	-					Waste area	[/]	[]
						Spotting area Sealed	[/]	[]
			ş'				•	
	•					·		
	and the second of the second o	•••				•		
				٠			. /:	
2.	Disposal o	of Water from	n Wate			sing approved evaporator		[]
	•	`		or	contracte	d Wastewater service	[]	[/]
		`						
						•		
,	<i>y</i> *	,	`	,				
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLAIN	T/DISCOVERY	RE-INSPECTION
TIME IN: 1/110	тіме оит://	150	AIRS ID#: 09	90370
TYPE OF FACILITY: D FACILITY NAME: ROYC FACILITY LOCATION: //	el Palm (31 Royal R.P.B.	rg Pelm FL 3:	Beach Blud	DATE: 2-19-99
RESPONSIBLE OFFICIAL: S	emir Han	na	PHONE NUMBER:	798-0430
Based on the results of the compliance with DEP Rul			ing this inspection, the facility ode (F.A.C.).	y is found to be in
Based on the results of the discrepancies were noted: COMPLIANCE REQUI			ing this inspection, the follow REC	EIVED
				R 1 9 1999
	•		- & Mc	of Air Monitoring phile Sources
		-		
	•			
	-			
COMMENTS:			•	
The Annual Compliance Certification DATE OF NEXT INSPECTION		rly certified an		YES NOT
INSPECTION CONDUCTED I	Q 11	Ch ok s	hi	
INSPECTOR'S SIGNATURE	P.V. Chok	Please	PHONE NUMBER:	355-3070 Cv+ 11714

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVER	Υ 🗆
AIRS ID#: 0990370 D FACILITY NAME:	AL PALM 31 Royal 2 Yal Palm	CLE. Paim Bee	ANERS Beach Block, wh, FL 334	11
PART I: NOTIFICATION	· ·			
(check appropriate box)				
1. New facility notified DARM 3	0 days prior to startup		•	0
2. Facility failed to notify DARM	I to use general permit	·		
D. D. T. CY LOCKER CLERON				
PART II: CLASSIFICATION				
PART II: CLASSIFICATION Facility indicated on notificatio (check appropriate box) A.		-	☐ No notification form ☐ Drop store/out of busine	ss/petroleum
Facility indicated on notificatio (check appropriate box)	n form that it is: e 2. dry trai	nsfer only, x h types, x <	☐ Drop store/out of busine area source , x < 140 gal/yr < 200 gal/yr	ss/petroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	n form that it is: e 2. r dry tran bot (co e 4. 100 gal/yr dry gal/yr tran al/yr bot	-to-dry only, x h types, x < nstructed on New large a -to-dry only nsfer only, 2 h types, 140	Drop store/out of busine trea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	ss/petroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 g both types, 140 ≤ x ≤ 1,800 g	e 2. dry trai bot (co e 4. 100 gal/yr dry gal/yr trai al/yr bot	n-to-dry only onsfer only, x h types, x < nstructed on New large a reto-dry only onsfer only, 2 th types, 140 onstructed on 2	Drop store/out of busine area source $x < 140 \text{ gal/yr}$ x < 200 gal/yr x < 200 gal/yr x < 140 gal/yr or after $x < 12/9/91$ $x < 140 \le x \le 2,100 \text{ gal/yr}$ x < 1,800 gal/yr x < 1,800 gal/yr	ss/petroleum
Facility indicated on notificatio (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility class of the second property of the second	n form that it is: e 2. r dry trai bot (co e 4. 100 gal/yr dry gal/yr trai al/yr bot (ssification appropriate classification y qualified for a general	n-to-dry only only insfer only, x h types, x < nstructed on New large a v-to-dry only insfer only, 2 th types, 140 onstructed on y \(\sum_{Y} \square	Drop store/out of busines area source $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$	ss/petroleum

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZOY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ØY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? UA DN DY DN DN/A 2. Equipped dry-to-dry machines with a closed-look vapor venting system? Equipped the condenser with a diverter valve so antiflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after NO YO verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

_				
В.	Has the responsible official of an existing large or new large area source also:			
l.	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?	$\Box V$	ПΝ	
		•		
2.	Measured and recorded the washer exhaust temperature at the condense?			
	inlet and outlet weekly?	ПΥ	ПΝ	□N/A
				CIVA.
	Is the temperature differential equal to or greater than 209 F?	\Box Y	ПИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly			
	at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ΠN	□N/A
	X	_	_	<u>.</u>
	Is the perc concentration equal to or less than 100 ppm?	UY	ПN	□N/A
1				
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?	ПY	ΠN	□N/A
1	· · · · · · · · · · · · · · · · · · ·			
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	·ΟΥ	ΠN	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ΠV	. □\t	DNI/A
٥.	Routed airflow to the carbon adsorber (if used) at all times?	. 41	U IN	UN/A
=				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם עס
2. Maintained rolling monthly total of perc consumption?	ØY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	אואם, אם אם Alya
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYNA
6. Maintained startup/shutdown/malfunction plan?	אם אַע
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	MY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN DN/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ПD inspection? ND 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A DY DN DANIA Muck cookers couplings, and valves AY ON ON/A A'NO NO YE Door gaskets and seating Stills DY DN DN/A MY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A Diverter valves Pumps MY ON ON/A Cartridge filter housings DY DN DN/A Solvent tanks and containers MY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? \square Y \square N b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)?

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

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

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

Responsible Official's Name
(Please Print) Sun M Hea

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

DY DN

OY ON

2-19-99-era

Date of Inspection

Feb 2000

Approximate Date of Next Inspection

ADD	ITIONAL SITE INFORMATION:	
1.	Secondary Containment for: Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	Yes NO [] [] [] []
	· · · · · · · · · · · · · · · · · · ·	
2.	Disposal of Water from Water Separator using approved evaporator or contracted Wastewater service	N []



Department of **Environmental Protection**

Twin Towers Office Building 2600 Blair Stone Road Tallahassee; Florida 32399-2400 February 23, 1999

David B. Struhs

FINAL NOTICE OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Records in the Division of Air Resource Management indicate that during calendar year 1998 you owned or operated a facility that is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c) 2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee for your facility is \$50 for calendar year 1998. A notice of your obligation to pay the annual emissions fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual emissions fee in response to that request, please disregard this letter.

If you have not yet submitted the annual emissions fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual emissions fee not postmarked by March 1, 1999, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, under Rule 62-213(1)(g), F.A.C., failure to timely pay any required annual emissions fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Enclosed please find
Acopy of the check that
Cleared on this matter.
Any further guestion please
Enclosure: Invoice Form
Cutact us.

"Protect, Conserve and Manager.

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring and Mobile Sources

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



Department of Environmental Protection

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

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990370

ROYAL PALM CLEANERS INC SAMIR HANNA 1131 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

ROYAL PALM CLEANERS
1131 ROYAL PALM BEACH BLVD. 561-798-0430
ROYAL PALM BEACH, FL 33411

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ROYAL PALM BEACH, FL 33411

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Deliver C. Signature Agent Addresse D. Is delivery address different from item 1?
AIRS ID # 099037 ROYAL PALM CLEANERS INC SAMIR HANNA 1131 ROYAL PALM BEACH BLVD	If YES, enter deliver address below:
ROYAL PALM BEACH FL 33411	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee)
7 500	Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X. Agent D. J. S delivery address different from item 1? Yes
Article Addressed to:	YED: enter definer, adujess below: No
10 AIRS ID # 0990370001AG SAMIR HANNA ROYAL PALM CLEANERS INC	rJUN 1 2 2001
1131 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411	3. Source Type of Air Monitoring Ceretie Monitoring Source Type Source
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789
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US Postal Service Receipt for Cert	

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

10 AIRS ID # 0990370001AG SAMIR HANNA ROYAL PALM CLEANERS INC 1131 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411

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	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 ,	Postmark or Date	

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AIRS ID # 0990370 SAMIR HANNA 1131 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411	3. Service Type Certified Mail
2. Article Number (Copy from service) Jabel)	7. Trestricted Delivery: (Extra / ec)
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

P 174 052 157 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990370 ROYAL PALM CLEANERS INC SAMIR HANNA 1131 ROYAL PALM BEACH BLVD **ROYAL PALM BEACH FL 33411** Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, TOTAL Postage & Fees \$ Postmark or Date

on the reverse side?	SENDER: "Complete items 1 and/or 2 for additional services. "Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. "Attach this form to the front of the mailpiece, or on the back if space permit. "Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	ceipt Service.	
IN ADDRESS completed	AIRS ID # 0990360 PRECIPUO ENTERPRISES VINCENT PRECIPUO 6647 W BOYNTON BEACH BLVD BOYNTON BEACH FL 33467	4a. Article N , 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ad Certified Mail Insured ceipt for Merchandise COD	for using Return Re
Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee(or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	s's Address (Only if requested paid) Domestic Return Receipt	Thank you

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Gomplete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Heturn Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	ee's Address	
	3. Article Addressed to:	4a. Article N		
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N ADD		7. Date of De	2-	113 g
RETUF	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only paid)	if requested
s your [6. Signature: (Addressee or Agent)	12	113 ~	
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 29 98

Do NOT Remove Label

AIRS ID#0990370

SAMIR HANNA SAMIR HANNA 1131 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

the reverse sid	ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the articl The Return Receipt will show to whom the article was delivered andelivered.	e does not	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service
URN ADDRESS completed	Article Addressed to: AIRS ID # 0990370 ROYAL PALM CLEANERS INC SAMIR HANNA 1131 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411	7. Date of De	ype d Aail Peipt for Merchandise	for using Return
s your <u>RET</u>	Received By: (Print Name) Signature: (Addressee or Agent) X Form 3811, December 1994	8. Addressee and fee is	's Address (Only if requested	Thank vou

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0361524

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 # 0990370

ROYAL PALM CLEANERS INC SAMIR HANNA . 1131 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID 0950370

KHALSA INC ROBERT HOPKINS 675 S SEMORAN BLVD ORLANDO FL 32807

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

Оы.: 002273



Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Dear Madane,

We will no longer be at 1131 R.P.B.Blud. We will begin operating at:

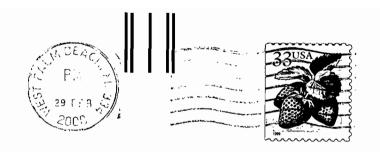
> 1127 45th St. Swite B8 West Palm Boh, 71 33407

on or before March 15,2000. Everything else remains the same. Thank you for your attention in this matter.

AIRS ID # 0990370

Helm Glanna

Royal Palm Cleanus 1129. 45th St. B8 West Palm Boh, H 33407



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

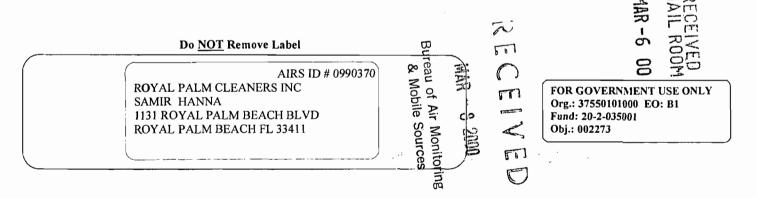
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Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

\$58214

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

Receipts

Post Office Box 3070

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AIRS ID# 0990370

ROYAL PALM CLEANERS INC SAMIR HANNA 1131 ROYAL PALM BEACH BLVD **ROYAL PALM BEACH FL 33411**

FOR GOVERNMENT USE ONLY

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

Оы.: 002273

Royal Palm Cleaners 1131 Royal Palm BohBIJL Royal Palm Boh, 71 33411



