

Department of Environmental Protection

Lawton Chiles Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 November 25, 1996

Virginia B. Wetherell Secretary

Mr. Joseph Lobrutto Vice President Crosstown Cleaners 226 Center Street, Suite AL Jupiter, Florida 33458

Re: Facility I.D. No. 09990440

Dear Mr. Lobrutto:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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 is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

0990440

P 14

1. (a) should be marked

P.15

4. Should not be marked

(b) + (f) should be mark

(c) not required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
2. Site Name (For example, plant name or number):							
3. Hazardous Waste Generator Identification Number:							
3. Hazardous Waste Generator Identification Number:							
4. Facility Location: Street Address: 226 CENTER ST # A1							
4. Facility Location:							
City: Zip Code:							
City: County: Zip Code: Tupi Tiv FL, W.P.B 3345 f 5: Facility Identification Number (DEP Use):							
5. Facility Identification Number (DEP Use):							
TupiTir FL. W.P.B 3345 f 5. Facility Identification Number (DEP Use): 0990440							
Responsible Official							
6. Name and Title of Responsible Official:							
Toseph LaRRUNTO U.P.							
7. Responsible Official Mailing Address: Organization/Firm: Choss Town Wesners							
Organization/Firm: Choss Town Wesnirs							
Street Address: 226 Conty: Zip Code: 2.464							
City: County: Zip Code: 33 41 8							
8. Responsible Official Telephone Number:							
Telephone: (4/07) 744 - 0028 Fax: () -							
English Comand (15 different from Domersikle Official)							
Facility Contact (If different from Responsible Official)							
9. Name and Title of Facility Contact (For example, plant manager):							
10. Facility Contact Address:							
Street Address:							
City: County: Zip Code:							
11. Facility Contact Telephone Number:							
Telephone: () - Fax: () -							
<u> </u>							

RECEIVED

SEP 5 1996

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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	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-0CT-03	12-NOV-93	#2	08-DEC-91	•	#3	02-MAR-92	02-MAR-9
Esample				2	00 DEC 71		5	02 MIN 72	02 111111
Dry-to-Dry Unit		198 Llo FF W							
(1) w/ ref. condenser		T)	n/Conia			1	<u> </u>
(2) w/ carbon adsorber		HOFEM	2/		n// CVNIX				
(3) w/ no controls		†			· · · · · · · · · · · · · · · · · · ·	_		 	
Washer Unit		1			1	<u>.</u>	:		
(4) w/ ref. condenser					· ·			<u> </u>	[
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		De Newton			. A Nation	h yar .			
(7) w/ ref. condenser		I			T				
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit						Marka Militari	2 1		
(10) w/ ref. condenser					1			1	
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	urce (Selec ea so	classification It one classifi	based on the cation only.)	defi		d in section (3			
Enisting iange and	501		110	141	55 41 54 3541		l		

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4. 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 pursuand hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e 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	
(c) Refrigerated condenser temperature monitoring	4
(d) Carbon adsorber exhaust perc concentration mor	nitoring []
(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)						
ĽΣ	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.							
I will promptly notify the Department of any changes to the information contained in this notification.							
Signature	1991 18 18 18 18 18 18 18 18 18 18 18 18 18						

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:15 AM TIME OUT: 11:15 TYPE OF FACILITY: Dry Cleaner	AM AIRS ID#: 0990440
FACILITY NAME: Cross Town Clear	,
FACILITY LOCATION: 226 Center S Jupiter, Fl.	33458
RESPONSIBLE OFFICIAL: Joseph Lo Brutto	
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
-	-
The second secon	
COMMENTS:	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3-11-98	
INSPECTION CONDUCTED BY: Martin S	proximate) Liebler ease Print) (561)
INSPECTOR'S SIGNATURE: W.T. J. LL	PHONE NUMBER: 355-4535

ARMS

4

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NUAL E-INSPECTIO	ой П	COMPLAINT	DISCOVERY	<u>.</u>
AIRS ID#: 0990440 DATE			D: 1417	TIME OUT: u	<u></u>
FACILITY NAME: Cho	tow tow	u Cle	and ev 5		
FACILITY LOCATION: 2	26	Centr	57	Jep:ter	<u> 33 45</u> 8
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM by	9/1/96				02
2. New facility notified DARM 30 da	ys prior to st	artup		•	
3. Facility failed to notify DARM to	rze general b	ermit			
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box)	m that it is:		-		
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)	7	2. New small: dry-to-dry only transfer only, x both types, x<1 (constructed on	, x<140 gal/ут :<200 gal/ут	٥	
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>/yī</td><td>transfer only, 2 both types, 140</td><td>area source , 140<x<2, 100="" g<br="">.00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td>γT</td><td></td></x<2,>	/yī	transfer only, 2 both types, 140	area source , 140 <x<2, 100="" g<br="">.00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">, or after 12/9/91)</x<1,800></x<1,800></x<2,>	γT	
This is a correct facility classification	ı	⊠ Y □N			
If no, please check the appropriate ci	assification:				
☐ facility qualified for ☐ facility exceeds abo				1	
B. The total quantity of perchloroeth facility was 8 gallons.	ylene (perc) j	purchased within t	the preceding 12	months by this dr	y cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON 1. Storing perchloroethylene in tightly sealed and impervious containers? AV DN 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 DAY CIN ieast 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON TON 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? DY 'UN UN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? QY QN QN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated QY QN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? UZ UN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	QY QN
 Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 	OY ON
Is the temperature differential equal to or greater than 20° F?	QY QN
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON_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 QNN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	MA ON
Has the responsible official: (check appropriate boxes)	MY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	RY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	NO YES
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:	,
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	er on
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?	egy on
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)	EFY ON EFN/A
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?	EY ON EY UN OY ON EY/A OY ON JY/A
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?	EY ON EY UN OY ON EYNA OY ON_NA EY ON
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?	EY ON EY UN OY ON EW/A OY ON W/A EY ON
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 anity) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	EY ON EY ON OY ON EW/A OY ON OY ON OY ON OY ON
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 anity) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	EY ON EY ON OY ON EW/A OY ON OY ON OY ON OY ON

2. Which method of detection is used by	the resnor	isible offic	tial?	***	
Visual examination (condensed	_				
Physical detection (airflow felt	7				
Odor (noticeable perc odor)	anough 5m	uncu)		-	
Use of direct-reading instrumen	itation (FII)/PII)/calc	primetric tubes)		N/A
If using direct-reading instrum			,	_	
a. Capable of detecting		IN 4 N /A			
b. Calibrated against a (PID/FID only)?	•		•	OY C	
	and obviou	s sions of	wear on a weekly basis?	ar c	
d. Kept in a clean and		_			N/A
-	•		e samples (calorimetric only)?		A/A NE
3. Has the facility maintained a leak log		. -	, , , , , , , , , , , , , , , , , , ,	OY C	
4. Does the responsible official check the		g areas for	r leaks?		
Hose connections, fittings,		_			
couplings, and valves	- ∆Y	ПИ	Muck cookers	, QY	UN_N
Door gaskets and seating	A Y	ИD	Stills	ÆY	□NN
Filter gaskets and seating	ΔY	ND	Exhaust dampers	ΟY	מי מם
Pumps	(QX	ПD	Diverter valves	ďΥ	□N N
Solvent tanks and containers	QY	ΠN	Cartridge filter housings	YU	□N_N
Water separators	ØΥ	ПD			
	·				
Kiely Tok				on. H	
Name of Responsible Offi	ciai (zigik	atute)	Name of Responsible Officia	al (Print	:) & Phone
Inspector's Name (Please F	Deine)		3/11/97 Date of Insp	ection	
inspector's Native (Flease F	TIIIC)		· .	ccaon	
Inspector's Signature			Approximate Date of	F Next Inc	nection
			- **		
econdary Containment for: Dry	Cleanin	ig Machi	ine & Storage area	[Yes No
			Waste area	[T[]
			Spotting area Seale	ed {	1 []
Disposal of Water from Water Se	parator	usina	approved evaporator	ſŦ	<u> </u>
t .	_		PickSup Water	L	1 []

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

rype	OF INSPECTION:	ANNUAL	COMPLA	INT/DISCOVERY		RE-INSPECTION	· 🗆
	OF FACILITY:	Dry clear		AIRS [[90448	2
	LITY NAME: CYCLE LITY LOCATION: 2		Cleans PL 3	treet 3458	DA	TE: 9-18 -	<u>-98</u>
RESPO	ONSIBLE OFFICIAL:	Toseph Lob	rutto	PHONE NU	JMBER:	144-00	28
	Based on the results of the compliance with DEP Rubbers Based on the results of the discrepancies were noted	ile 62-213.300, Florida A ne compliance requireme l:	Administrative	Code (F.A.C.).	-		. •
C	OMPLIANCE REQU	IREMENT/PROB	LEM	FOLLOW-UI	ACTION	REQUIRED	
				· · · · · · · · · · · · · · · · · · ·			
	· · · ·		. -	·		•	
				•	But	REC	
					au of Air	T. L.	
		***			Jonito, Jources	0	
-		•		ÿ	**		
COM	IMENTS:						
	Annual Compliance Certific		911	1999	inspector.	YES Né	
INS	PECTION CONDUCTED	BY: R.C	1. C.	e Print)		3,	 307 (
INS	PECTOR'S SIGNATURE	18'V	liales	PHONEN	UMBER.	ノン ゝ ~.	20/

PERCHLOROETHYLENE DRY CLEANERS

ARMS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/D	SCOVERY	
	RE-INSPECTION	٥			
AIRS ID#: 0990440	DATE: 9-16-98	TIME I	N: 11: 30	rime out: _	2:05
FACILITY NAME:	OSS TOWY) (easers	د	· ————
FACILITY LOCATION:	226 Con	Ter	Stoces		
	Jupiter,		3345	<u> </u>	- 7 (
RESPONSIBLE OFFICIAL:\	Joseph Lobru	110	PHONE:	74-6	<u> プロス</u> な
CONTACT NAME:			PHONE:		<u>.</u>
PART I: NOTIFICATION					
		_			-
(check appropriate box)					
New facility notified DARM					
2. Facility failed to notify DAR	M to use general permit			•	
PART II: CLASSIFICATION	1				
Facility indicated on notification	on form that it is:	_	☐ No notification	on form	
(check appropriate box)			☐ Drop store/ou	it of business/pe	troleum
A. 1. Existing small area sour	····	New small a	rea cource		
dry-to-dry only, x < 140 gal/			х < 140 gal/ут		
transfer only, x < 200 gal/yr	tran	sfer only, x	< 200 gal/yr	•	
both types, x < 140 gal/yr		h types, x < 1			
(constructed before 12/9/91)	(cor	nstructed on	or after 12/9/91)		
3. Existing large area sourd 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 dry- 10 gal/yr tran gal/yr both	nsfer only, 20 h types, 140	rea source $140 \le x \le 2,100 \text{ gal/}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	/yr	
5. This is a correct facility cl		, ON	☐Can not detern	mine	
☐ facili	appropriate classifications ity qualified for a general ity exceeds above limits a	permit as nu			
B. The total quantity of perchlo facility was <u>\$\mathcal{F}\mathcal{O}\$</u> gallons.			e preceding 12 mo	onths by this dry	/-

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? ØÝ □N 4. Draining cartridge filters in their housing or in sealed containers for at DY 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). Qarbon 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) DY DN 1. Equipped all machines with the appropriate vent controls? 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 DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated OY ON condenser on a weekly/bi-weekly basis? 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? DY DN

B. Has the responsible official of an existing large or new large area source also:	
B. Tras the responsible official of an existing large of 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?	ОУ ОМ
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
Is the temperature differential equal to or greater than 20° 59	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	□Y □N □N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring	
perc concentrations is at least 8 duet diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct chameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	OY ON ON/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	DY DN DN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
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;	ZY 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?	ØY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON PIN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DANA
6. Maintained startup/shutdown/malfunction plan?	`¤A □N
7. Maintained deviation reports?	ØY □N □N/A
Problem corrected?	ZY ON ON/A
8. Maintained compliance plan, if applicable?	OY ON ØN/A

PART VI: LEAK DETECTION AND REPAIRS

_								
١.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			ØΥ	ПN			
2.	Has the facility maintained a leak log	g?		ŹΥ	ПN			
3.	Does the responsible official check t	he following areas for leaks?						
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY O	IN DINIA			
	Door gaskets and seating	DY ON ON/A	Stills	DY O	IN □N/A			
	Filter gaskets and seating	אומם מם אם	Exhaust dampers	OY O	IN DINIA			
	Pumps	MY ON ON/A	Diverter valves	æY □	N ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	₽¥ □	IN □N/A			
	Water separators	DY ON ON/A						
4.	Which method of detection is used b	by the responsible official?						
	Visual examination (condense	d solvent on exterior surfaces)					
	Physical detection (airflow fel-	t through gaskets)						
	Odor (noticeable perc odor)							
	Use of direct-reading instrume	entation (FID/PID/calorimetric	c tubes)	Ph	IA			
	Halogen leak detector			E N	18			
	If using direct-reading in	strumentation, is the equipr	nent:	ØN/A				
	a. Capable of detection	ng perc vapor concentrations	in a range of 0-500 ppm?		IN			
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 					lN			
	c. Inspected for leaks	OY C	IN					
	d. Kept in a clean an	d secure area when not in use	?	OY C	IN			
	e. Verified for accura	acy by use of duplicate sampl	es (calorimetric only)?		M			

(Please Print)

Inspector's Signature

Responsible Official's Signature

9-18-98

Date of Inspection

A	D	DI	ric	NA	LS	ITE	INFO	RMA	ATIO	N:

			Yes		_
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	\mathcal{M}_{j}]]
		Waste area	\mathcal{M}	[]
		Spotting area Sealed	1/1	[]

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

PMCF Picks up the Waster as needed

Affiked & Explained all perc Purchase receipts, Records for look at those records.

& Gene Them FDEP Calender for Record

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:			INSPECTION
TIME IN: 12:00	TIME OUT: /2:3	0airs id≠: <u>09904</u>	440
TYPE OF FACILITY: D8		150	11 00
FACILITY NAME:		DATE	: 4-27-99
FACILITY LOCATION:	16 Center	E(331/16	,
RESPONSIBLE OFFICIAL:	Toseph Lo Brutt.	PHONE NUMBER:	744-002
	the compl <u>i</u> ance requirements evalu Rule 62-213.300, Florida Administr	ated during this inspection, the facility is fo ative Code (F.A.C.).	und to be in
		ated during this inspection, the following co	ompliance
discrepancies were not COMPLIANCE REQ	ed: UIREMENT/PROBLEM	FOLLOW-UP ACTION R	EQUIRED
	Alexander and the second of th		
to see the second secon			
	-		
COMMENTS:		•	
∴			
DATE OF NEXT INSPECT	EDBY: R. V. Chor	2000	YES NO
INSPECTOR'S SIGNATUR	of d. V. Chokshi	PHONE NUMBER: 93.	5-3070

PERCHLOROETHYLENE DRY CLEANERS

ARMS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

A

COMPLAINT/DISCOVERY

a

RE-INSPECTION

AIRS ID#: 0990440 DATE: 4-27-99 TIME IN: 12:00 TIME OUT: 12:30
FACILITY NAME: CROSS TOWN CLEANER
FACILITY LOCATION: 226 Center St
Jupiter, FL 33458
RESPONSIBLE OFFICIAL: Joseph LoBrutto PHONE: 744-0028
CONTACT NAME:PHONE:
PART I: NOTIFICATION
(check appropriate box)
1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit
PART II: CLASSIFICATION
Facility indicated on notification form that it is:
(check appropriate box) ☐ Drop store/out of business/petroleum
A. 1. Existing small area source 2. New small area source
1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr
both types, x < 140 gal/yr both types, x < 140 gal/yr
(constructed before 12/9/91) (constructed on or after 12/9/91)
3. Existing large area source \(\sigma \) 4. New large area source \(\sigma \)
dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$
(constructed before 12/9/91) (constructed on or after 12/9/91)
5. This is a correct facility classification
If no, please check the appropriate classification:
facility qualified for a general permit as number above
facility exceeds above limits and is not eligible for a general nermit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was \$4 gallons. Jor 1994 For 1999 Est Cal-S

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? OX 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 DY ON ON/A 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? DY ON ZIN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsofber 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) DY DN 1. Equipped all machines with the appropriate vent controls? 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 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 DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

_	the Above and the gentless of the state of t			
ช.	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?	$\square \vee$	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ו אם	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПИ П	□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?	ΠY	ПN	□N/A
ļ			_	
	Is the perc concentration equal to or less than 100 ppm?	ШY	□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?	QΥ	ПΝ	□N/A
]				
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
	condenser coils?	· DY	ΠN	□N/A
6	Routed airflow to the carbon adsorber (if used) at all times?	ΠV	่⊓พ่	□N/A
٧.	Notice and to the entroll account (it used) at all times:	~ ~ .	y	CIN/A
_				

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A 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 ZY ON ON/A and parts installed w/in 5 days of receipt? DY ON PANIA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN PMIA 5. Maintained exhaust duct monitoring data on perc concentrations? ey on 6. Maintained startup/shutdown/malfunction plan? DY ON ON/A 7. Maintained deviation reports? DY ON ON/A Problem corrected? DY DN DXVA 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS

=						
١.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ND Y DN		
2.	Has the facility maintained a leak log?	•		NO PRO		
3.	Does the responsible official check the	following areas for leaks	s?			
	Hose connections, fittings,	S. 5.4.5.44				
	couplings, and valves	DY ON ON/A	Muck cookers	DY DN DN/A		
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	AND ND YD	Exhaust dampers	DY ON DNIA		
	Pumps	Y ON ON/A	Diverter valves	DY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	OY ON ON/A		
	Water separators	DY ON ON/A				
4.	. Which method of detection is used by	the responsible official?				
	Visual examination (condensed	solvent on exterior surfac	es)			
	Physical detection (airflow felt	through gaskets)				
l	Odor (noticeable perc odor)					
	Use of direct-reading instrumen	tation (FID/PID/calorime	tric tubes)	D N/A		
	Halogen leak detector			DN/A		
	If using direct-reading ins	trumentation, is the equi	ipment:	DN/A		
	a. Capable of detectin	g perc vapor concentration	ns in a range of 0-500 ppm?	DY DN		
	b. Calibrated against a (PID/FID only)?	a standard gas prior to and	after each use	DY DN		
	c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	DY DN		
	d. Kept in a clean and	secure area when not in t	ıse?	OY ON		
	e. Verified for accura	cy by use of duplicate san	nples (calorimetric only)?	מם עם		

TosephLoBRUTTO Responsible Official's Name
Responsible Official's Name
(Please Print)
011011-01
α , β , β

Inspector's Signature

Responsible Official's Signature

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for:	Dry Cleaning Machine & Storage area
2. Disposal of Water from Water	or contracted Wastewater service
MEF PICKS L	y the Waste Once amonth

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:15 TIME OUT: 2:5:	AIRS ID#: 0990440
TYPE OF FACILITY: DRY Cleaning	
FACILITY NAME: CROSS TOWN Cleaners	DATE: 3/16/00
FACILITY LOCATION: 226 Ce Jie Stroet # A	1.
Jupike F1 33458	·
RESPONSIBLE OFFICIAL: Joseph Lobeutto	PHONE NUMBER: 744 - 0028
Based on the results of the compliance requirements eval compliance with DEP Rule 62-213.300, Florida Adminis Based on the results of the compliance requirements eval	trative Code (F.A.C.).
discrepancies were noted:	dated during this hispection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
	-
	70
	APR 1
	VE Cources a Sources
COMMENTS:	. 88
	· ,.
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	nech 2001
(Ap	proximate)
	Diak
(P)	ease Print)

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUA RE-INSI	L PECTION	X	COMPLAINT	7DISCOVER	Y 🗆
AIRS ID#: <u>0990 440</u> DATE: <u>3</u>	/Ke / GO	TIME	:IN: 3: /5	TIME OUT	: 2:55
FACILITY NAME: CROSS to WJ			· · · · · · · · · · · · · · · · · · ·		
FACILITY LOCATION: 226 Q	Nter St.				
•	er F/ 3		8		
RESPONSIBLE OFFICIAL: Jouph 4	cBeatto		PHONE:7	744 -002	. d .
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION	· · · · · · · · · · · · · · · · · · ·				
(check appropriate box)					
New facility notified DARM 30 days prior	to startup				
2. Facility failed to notify DARM to use gene	-				
PART II: CLASSIFICATION				• •	
Facility indicated on notification form that	it is:		☐ No notification	on form	
(check appropriate box)	_		☐ Drop store/ou	it of business/p	oetroleum
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)	dry-to- transfer both ty	dry only r only, x pes, x <	area source , x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 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 $12/9/91$)	dry-to-o transfer both tyj	dry only, only, 20 pes, 140	rea source $140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ ga}$ /y $\le x \le 1,800 \text{ ga}$ /yr or after 12/9/91)	•	
5. This is a correct facility classification	X ÍY	ПN	□Can not determ	nine	
If no, please check the appropriate classified for the facility exceeds above	a general pern				·
3. The total quantity of perchloroethylene (perfacility was 40 gallons. April 1999	c) purchased w		preceding 12 mon	iths by this dry	cleaning

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?	XY ON ON/A
2. Examining the containers for leakage?	A/ND ND YX
3. Closing and securing machine doors except during loading/unloading?	XY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	Y ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאוא אל אם אם
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 refr (complete A below)	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu prior to September 22, 1993	
If classification 4 has been checked, the magnine should be equipped with a refri (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
1. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON .
i. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ם או מו או או
Conducted all temperature monitoring after an appropriate cooldown period and after	

	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?		י ם א	!
2	2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly.	ПΥ	DИ	□N/A
	Is the temperature differential equal to or greater than 20° F?			□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?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□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?	ПУ	Пи	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ПΥ	מם	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS		
Has the responsible official: (check appropriate boxes)		
1. Maintained receipts for perc purchased?	XY DN	
2. Maintained rolling monthly total of perc consumption?	Ж У ОИ	
3. Maintained leak detection inspection and repair reports for the following:		
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO Y	
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	AND NO Y	
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON XINA	
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DH X NA	
6. Maintained startup/shutdown/malfunction plan?	XY ON:	
7. Maintained deviation reports?	AY ON ON/A	
Problem corrected?	AND NO Y	
8. Maintained compliance plan, if applicable?	DY DN ANIA	

		-	~ 7	·.		Yes	
1. Seconda:	ry Containme	nt for:	Dry Cle		hine & Storage area		I
					te area	[X]]
				Spo	tting area Sealed	[X]	ľ
					•		Ţ
	;						
•••	··				•		
Disposal	of Water fo	m Water	- Senarati	or using :	approved evaporator	. r _}	[X
	- CA 7100 - June	an maca			appioved evaporator tewater service	[]	[
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	(A) ms E	C Occ Ks	<u> </u>	- 1 a la	- 1		
		PICA	up The L	JUIHMUUK	e and waste		
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1.	Does the responsible official conduc				_4
II .	Does the responsible official conduc	t a weekly (for small source	es, bi-weckly) leak detection	and repair	
$\ $	inspection?			XY DN	
2.	Has the facility maintained a leak log	;?		XY DN	
3.	Does the responsible official check the	he following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	YZY ON ON/A	Muck cookers	DY DN X N/A	
	•	•			
	Door gaskets and seating	XY ON ON/A	Stills	AND NO YK	
	Filter gaskets and seating	XY ON ON/A	Exhaust dampers	באאוֹאָל אם אם	
	Pumps	XY ON ON/A	Diverter valves	AYU UU YK	
	Solvent tanks and containers	AVO NO Y	Cartridge filter housings	אורם מם צאב	
	Water separators	XY ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	s)	×	
	Physical detection (airflow felt the	hrough gaskets)		×	
	Odor (noticeable perc odor)	* .	•	Xa ·	
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				X NA	
Halogen leak detector				A NV	
If using direct-reading instrumentation, is the equipment:				X N/A	
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				חס מח	
	b. Calibrated against a s (PID/FID only)?	ter each use	חם אם		
	c. Inspected for leaks ar	nd obvious signs of wear or	n a weekly basis?	OY ON	
	d. Kept in a clean and so	ecure area when not in use	?	DY DN	
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	DY DN	

TYPE OF INSPECTION:	INSPECTION ANNUAL	COMPLAINT/DISCOVERY	BEST AVAILABLE COPY RE-INSPECTION
TIME IN:	_ - -	AIRS ID#:	0990440
TYPE OF FACILITY:	1 dealing		
FACILITY NAME:			DATE: 12/27/06
FACILITY LOCATION:	· · · · · · · · · · · · · · · · · · ·		
RESPONSIBLE OFFICIAL:	Joseph Laboutto	PHONE NUMBER	u 744 0028
compliance with DEP F	tule 62-213.300, Florida Admin the compliance requirements ev	valuated during this inspection, the factistrative Code (F.A.C.). aluated during this inspection, the fol	•
•	JIREMENT/PROBLEM	FOLLOW-UP ACTI	ON REQUIRED
			Bure. 8
			AN 82 au of Air M Mobile So
			onitoring urces
	•		
OMMENTS:			· •
	•		
ne Annual Compliance Certification	on form has been properly certif	fied and submitted to the inspector.	YES NO
ATE OF NEXT INSPECTION:		DOL 01.	
SPECTION CONDUCTED BY	: h Li	eleler ease Print)	
SPECTOR'S SIGNATURE:	Left Left	← PHONE NUMBER:	355 30.70

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY.
1	Cleaners TIME OUT:
FACILITY LOCATION: 226 Cen	oten St Jup; ter 33458
	6 ++0 PHONE: 744 0028
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	utup
2. Facility failed to notify DARM to use general pe	ermit
	· · · · · · · · · · · · · · · · · · ·
PART II: CLASSIFICATION	
PART II: CLASSIFICATION Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
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	
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 \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	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 facility qualified for a general source.	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) □ Y □ N □ Can not determine

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/A 2. Examining the containers for leakage? Y DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A 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? DY DN (XX)/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 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 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 verifying that the coolant had been completely charged? DY DN

PART III: GENERAL CONTROL REQUIREMENTS

E	3. 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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20 F?	OY 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? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

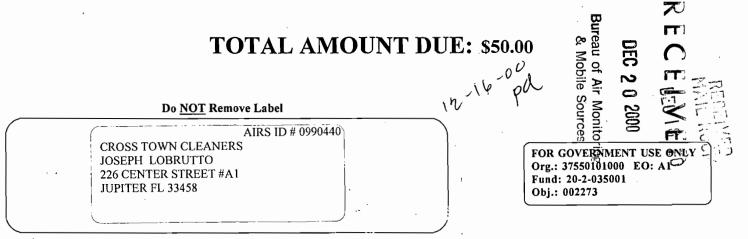
PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	אם עם			
2. Maintained rolling monthly total of perc consumption?	אם צוש,			
3. Maintained leak detection inspection and repair reports for the following:				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

ADI	ITIONAL SITE INFORMATION:	. •	•			
				. •	**- ~	•••
1.	Secondary Containment for: I	Drv Cleaning	Machine & Sto	orage area	Yes [<]	[]
	2		Waste area	J	11	[]
			Spotting area	a Sealed	·[/]	[]
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2	ni of Water from Water	~	•		Гì	r/
2.	Disposal of Water from Water :		ing approved (Wastewater s		[]	[/]
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PART VI: LEAK DETECTION AND	O REPAIRS		
1. Does the responsible official conduct	t a weekly (for small sour	rces, bi-weekly) leak detect	ion and repair
inspection?		•	אםי עולא
2. Has the facility maintained a leak log	3?	•	XY ON
3. Does the responsible official check the	ne following areas for lea	ks?	
Hose connections, fittings, couplings, and valves	AY ON ON/A	Muck cookers	OY ON DANA
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	מאם אם אום	Exhaust dampers	איאל אם צם
Pumps	אואם אם אוא	Diverter valves	אואם אם צעם
Solvent tanks and containers	אואם אם אם	Cartridge filter housing	ngs DY ON ON/A
Water separators	אואם אם צם		
Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surface	ces) -	A
Physical detection (airflow felt t	hrough gaskets)		Z /
· Odor (noticeable perc odor)			· \notine
Use of direct-reading instrument	tation (FID/PID/calorime	tric tubes)	the HIP
Halogen leak detector			AW A
If using direct-reading inst	rumentation, is the equi	pment:	DIN/A
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	מם עם
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	מם עם
c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	אם צם
d. Kept in a clean and s	ecure area when not in u	se?	מם עם
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	מם צם
	<u> </u>		
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Inspector's Name (Please Pri	nt)	Date of Inspection	
ha Pilux		Dec	
Inspector's Signature	· · ·	Approximate Date	6 /

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JOSEPH LOBRUTTO
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JUPITER FL 33458

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Fund: 20-2-035001 Obj.: 002273 US Postal Service

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JOSEPH LOBRUTTO

226 CENTER STREET #A1

JUPITER FL 33458

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Date, & Addressee's Address

TOTAL Postage & Fees

Postmark or Date

over top of envelope to	Fold at line
SENDER: COMPLETE THIS SECTION	-сомне генть зе стіон 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) B. Date of Delivery C. Signature X Agent D. Is delivery address different from item 1? Yes
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0990440: CROSS TOWN CLEANERS JOSEPH LOBRUTTO 226 CENTER STREET #A1	
JUPITER FL 33458	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
İ	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
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Article Addressed to:	D. Is delivery address offferent from item 1?
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CROSS TOWN CLEANERS	
JOSEPH LOBRUTTO	
226 CENTER STREET #A1	3. Service Type
JUPITER FL 33458	Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2210 662 431	
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	Certified Fee
	Special Delivery Fee Restricted Delivery Fee
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, Apr	Return Receipt Showing to Whom, Date, & Addressee's Address
800	TOTAL Postage & Fees \$
PS Form 3800 , April 1995	Postmark or Date

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.	e does not e number.	I also wish to rectiful following service extra fee): 1. Address 2. Restricte Consult postmas	s (for an ee's Address
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5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X		paid)	if requested
	■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. 3. Article Addressed to: AIRS ID # 0990440. CROSS TOWN CLEANERS JOSEPH LOBRUTTO 226 CENTER STREET #A1 JUPITER FL 33458 5. Received By: (Print Name)	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write *Return Receipt Requested* on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0990440. CROSS TOWN CLEANERS JOSEPH LOBRUTTO 226 CENTER STREET #A1 JUPITER FL 33458 ■ Return Receipt Requested* □ Express □ Return Receipt Requested* □ Service □ Registered □ Express □ Return Receipt Received By: (Print Name) 8. Addressed and fee is	■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 0990440. CROSS TOWN CLEANERS JOSEPH LOBRUTTO 226 CENTER STREET #A1 JUPITER FL 33458 4a. Article Number Addressed to: Registered □ Express Mail □ Return Receipt for Merchandise 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only and fee is paid)

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ADDRESS completed on	3. Article Addressed to: AIRS ID# 0990440 JERRERT CORPORATION JOSEPH LOBRUITO 226 CENTER STREET #A1 JUPITER FL 33458	4a. Article No. 2 3 3 4b. Service 1 Registere Express I Return Rec 7. Date of De	Type ed Certified Mail Insured ceipt for Merchandise COD	Thank you for using Return Rec
Is your RETURN	5. Received By: (Print Name) 6/ Signature: (Addressee or Agent) X PS. Form 3811, December 1994	8. Addressee and fee is	e's Address (Ónly if requested paid) Domestic Return Receipt	

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He your RETURN	6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid) Domestic Return Receipt	

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