

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. Eugene Esposito Masters of Roca 23269 South Street Road 7 Boca Raton, Florida 33428

Dear Mr. Esposito:

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

/DD

cc: Mr. Al Grasso, Palm Beach County

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	LiAde INC.
2.	Site Name (For example, plant name or number):
	MASTERS OF ROCA
3.	Hazardous Waste Generator Identification Number:
	FLD F 002/D039
4.	Facility Location: Street Address: 23169 S.ST. Rb 7
	City: Baca Raton, FL-County: Dalm Beach Zip Code: 33428
5.	Facility Identification Number (DEP Use):
	099037/
	Responsible Official
6)	Name and Title of Responsible Official:
	Eubene EsposiTo
7.	Responsible Official Mailing Address:
	Organization/Firm: MASTERS OF ROCA Street Address: 23269 5.55. P. 7
	City: County: Dol Ro 1 Zip Code: 33428
	ROCA CATON PC. THEM BEACH
8.	Responsible Official Telephone Number:
	Telephone: (561) 417 0000 Fax: (N/A
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	NA
10.	Facility Contact Address:
	Street Address:
	City: N A County: Zip Code:
11.	Facility Contact Telephone Number:
	Facility Contact Telephone Number: Telephone: (NA - Fax: ()) RECEIVED AUG 14 1996
	, 1446
	AUG 1 4 "

Bureau of Air Monitoring & Mobile Sources

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#0990371 Masters of Boca

-spoke with Eugene Esposito-8/28/96

P. 13 6 need title - President

p.14 1.(a) add IHL
p.15 5.(d) not required, mark out "v" and
initial

Facility Information

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

			Date	Date		Date	Date		Date	Date
Į			Machine	Control		Machine	Control		Machine	Control
1			Initially	Device		Initially	Device	l	Initially	Device
	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
	Γ	ш 1	01 007 01	12 NOV 03	43	00 DEC 01		μэ	03.1440.03	03.1440.03
ĺ	Example	#] -+	1	12-NOV-93	#∠	08-DEC-91		#3	02-MAR-92	02-MAR-92
ŀ	Dry-to-Dry Unit	12	CAY	0		,		-		
L	<u> </u>		A1 (1)	5 1 70		T	T		Τ-	
	(1) w/ ref. condenser (2) w/ carbon adsorber		01-44	01.44				ļ <u>.</u>		<u></u>
	(3) w/ no controls									
Γ	Washer Unit							<u></u>	<u> </u>	<u> </u>
L	(4) w/ ref. condenser				Ι	 	Τ	1		т —
	(5) w/ carbon adsorber					 				
	(6) w/ no controls						<u> </u>			+
Γ	Dryer Unit									
Ľ	(7) w/ ref. condenser				Г		1	Г		T
	(8) w/ carbon adsorber									
	(9) w/ no controls					1				
Г	Reclaimer Unit				L	<u> </u>			1	
Ľ	(10) w/ ref. condenser				Ι	T		T	I	Τ —
	(11) w/carbon adsorber					 	1			
	(12) w/ no controls					1	 		_	
	(12) 110 001111010					<u> </u>			<u> </u>	
	(b) Control devices are	regu	ired but not	vet installed	Г	ī				
	(0) 00111101 0071003 010		, out not	, 01 1115-1111-0	١					
	(c) No control devices	are re	equired to be	installed [1				
			1			_				
	•									
-	2.(a) What was the total of	uanti	ty of perchlo	roethylene (perc)	purchased in	n the latest 13	2 mo	nths?	
		gallo	•	_	•	•			•	
		•								
	(b) If less than 12 mont	hs, he	ow many? [_] months						
	Check why it is less	than	12 months:	New owner:	[] New store	:: [] Did	not k	keep records:	
	-									
			-							
:	3. What is the facility's so					initions foun	d in section (3) of	Part II?	
	(Indicate with an "X".	Selec	t one classifi	cation only.))					
							\	/	•	
	Existing small are	ea so	urce []	No	ew sn	nall area sou	rce 🔀]		
	Existing large are	ea sou	irce []	\mathbf{F}_{\bullet}	w la	rge area sour	rce []	•	

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and experience of a residence of

small

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4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
Existing large area source Carbon adsorber Refrigerated condenser
New small area source Refrigerated condenser
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(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

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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)						
\angle	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain t	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 pron	nptly notify the Department of any changes to the information contained in this notification.						
	15/me Ebarto 8-7-96						

Signature

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MASTERS OF ROCA - LIADE INC.
2. Site Name (For example, plant name or number):
MASTERS OF BOCA
3. Hazardous Waste Generator Identification Number:
F 00 d / D 0 3 9 4. Facility Location: \(\delta 3 \delta 6 \text{ST, Rd} \) 7
Street Address:
City: BOCA RATON County: PALM BEACH Zip Code: 33428
5. Facility Identification Number (DEP Use):
に言葉がたる原理はは、後の言葉を表現という人が難しつとはは
Responsible Official
6. Name and Title of Responsible Official:
EUGENE ESPOSITO
7. Responsible Official Mailing Address:
Organization/Firm: Street Address: 2363 S.W. 53 Terrace
City: Cape Coenty: Lee Zip Code: 33917
8. Responsible Official Telephone Number: Telephone: (941) 542 6626 Fax: ()
1 12 126 26
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
ELBENE Espaint
10. Facility Contact Address:
Street Address: 5217 LAME FIONT BLUD
City: Let Ray Black County: Pala Brack Zip Code: 33484
11. Facility Contact Telephone Number:
Telephone: (561) 631 - 876 (Fax: () -
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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	I • .	Installed	ID	I · · .	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit									
(1) w/ ref. condenser	1	dec. 1994	4						
(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						i			
(9) w/ no controls						ı			
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total q (b) If less than 12 montoon Check why it is less	are requant	equired to be ity of perchicons ow many?	e installed [_ proethylene (ACMNC	perc)	purchased in	•			
3. What is the facility's son (Indicate with an "X". S Existing small are Existing large are	Selec ea so	t one classifi	cation only.)	w sn	initions found nall area sour rge area sour	ce 🗎	3) of	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of 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 []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
• • • • • • • • • • • • • • • • • • • •	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	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	∠ i
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mon	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

	San Charles of Existing I'm 1 of miles
Please indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
X	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statement maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will produce	mptly notify the Department of any changes to the information contained in this notification.

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: A	NNUAL Z	COMPLAINT/I	DISCOVERY	RE-INSPECTION	
TIME IN: 12:40	TIME OUT:	1:15	AIRS ID#: 05	190371	-
TYPE OF FACILITY:	C CBAN		·		_
	STERS O	F BOCK	71	_DATE: 327197	_
FACILITY LOCATION: 2	3269 5	K. 1	BOCARATON	, Fi 33428	-
		<u> </u>		(A) 10- 0-	_
RESPONSIBLE OFFICIAL:	LEENE E	SPOSITO	PHONE NUMBER:	(\$61) 637-87E	<u> </u>
Based on the results of the co				lity is found to be in	
Based on the results of the co	ompliance requirements	evaluated during	this inspection, the foll	owing compliance	
COMPLIANCE REQUIRE	EMENT/PROBLE	M FO	LLOW-UP ACTI	ON REQUIRED,	
Hotel Cottion forms	These geolder	/ fly		\$	
mgy/1997. A/Q 70# W	ese possignerol	4		÷	
1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	· :	age Noti	tication:	torm 61,1000	T~a o
They failed to	Notity in 1º	196 la M	ay 1997.	FORM 5 Were o	su ed
		2011	7 117		_
<u> </u>				1	
	•		•		
	and the second s				_
:					
	·			:	–
				}	
COMMENTS: THE	FACILITY S THE N			t. CURRENT	- itte
STORE INTO			S. P/U FA		
	· · · · · · · · · · · · · · · · · · ·				
The Annual Compliance Certification DATE OF NEXT INSPECTION:	form has been properly	7 98	mitted to the inspector.	YES NO	
INSPECTION CONDUCTED BY:_	: Dur		SIKAZWE	·	
INSPECTOR'S SIGNATURE:	Down Six	(Please Print)	_PHONE NUMBER:_	(Bb1) 355-1 453	7
		-		11 /	

Revised 10/96

ARMS

PERCHLOROETHYLENE DRY CLEANERS

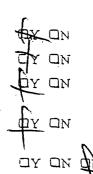
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTI	ION D
AIRS ID#: 099037/ DATE: 5/2° FACILITY NAME: MASTERS	7/97 TIME IN: 12:40 TIME OUT: 1:15
FACILITY LOCATION: 23269 33428	SR7, BOCARATON, FL
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to s	tartup 🔾
3. Facility failed to notify DARM to use general p	permit (
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (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)	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)
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	dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr
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, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, 100="" 140<x<1,800="" 200<x<1,800="" both="" gal="" only,="" td="" transfer="" types,="" yr="" yr<=""></x<2,>
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
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, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" appropriate="" before="" both="" check="" classification="" classification:<="" correct="" facility="" gal="" if="" is="" no,="" only,="" please="" td="" the="" this="" transfer="" types,="" yr=""><td>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) 4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" both="" gal="" on="" on<="" only,="" or="" td="" transfer="" types,="" yr="" yy=""></x<2,></td></x<2,>	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) 4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" after="" both="" gal="" on="" on<="" only,="" or="" td="" transfer="" types,="" yr="" yy=""></x<2,>

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:

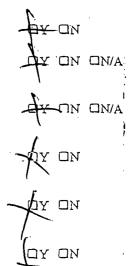
If classification 1 has been checked, no controls are required. Proceed to Part V.

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



B.	Has the responsible official of an existing large or new large area source also:			
	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	ПΝ	
II .	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	QΥ	ПΝ	
	Is the temperature differential equal to or greater than 200 F?	ΠY	ПΝ	
	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	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?			N/A
l l	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 downstroam from no other inlet?	QY.	_א_	_N/A
	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	αY	ND N	□N/A
ó.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A :

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
I. Maintained receipts for perc purchased?	AK ON :
2. Maintained rolling monthly averages of perc consumption?	AX ON
3. Maintained leak detection inspection and repair reports for the following:	1
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON
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 UN .
4. Maintained calibration data? (for direct reading instruments only)	DY ON THA
5. Maintained exhaust duct monitoring data on perc concentrations?	AYA NO YO
6. Maintained startup/shutdown/malfunction plan?	TY ON
7. Maintained deviation reports?	É UN □N
Problem corrected?	NOTE
8. Maintained compliance plan, if applicable?	OY ON DWA

PART VI: LEAK DETECTION AND REPAIRS

2 Wh	ich method of detection is used b	ov the respon	sible offic	tial?		·]	
2. //.2	Visual examination (condense			· ·	4		
	Physical detection (airflow fel			,	5		
	Odor (noticeable perc odor)		-,		4	1	
	Use of direct-reading instrume	ntation (FID	/PID/calc	primetric tubes)		1 N/A	
	If using direct-reading instru					7	
	•		-	rations in a range of 0-500 ppm?		N N/A	
	b. Calibrated against (PID/FID only)?			•		N/N	
	•	s and obvious	signs of	wear on a weekly basis?	OY C	N/A	
	d. Kept in a clean an		_		OY C	N N/A	
	-			samples (calorimetric only)?	QY C	IN N/A	
3. Has	s the facility maintained a leak lo		•	• •	TY C	IN NI	
4. Dos	es the responsible official check	the following	areas for	r leaks?		3	
	Hose connections, fittings, couplings, and valves	d x	ПΝ	Muck cookers	, QY	A M N	
	Door gaskets and seating	-	ΠN	Stills	dx.	□N_N A	
	Filter gaskets and seating	TY	ND	Exhaust dampers	ĢΥ	□N N A	
	Pumps	· OX	ΩИ	Diverter valves	dr.	□N_NA	
	Solvent tanks and containers	- fix	ND	Cartridge filter housing	S DY	ON_N A	
	Water separators	-	ПD			.	
En En	Name of Responsible Of Inspector's Name (Please Inspector's Signature	SIKAT	LWE	Name of Responsible Official State of Instance State of Approximate Date of Instance State of Instance	97 pection 98	# Hane #	7- DC0a
	y Containment for: Dry			Waste area Spotting area Seale]	Yes No	ODER Contant
Disposal	l of Water from Water S	eparator	using	approved evaporator	[] []	5/23/97
	E	r Waste H	and 1ex	Pick s up Water	Ď	4 []	

ADDITIONAL SITE INFORMATION:

SALZ.

NOTZ:

THE FACILITY IS

FOR

DRY CLEANER AIR QUALITY GENERAL PERMIT Z Bureau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID#0990371 LIADE INC EUGENE ESPOSITO 23269 S STATE ROAD 7 **BOCA RATON FL 33420** Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule \square NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from to Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

*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.

Signature

Date

Name (Please Print)

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15 TIME OUT: 10:	40 AIRS 10#: 0990371
TYPE OF FACILITY: Doy. Cleaner	
FACILITY NAME: MASTER OF	BOCA DATE: 7-29-98
FACILITY LOCATION: 23269 5 ROW	
BoCA Raton,	FL 33428
RESPONSIBLE OFFICIAL: EUGENE ESPOSITE	
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	The state of the s
Based on the results of the compliance requirements evalua	ited during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	76
	- *Mobile Mary 1 > 15 to
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	orce, toring
•	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	ely 1999
INSPECTION CONDUCTED BY:	pproximate) hokshi lease Print)
INSPECTOR'S SIGNATURE: Q.V. Choksh	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY C
FACILITY NAME: Master 7 FACILITY LOCATION: 23269 BOCAR RESPONSIBLE OFFICIAL: EUGEN	S.R7 2ton, FL 33428
(check appropriate box)	Sur Hills 17
New facility notified DARM 30 days prior to state Facility failed to notify DARM to use general positions.	
1	EL 7/2
PART II: CLASSIFICATION	18 III
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	
Facility indicated on notification form that it is: (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	Drop store/out of business/petroleum 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
Facility indicated on notification form that it is: (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 < 2,100 gal/yr transfer only, 200 < x < 1,800 gal/yr both types, 140 < x < 1,800 gal/yr	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (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 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification of the property of the proper	Drop store/out of business/petroleum 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) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

uses

for cleaning clother

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)

(0	heck appropriate boxes)	
1.	Equipped all machines with the appropriate vent controls?	אם אַשַּ
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	אומם מם צאב,
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØY ON ON/A
4	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON
5	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	AY ON ON/A
6	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מם צע

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?	אם צם	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□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,	OÝ ON	
	Is the perc concentration equal to or Jess than 100 ppm?	OY ON	4
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,	· :	
	or expansion, and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אם עם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	DY DN	□N/A

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

PART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection	and repair		
inspection?			NO YOU		
2. Has the facility maintained a leak log)		אם עם		
3. Does the responsible official check the	following areas for leak	s?			
Hose connections, fittings, couplings, and valves	אום אם אבן	Muck cookers	אואבן אם צם		
Door gaskets and seating	אואם אם צים	Stills	אואם אם צים		
Filter gaskets and seating	אואם אם צע	Exhaust dampers	אואבע מם צם		
Pumps	אמם מם צים	Diverter valves	אוחם אם אום		
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	AND NO YE		
Water separators	DY ON ON/A				
4. Which method of detection is used by the responsible official?					
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow felt t	Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)			`pa'		
Use of direct-reading instrumen	tation (FID/PID/calorime	etric tubes)	ANA		
Halogen leak detector	Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			DN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N			מם אם		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			OY ON		
c. Inspected for leaks and obvious signs of wear on a weekly basis?					
d. Kept in a clean and	secure area when not in	use?	NO YO		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		

Responsi	ble	Of	fici	al's	Name
(Plea	ase	Pri	nt)	
\bigcirc .	/			,	/ ,
M	/ (hok	Esh	<i>,</i>
R) (ase C	Pri	nt) Esh	, ,

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

7-29-98

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
		Waste area Spotting area Sealed	
		Spotting area Sealed	1/11

2. Disposal of Water from Water Separator using approved evaporator [] [] or contracted Wastewater service [] []

F Explained Mandatory Requisement for Record Keeping for Perc Purchase and Leak Cheak

* Gave FDEP Calender for Record Keeping BEST AVAILABLE COPY

TITLE VAIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL D COMPLAINT/DISCOVERY [RE-INSPECTION TIME OUT: 10:40 TIME IN: 10:35 AIRS 10=: 099037 ·Cleaning TYPE OF FACILITY: FACILITY NAME: . . State Koute 23269 FACILITY LOCATION: PHONE NUMBER MODICES 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 Businen Sold NIA Best For Less Cleaners ID # 0990577 COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO DATE OF NEXT INSPECTION: INSPECTION CONDUCTED BY: PHONE NUMBER

INSPECTION SUMMERS PERMINED INSPECTION SUMMARY REPORT COMPLAINTIDISCOVERY TYPE OF INSPECTION: 1:00 TIME IN: PHONE NUMBER: Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED Spotting area needs to COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION: PHONE NUMBER: 355-3070

	RECL " SPORTS ALZM S
PERCHLOROETH TITLE V C COMPLIANCE I	Y'LENE DRY CLE. TY E ROMONITORING A PM J CENERAL PERMIT NSPECTION CHECKLIST & Mobile Sources
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY 0
FACILITY NAME: BOCA GIERO FACILITY LOCATION: 19575-	1B South State Rd7
BOCA PARESPONSIBLE OFFICIAL:	PHONE:
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gaVyt transfer only, $200 \le x \le 1,800$ gaVyt both types, $140 \le x \le 1,800$ gaVyr (constructed on or after $12/9/91$)
5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a ge facility exceeds above lie	
II .	

facility was 245 gallons. for 1898

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?	MY ON ON/A
2. Examining the containers for leakage?	אוחם אם ציפ
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN DN/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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
1. Equipped all machines with the appropriate vent controls?	ZY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם צען
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/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?	AAA ON ONA
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

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?	Ø∵ ои
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/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?	DY DN DNA
	Is the perc concentration equal to or less than 100 ppm?	DY DN DNA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON DANA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
6.	. Routed airflow to the carbon adsorber (if used) at all times?	אואס אם צם

PART V: RECORDKEEPING REQUIREMENTS	The market was	
Has the responsible official:		
(check appropriate boxes)		,
1. Maintained receipts for perc purchased?	Δy	' □N
2. Maintained rolling monthly total of perc consumption?	pd y	מם י
3. Maintained leak detection inspection and repair reports for the following	ı s:	
a. documentation of leaks repaired w/in 24 hrs? or;	p ds	Y ON ON/A
b. documentation of parts ordered to repair leak and leak repaire	d w/in 2 days	
and parts installed w/in 5 days of receipt?	7	AND NO Y
4. Maintained calibration data? (for applicable direct reading instruments)	<u>ב</u>	Y DN DN/A
5. Maintained exhaust duct monitoring data on perc concentrations?		Y DN PIN/A
6. Maintained startup/shutdown/maitunction plan?	ø	Y DN
7. Maintained deviation reports?	7	ANAD NO Y
Problem corrected?	À.	A/KD KD Y
3. Maintained compliance plan, if applicable?		Y DN ØN/A

PART VI: LEAK DETECTION AND	REPAIRS			
1. Does the responsible official conduct	a weekly (for small sourc	es, bi-weekly) leak detection a	nd repair	Ì
inspection?	•		MY ON	
2. Has the facility maintained a leak log			MY ON	
3. Does the responsible official check th	e following areas for leak	s?	·	
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON DAVIA	
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	אואם אם צם	Exhaust dampers	DY DN DN/A	
Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	DY ON ONIA	Cartridge filter housings	אום אם צע	·
Water separators	MY ON ON/A			4. 1
4. Which method of detection is used by	the responsible official?			
Visual examination (condensed	solvent on exterior surface	ces)		
Physical detection (airflow felt	through gaskets)		ø	
· Odor (noticeable perc odor)			Ø	
Use of direct-reading instrumen	ntation (FID/PID/calorime	tric tubes)	D HIK	
Halogen leak detector			Dyla	
If using direct-reading in	trumentation, is the equ	ipment:	∠ N/A	::7:
a. Capable of detection	ng perc vapor concentratio	ons in a range of 0-500 ppm?	אם צם	***
b. Calibrated against (PID/FID only)?	a standard gas prior to and	I after each use	אם צם	
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	אם אם	
d. Kept in a clean and	i secure area when not in t	use?	DY DN	
e. Verified for accura	acy by use of duplicate san	nples (calorimetric only)?	מם עם	
				1
Daniel Hanley		Daniel 9	aules	
sponsible Official's N (Please Print)	ame	Responsible Off:	ici el 's Sign	atu
R.V. Choksh		7-20-9	9	,
Inspector's Name (Please	ניהביו)	Date of Inspection		
(d. V. Choks	h	July 200	D .	
Inspector's Signature		Approximate Date of	Next Inspection	

ADDITIONAL SITE INFORMATION:
Yes NO 1. Secondary Containment for: Dry Cleaning Machine & Storage area []
Waste area [1][]
Spotting area Sealed [/]
. Needs Reseal Spotting area
Needs Reseal Spotting area as Soon as posible
-
2. Disposal of Water from Water Separator using approved evaporator []
or contracted Wastewater service [][]
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IN ADDRESS completed on	delivered. 3. Article Addressed to: AIRS ID 0990371 LIADE INC EUGENE ESPOSITO 23269 S STATE ROAD 7 BOCA RATON FL 33420	4a. Article N 2 3 3 4b. Service Registere Express Return Re 7. Date of D	Type ed
s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8-Addressed and fee is	e's Address (Only if requested paid)

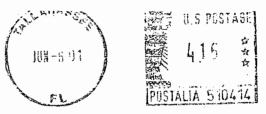
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reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.	I also wish to receive the following services (for an extra fee):			
§ e	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's Address	1	
9	■Write "Return Receipt Requested" on the mailpiece below the article	e number.	2. ☐ Restricted Delivery	Ż	
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completed	3. Article Addressed to:		65 302 215		
E	AIRS ID#: 0990371 LIADE INC EUGENE ESPOSITO 23268.S STATE ROAD 7 BOCA RATON FL 33420	4b. Service	,. <u>o</u>	1	
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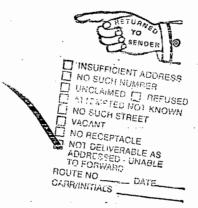
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	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

Z 210 662 841







RECENTED THE SOURCES

10 AIR ID # 0990371001AG EUGENE ESPOSITO MASTERS OF BECA 2726 S STATE ROAD 7. ASCA RATON FL 33420

Z 210 662 841

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

AIRS 1D # 0990371001AG 10 EUGENE ESPOSITO MASTERS OF BOCA 23269 S STATE ROAD 7 BOCA RATON FL 33420

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orm 3	Postmark or Date	

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SENDER COMPLETE THIS SECTION		_computationtics	CTION ON DEL	IVERY"			
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Print your name and address on the revision so that we can return the card to you.	·	C. Signature					
Attach this card to the back of the mail or on the front if space permits.		· X		☐ Agent☐ Addressee☐			
Article Addressed to:		D. Is delivery address					
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