

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

December 6, 1996

Ms. Sharon Frome Bargain Dry Cleaners 7112 South Military Trail Lake Worth, Florida 33463

Re: Facility I.D. No. 0990453

Dear Ms. Frome:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 20, 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"

Printed on recycled paper.

#0990453

P.15 (f) Should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

<u> </u>				
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
BANGAIN DAY CLEANERS INC SAL				
2. Site Name (For example, plant name or number):				
BANGAIN DRY CLESWEN				
3. Hazardous Waste Generator Identification Number:				
FLD 984194 J71				
4. Facility Location: 7/12 South Miller Miller TRAIL Street Address:				
City: LAPLE WORTH County: Polm Basell Zip Code: 33463				
5. Facility Identification Number (DEP Use):				
0990453				
Responsible Official				
·				
6. Name and Title of Responsible Official:				
SHARON FROME (PRESIDENT)				
7. Responsible Official Mailing Address:				
Organization/Firm: Street Address: Street Address:				
City: County: Zip Code:				
8. Responsible Official Telephone Number:				
Telephone: (161) 434-0043 Fax: ()				
13, 00/3				
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:/ Zip Code:				
11. Facility Contact Telephone Number:				
Telephone: () - Fax: () -				
,				

RECEIVED

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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SEP 20 1996

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.

Mines 75.52		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
Miner 750 Co		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID.	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	i2-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	<u> </u>	DAY	T. Dry			*			
(1) w/ ref. condenser	(1)	11/5/90	11/5/90						
(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							1		
(9) w/ no controls							<u> </u>		
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 of the control of the control devices (b) If less than 12 montrol of the control	are ro	equired to be ity of perchlons ow many? [installed [_oroethylene (perc)	purchased i				ſ 1
3. What is the facility's so (Indicate with an "X". Existing small ar	urce Selec ea so	classification et one classif urce []	n based on the ication only.)	e defi		d in section (
Existing range and	ca 501	mrcc	146	w id	ige area soul		د		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X		pursuant to section (3) of	rait if of this notification form?
Existing large Carbon adsort		Refrigerated condenser	
New small are Refrigerated c			
New large are Refrigerated c			
to Rule 62-213.300, F.A	ntains non-exempt emissions A.C. Verify that all steam an nat no such units exist on-site	d hot water generating uni	o use the general permit pursuant ts on-site meet the following
boiler HP or less), and		natural gas except for perio	10 million BTU/hr or less (298 eds of natural gas curtailment s fired.
All steam and hot wate No such units on-site	r generating units exempt		
	Equipment Monitoring	and Recordkeeping Infor	mation
Check all logs which ar	e required to be kept on-site	in accordance with the req	uirements of this general permit:
(a) Purchase receipts ar	id solvent purchases		
(b) Leak detection insp	ection and repair		
(c) Refrigerated conder	nser temperature monitoring		
(d) Carbon adsorber ex	haust perc concentration mor	nitoring	
(e) Instrument calibration	on		
(f) Start-up, shutdown,	malfunction plan		

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

Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
	· ·
this notif statemen maintain	
this notif statemen maintain comply w	the air pollutant emissions units and air pollution control equipment described above so as to

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

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TYPE OF INSPECTION: ANNUAL CON	APLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:55 TIME OUT: 2:0	0 AIRS ID#: 0990453
TYPE OF FACILITY: Dry clean	
FACILITY NAME: BARGAIN DRY	CLEAN DATE: 3-13-92
FACILITY LOCATION: 7/12 South 1	nilitary Trail
Lake Wort	7 / - 2 33463
RESPONSIBLE OFFICIAL: Sharon From	mephone number:434-0040
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration	ative Code (F.A.C.).
Based on the results of the compliance requirements evaluated discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
The state of the s	
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	<u> </u>
·	
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector.
DATE OF NEXT INSPECTION:	-13-98
INSPECTION CONDUCTED BY: (Application Conducted By:	hokshi
	ase Print) PHONE NUMBER: 355-3070

ARMS X

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSPE	CTIC	N:
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ANNUAL

X

COMPLAINT/DISCOVERY

Q

RE-INSPECTION

AIRS ID#: 09904-53 DATE: 3-13-9	7 TIME IN: 12:55 TIME OUT: 2:00				
FACILITY NAME: Bargain Doy Clean					
FACILITY LOCATION: 7/12 South Military Trail					
Lake Worth, FL33463					
Sharon FROME	434-0040				
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM by 9/1/96	\prec				
2. New facility notified DARM 30 days prior to start	up				
3. Facility failed to notify DARM to use general perm	nit				
PART II: CLASSIFICATION	· · · · · · · · · · · · · · · · · · ·				
Facility indicated on notification form that it is:					
(check appropriate box)	·				
A					
	2. New small area source ☐ dry-to-dry only, x<140 gal/yt				
	transfer only, x<200 gal/yr				
	both types, x<140 gal/yr (constructed on or after 12/9/91)				
3. Existing large area source	4. New large area source				
dry-to-dry only, 140 <x<2, 100="" gal="" td="" yτ<=""><td>dry-to-dry only, 140<x<2, 100="" gal="" td="" yr<=""></x<2,></td></x<2,>	dry-to-dry only, 140 <x<2, 100="" gal="" td="" yr<=""></x<2,>				
	transfer only, 200 <x<1,800 gal="" yr<br="">both types, 140<x<1,800 gal="" td="" yr<=""></x<1,800></x<1,800>				
· · · · · · · · · · · · · · · · · · ·	(constructed on or after 12/9/91)				
This is a correct facility classification	Ar du				
If no, please check the appropriate classification:					
facility qualified for a general perm facility exceeds above limits and is					
B. The total quantity of perchloroethylene (perc) pur	chased within the preceding 12 months by this dry cleaning				
facility was 90 gallons.					

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? XX □N 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber OY ON VINA 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? OY ON DY DN DN/A 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? OY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? UA 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:	
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?	d OY ON
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY OM
Is the temperature differential equal to or greater than 20° F?	UV UN
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?	A\N_ND YD
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 ONN/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?	QY QN QN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
	X ON
Has the responsible official: (check appropriate boxes)	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	da on da on da on da 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:	AT 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	ф л ой М л ои
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?	Ay on Ay on Ay on
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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?	DY ON LN/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?	AY ON AY ON AY ON AY ON AY ON AY 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 deviation reports?	AY ON AY ON AY ON AY ON AY 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? Problem corrected?	AY ON AY ON AY ON AY ON AY ON AY ON

1. Does the responsible official conduct a weekly leak detection and repair inspection?

Visual examination (condensed :				1/	16
	aces)	×			
Physical detection (airflow felt the	X				
Odor (noticeable perc odor)	×				
Use of direct-reading instrument		XN/A			
If using direct-reading instrum	ientation,	is the equip	ment:		1
a. Capable of detecting	perc vapo	or concentrati	ons in a range of 0-500 ppm?	ΩY	□N_N/A
b. Calibrated against a (PID/FID only)?	standard ;	gas prior to a	nd after each use	ΠΥ	□N_N/A
c. Inspected for leaks a	ΠY	□NN/A			
d. Kept in a clean and	ı use?	ΠY	□N_N/A		
e. Verified for accurac	y by use of	f duplicate sa	mples (calorimetric only)?	ΠY	□N_N/A
3. Has the facility maintained a leak log	?			QΥ	ПИ
4. Does the responsible official check the	e followin	g areas for les	aks?		
Hose connections, fittings, couplings, and valves	₹Y	ПИ	Muck cookers	ΩY	□N_XN
Door gaskets and seating	XX	ЙD	Stills	XY	□ии
Filter gaskets and seating	AX	ПD	Exhaust dampers	ΩY	ON KN
Pumps	. AY	ロな	Diverter valves Have Fan	ΠY	ON LN
Solvent tanks and containers	***	ND	Cartridge filter housings	Kair	п_и_п
Water sepatators	χΥ	ロな		<u> </u>	
			<u> </u>		
		·	CHARONDH ARVEY	-0 0 %	n= 4
Name of Responsible Office	rial (Signa		HARON 2H ARVEY I		
	cial (Sign		HARON 2H ARVEY I		
Name of Responsible Office RV Choksh Inspector's Name (Please P				1 (Pri	
RV Chokshi			Name of Responsible Official	1 (Pri	
RV Choksh.			Name of Responsible Official	Pri	nt) & Phone
Inspector's Name (Please Portion of the Charles of	rint)	ature)	Name of Responsible Official 3 -73 -6 Date of Insp 3 - 13 -6 Approximate Date of	Pri	nt) & Phone
Inspector's Name (Please Portion of the Charles of	rint)	ature)	Name of Responsible Official 3-73-6 Date of Insp 3-13-9 Approximate Date of	Pri	nt) & Phone
RV Chokshi Inspector's Name (Please P	rint)	ature)	Name of Responsible Official 3 -73 -6 Date of Insp 3 - 13 -6 Approximate Date of	Pri	nt) & Phone
Inspector's Name (Please Portion of the Charles of	rint)	ature)	Name of Responsible Official 3-73-6 Date of Insp 3-13-9 Approximate Date of	l (Pri	nt) & Phone
Inspector's Name (Please Portion of the Charles of	rint)	ature)	Name of Responsible Official 3-73-6 Date of Insp 3-13-6 Approximate Date of Approximate Date of Waste area Spotting area Seale	l (Pri	nt) & Phone Inspection Yes No [] [] [] []
Inspector's Name (Please Posser of Water from Water September 1)	rint) Cleanin	ature) ng Machine	Name of Responsible Official 3-73-6 Date of Insp 3-13-6 Approximate Date of Approximate Date of Waste area Spotting area Seale	l (Pri	nt) & Phone

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0990453 BARGAIN DRY CLEANERS INC SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

70

Do NOT Remove Label

Annual Reporting Period:	JAN ,	<u>/1997</u> то _	Dec 3	3/19 <i>97</i>
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-			
If NO, complete the following:				
#1. Term or condition of the general permit	t that has not been	in continuous compliar	ce during the reporti	ng period stated above:
Exact period of non-compliance: from		·	to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	****	<u> </u>		
#2. Term or condition of the general permit	t that has not been	in continuous complian	ce during the reporting	ng period stated above;
Exact period of non-compliance: from		t	0	
ivieniqu used to demonstrate compliance:				
As the responsible official, I hereby certify, bas notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dryst				
does not exceed 2,100 gallons per year for dry-to				
RESPONSIBLE OFFICIAL: SHARON		Sharo	Mame	. 2/27/98
Nan	ne (Please Print)		Signature	Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:10 TIME OUT: 11:3	0 AIRS ID#: 0990453
TYPE OF FACILITY: Dry "Cleaning	. · -
FACILITY NAME: Bargain Doy	leaners DATE: 8-10-98
FACILITY LOCATION: 71/2 South Mili	tara Trail
Lake Worth,	FL 33463
RESPONSIBLE OFFICIAL: Sharon Frome	PHONE NUMBER: 434-0040
Based on the results of the compliance requirements evalua	ted during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Administra	· · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements evalua	ted during this inspection, the following compliance
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOWEUE ACTION REQUIRED
	SEP 1 7 1998
	Bureau of Air Monitoring
	- & Mobile Sources
•	
· · · · · · · · · · · · · · · · · · ·	* · · ·
COMMENTS:	
	•
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NOW
DATE OF NEXT INSPECTION: Aug	1999
	pproxima(é)
INSPECTION CONDUCTED BY:	Chokshi.
	lease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS

TYPE OF INSPECTION:

ANNUAL

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COMPLAINT/DISCOVERY

a

RE-INSPECTION .

	98 TIME IN: 11:10 TIME OUT: 11:30 DRY CLEANERS
FACILITY LOCATION: 7112 SO Lake W	
	Frome PHONE: 434-0040
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup
2. Facility failed to notify DARM to use general per	rmit ·
1	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ 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, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New 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 on or after $12/9/91$)
5. This is a correct facility classification	DY ON OCan not determine
	cation: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) p	ourchased within the preceding 12 months 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?	DY ON ON/A
2. Examining the containers for leakage?	אוחם אם אוש
3. Closing and securing machine doors except during loading/unloading?	אם צבק
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ANO NO YD,
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אואבן אם צם
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	- ··- • · · · · · ·
If classification 1 has been checked, no controls are required. Proceed to Part V	7.
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 mi installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated 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?	ND YD
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	AVAO AO YO
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
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מם עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after	DV: DV

B.	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?	ΩY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	מם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΩÝ	ΠИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	ĎN/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?	ΩY	ΩИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	` □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	·
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	NO YE
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AYON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4. Maintained calibration data? (for applicable direct reading Instruments)	CY ON PANIA
5. Maintained exhaust duct monitoring data on perc concentrations?	CY ON MINA
6. Maintained startup/shutdown/malfunction plan?	AN DN
7. Maintained deviation reports?	DY ON ON/A
Problem corrected?	DY ON ON/A
8. Maintained compliance plan, if applicable?	DY DN PAN/A

VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			אם אַס	
2.	Has the facility maintained a leak log	?		NO YES	
3.	Does the responsible official check th	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	אום אם אַבּ	Muck cookers	OY ON PANIA	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ONA	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	אואבן אם צם	
	Pumps	אוֹאם אם אַצאַ	Diverter valves	AND NO YO	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אואם אם אָע	
	Water separators	אואם אם אס			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surface	es)	1 .	
	Physical detection (airflow felt	through gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrume	ntation (FID/PID/calorime	tric tubes)	× 1/14	
	Halogen leak detector	`.	•	& NIA	
	If using direct-reading in	strumentation, is the equi	pment:	ØN/A	
	a. Capable of detection	ng perc vapor concentration	ns in a range of 0-500 ppm?	OX ON	
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	l after each use	OY ON	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	OY ON	
	d. Kept in a clean an	d secure area when not in t	ise?	אם צם	
	e. Verified for accura	cy by use of duplicate sam	ples (calorimetric only)?	OY ON	

Responsible Official's Name (Please Print)

R.V. Chokshi

Inspector's Signature

Responsible Official's Signature

Date of Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
	-	Waste area	WII
		Spotting area Sealed	1 [1

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

+ & Water Everporater was is ordered and Experted to instell in two week

+ Safety Kleen picks up the wester as needed

f Gave FDEP Calender for Record Keeping

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
	20 AIRS ID#: 0990453
TYPE OF FACILITY: Doy cleaning	. · <u>-</u>
FACILITY NAME: Bargain Dox	Cleaner DATE: 5-25-99
FACILITY LOCATION: 7/12 SOUTH A	illitary Trail
Lake worth,	FL 33463
RESPONSIBLE OFFICIAL: Harvey From	e phone number: 434-0040
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 discrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	P
	- Out of the Contract of the C
	Model Stranger & CO
	· Ces Oning
	
•	
COMMENTS:	·
The Annual Compliance Certification form has been properly c	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: May 2	000
INSPECTION CONDUCTED BY: R.V. Cho	(Approximate) KShi
INSPECTION'S SIGNATURE: Q. V- Chote	(Please Print) PHONE NUMBER: 355-3070

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X	COMPLAINT/D	ISCOVERY	a
	RE-INSPECTION	0			
FACILITY NAME: Ballity LOCATION:	rgain 7/12 Son Lake We	Doy th M	Clean ilitary FL	er Trail 334	/ 53
RESPONSIBLE OFFICIAL:		-		34-00	40
CONTACT NAME: Ha	rvey From	me	PHONE:	· ·	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	I 30 days prior to startup)			
2. Facility failed to notify DAR	CM to use general permi	t .	ż		۵
	· .		1× 1	হার জন্ত ক্যুট্র	
PART II: CLASSIFICATIO	N ====================================	<u> </u>	•		
Facility indicated on notificat (check appropriate box) A.	tion form that it is:	•	☐ No notification ☐ Drop store/or		troleum
1. Existing small area sou dry-to-dry only, x < 140 ga transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	Vyr d t to	ransfer only, x ooth types, x <	, x < 140 gal/yr < 200 gal/yr		
 Existing large area sou dry-to-dry only, 140 ≤x ≤ transfer only, 200 ≤x ≤ 1,8 	2,100 gal/yr d		area source $0,140 \le x \le 2,100 \le 0 \le x \le 1,800 = 0 \le x \le 1,800 = 0 \le 0$		
both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/9) 5. This is a correct facility	O gaVyr t	ooth types, 140) ≤ x ≤ 1,800 gal/yn n or after 12/9/91) □Can not deter		

Fer 1999 Sola

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 15 gallons. For 1998, For 1999 Sold 35 gall

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible afficial of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	AND ND YE
2. Examining the containers for leakage?	MY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	רם אם אם
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	אס אם אם אם
PART IV: PROCESS VENT CONTROLS	•
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Par	
If classification 2 has been checked, the machine should be equipped with a r (complete A below).	refrigerated condenser
If classification 3 has been checked, the machine should be equipped with eit condenser or a carbon adsorber (complete A and B below). Carbon adsorber prior to September 22, 1993	r must have been installed
If classification 4 has been checked, the machine should be equipped with a to (complete A and B below).	terrigerated condenser
A. Has the responsible official of all new sources and existing large area sou (check appropriate boxes)	rces:
1. Equipped all machines with the appropriate vent controls?	
2. Equipped dry-to-dry machines with a closed-loop vapor vanting 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?	e DY DN DN/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אם אם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN DN/A
5. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם

n	His the responsible official of an existing large on new large area source also:			
Ų.	Has the responsible official of an existing large or new large area source also:			
١.	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?		אנ	
)			
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	OY C	ם אם	N/A
	list and a second of the secon			
	Is the temperature differential equal to or greater than 20° F?		ם אנ	N/A
_				
٦.	Measured and recorded the perconcentration in the exhaust stream weekly			
	at the end of the final drying cycle while the prachine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?		ם אכ	N/A
	Is the perc concentration equal to or less than 100 ppm?		ח אם	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?	Dv 1	ם אב	DS1/A
	or expansion, and devinsucant nomino edict inject:	u . (-114 C	MAN
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual			
1 "	condenser coils?	□v i	ם אב	13.T/A
	Condenser Cons.	ui (-114 F	AWI
_	Dented sinflam to the color adout a distance by a sil times?	DV 1	711 E	227/4
٥.	Routed airflow to the carbon adsorber (if used) at all times?	UYI	ם אכ	IN/A
<u> </u>				

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY DN
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	Santar Santar
a. documentation of leaks repaired w/in 24 hrs? or;	MY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אום אם צום
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN PANA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DKVA
6. Maintained startup/shutdown/malfunction plan?	אַרַ סאָ
7. Maintained deviation reports?	ANO NO YM
Problem corrected?	MA ON ON/Y
3. Maintained compliance plan, if applicable?	DY DN ZN/A

PART VI: LEAK DETECTION AND	REPAIRS			•
1. Daes the responsible afficial conduct :	weekly (for small source	s, bi-weekly) leak decection	on and repair	\ <u>`</u> .
inspection?			DY ON	
2. Has the facility maintained a leak log?	•		אם צום	
3. Does the responsible official check the	following areas for leaks	s?	,	İ
Hose connections, fittings, couplings, and valves	AND NO YES	Muck cookers	חואס אם צם	
Door gaskets and seating	DY ON ON/A	Stills	בארם אם אם.	
Filter gaskets and seating	AIND ND YE	Exhaust dampers	DY ON DAVIA	·
Pumps	DY ON ONIA	Diverter valves	DY ON ON/A	
Solvent tanks and containers	אואם אם צוב	Cartridge filter housi	ings OY ON ON/A	
Water separators	אוחם אם צום-			E 1 1 1 1
4. Which method of detection is used by	the responsible official?			·
Visual examination (condensed	solvent on exterior surface	es)		
Physical detection (airflow felt	through gaskets)		<u>/</u> d .	
Odor (noticeable perc odor)				
Use of direct-reading instrumen	ntation (FID/PID/calorime	tric tubes)	D N/A	
Halogen leak detector			MINE	
If using direct-reading in	trumentation, is the equ	ipment:	₽ŃA	
a. Capable of detecting	g perc vapor concentratio	ns in a range of 0-500 ppm	n? DY DN	
b. Calibrated against (PID/FID only)?	a standard gas prior to and	i after each use	עם אם	
c. Inspected for leaks	and obvious signs of wea	r on a weekly basis?	אם אם	
	d secure area when not in	•	. רם עם	
e. Verified for accura	scy by use of duplicate sar	nples (calorimetric only)?	DY DN	
`				
				-
HARRY FRA			Res	- PONSTACO

Responsible Official's Name (Please Print)

R.V. Chokshi`
Inspector's Name (Please Print)

Inspector's Signature

5-25-99

Date of Inspection

May 2000

Approximate Date of Next Inspection

Responsible Official's Signature

VOILIOOV	IAL SITE INFORMATION:		
1. Seco	ondary Containment for:	Dry Cleaning Machine & Storage area Waste area Spotting area Sealed	XI [I]
			•.
	posal of Water from Water	er Separator using approved evaporator or contracted Wastewater service Picks up the Waste	[1]
		alled	

Below facilities are listed as Active in GPCI even though they are Inactive

- 1.) Bargain D/C- AIRS #453- Closed- Verified by inspection #10990453
- 2.) Garmen Care- AIRS #628- Closed- Verified by inspection

• •

- 3.) Ivy French Cleaners- AIRS #384- Closed- Verified by phone call 4.) Oceanside Cleaners- AIRS #363- Closed- Verified by inspection
- 5.) Special Touch Cleaners- AIRS #584- Drop Store- Verified by inspection

20

		Service MAIL RECE Only; No Insurance C	
\$ h 6 0	Section 1888 Security		
0026 4126	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	s	Postmark Here
7000 0000	Recipi BARGAIN E SHARON F Street, 7112 SOUTH	PRY CLEANERS ROME I MILITARY TRAIL	S ID # 0990453

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■ Complete items 1, 2, and 3. Als	o complete	A. Received by (Pleas	o Print Clearly	B. Date of Deliver
item 4 if Restricted Delivery is o		A. Neceived by (Fleat	se Frint Clearly)	5. Date of Delivery
■ Print your name and address or		C. Signature		
so that we can return the card that we can return the card to the back of the		O. Olgrididie	1. 1	☐ Agent
or on the front if space permits.		* A Mano	la extra	
1. Article Addressed to:		D. Is delivery address		
1. Article Addressed to.		If YES, enter delive	ery address below:	: 🗆 No
AII	RS ID # 0990453			
BARGAIN DRY:CLEANERS				
SHARON FROME				
7112 SOUTH MILITARY TRA	IL [<u> </u>		
LAKE WORTH FL 33463		3. Service Type		
		Gertified Mail	Express Mail	
•		☐ Registered ☐ Insured Mail	C.O.D.	pt for Merchandise
		4. Restricted Delivery	ι? (Extra Fee)	☐ Yes
2. Article Number (Copy, from service le	aheli			
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PS Form 3811, July 1999	Domestic Ref	urn Receint		102595-99-M-1789

3686		MAIL REC	EIPT Coverage Provided)			
4327	Postage Certified Fee	Post and				
0025	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Postmark Here				
7000 0600	Total AIRS ID # 0990453 BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 City, St.					
	PS Form 3800, February 2	2000	See Reverse for Instructions			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 is Restric ad Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to: IN DRY CLEANERS AIRS ID # 0990453	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
FROME FROME JTH MILITARY TRAIL DRTH FL 33463	3. Service Type Certified Mail
2 Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Doublestic Re	turn Receipt 102595-99-M-1789

UNITED STATES POSTAL SERVICE First-Class Mail Postage & Fees Paid ⊎SPS Permit No. G-10 • Sender: Please print your name, address, and ZIP+4 in this box BUR. OF AIR MONITORING & MOSILE SOURCES
DEPT. CF ENVIRONMENTAL PROTECTION 25
MAIL STATION 5510
2600 BI.AIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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7	P 265	305	536		
	US Postal Servi Receipt fo No Insurance C	r Certi	fied Mail ovided.		
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PS Form 3800 , April 1995	Postmark or Date			:	
2 for additi	onal services.			l also	wish to receive t

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í j				
rse 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.	e can return this	I also wish to receive following services (fo extra fee):	or an
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. Addressee's	s Address 😤
the	■Write *Return Receipt Requested* on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an		2. Restricted Delivery	
ont	delivered.	u me uate	Consult postmaster	s Address selivery states and selivery
ADDRESS completed	3. Article Addressed to: AIRS ID#: 0990453 BARGAIN DRY CLEANERS INC SHARON FROME 7112.SOUTH MILITARY TRAIL	4b. Service 1 Registere Express!	<i>5 30 ⊋ ⊋3</i> Type Id □	Certified Business
RETURN ADD	5. Received By: (Print Name)	7. Date of De 8. Addresse	Plivery 2-19 Standards (Only if re	you for
s your RET	6. Signature: (Addressee of Agent)	and fee is	¢ai∂)✓	The person of th
-22	PS Form 3811 , December 1994		Domestic Return	Receipt

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

262283

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

RECEIVED MAIL ROOM

KBR -3 97 TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0990453
BARGAIN DRY CLEANERS INC
SHARON FROME
7112 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

FOR GOVERNMENT USE ONLY

406595 MAR-1-2001

t . i

MAR

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

(cut nere)

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0990453

BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
9484			4
72	Postage	\$	2
13	Certified Fee		Postmark
20	Return Receipt Fee (Endorsement Required)		Here)
	Restricted Delivery Fee (Endorsement Required)		13
딞	Total Postage & Fees	\$	
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	SHARON FRO Str. BARGAIN DR	Y CLEANERS	
	7112 SOUTH M	IILITARY TRAIL	
7	LAKE WORTH	1 FL 33463	/ tructions

item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: AKE WORTH FL 33463 3. Service Type Certified Mail Express Mail Registered Return Receipt for Metal Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: If YES, enter delivery address below: If YES, enter delivery address	 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. 	C. Signature X Age
HARON FROME ARGAIN DRY CLEANERS 112 SOUTH MILITARY TRAIL AKE WORTH FL 33463 3. Service Type Certified Mail Express Mail Registered Return Receipt for Me	Article Addressed to:	
4. Restricted Delivery? (Extra Fee) □	HARON FROME ARGAIN DRY CLEANERS 12 SOUTH MILITARY TRAIL	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merch
Article Number (Copy from service label)		
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	Restricted Delivery Fee (Endorsement Required)						
	밁	Iotal Pr			0990453		
	0.5	Recipia BARGAIN SHARON	DRY CLEA FROME	ANERS	8	er)	
	00	Street, 7112 SOUT LAKE WO	TH MILITA RTH FL	RYTE	AIL	•••••	
l	7001	City, Sta 33463			•	*************	
		PS TOTAL PROPERTY AND ASSESSED FOR	IIV//ZUUU	-(a-sure-supple)	۲, <u></u>	ructions	
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		2, and 3. Also comp Delivery is desired.	lete	A. Re	ceived by (Plea	Print Clearly)	B. Date of Delivery
Print your name and address on the reverse so that we can return the card to you.			/erse	C. Si	gnature		2 11-00
	d to	the bạck of the mail	piece,	X		*	☐ Agent ☐ Addressee
Article Addressed	_ <u>·</u>			1	•	different from item	
	A	AIRS 1D # 0990453				o. y a aa. 000 00.011	
BARGAIN DRY CLEANERS SHARON FROME						j	
7112 SOUTH N	MILI	TARY TRAIL	Į				
LAKE WORTE 33463	H FL	•		1	rvice Type Certified Mail	☐ Express Mail	}
		**	-		Registered Insured Mail	☐ Return Recei	ipt for Merchandise
					stricted Delivery		☐ Yes (
2. Article Number (C	Сору	from service label)					(

Domestic Return Receipt

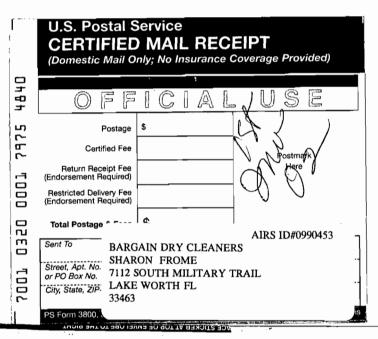
102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIPT

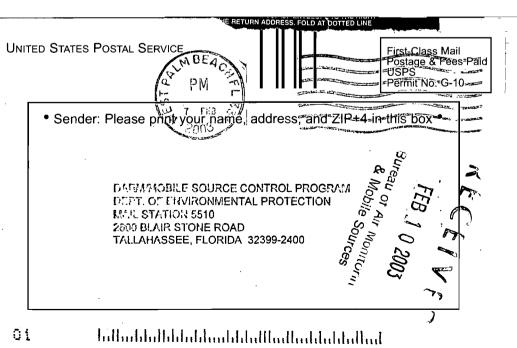
PS Form 3811, July 1999

1		MAIL REC	E IPT Coverage Provided)			
1, 1, 5, 2	OFF	ICIAL	USE			
9262 1000	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here			
7001 0320	(Endorsement Required) Total Postage & Fees					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Pfint Clearly) HARVE FRIME C. Signature X Agent Addressee D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0990453 BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL	
LAKE WORTH FL 33463	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7001	0320 0001 7976 1152
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to: AIRS ID#0990453 RGAIN DRY CLEANERS RON FROME 2 SOUTH MILITARY TRAIL 3 SOUTH MILITARY TRAIL 3 SOUTH S	A. Received by (Place Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Copy from service label) 7 🔲	11 0320 0001 7975 4840





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415020 MAR 72002

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



TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990453
BARGAIN DRY CLEANERS
SHARON FROME
7112 SOUTH MILITARY TRAIL
LAKE WORTH FL
33463

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



426932 MAR31 2003

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990453

BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

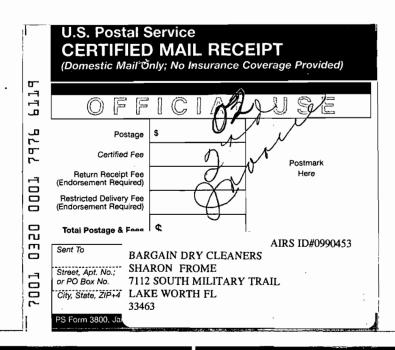
FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 F Fund: 20-2-035001

Obj.: 002273

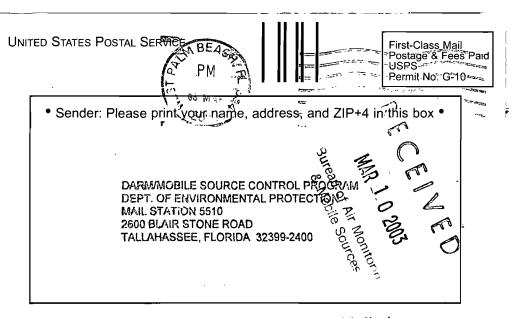
Jargain Dry Cliences 7112 A. Militar Mail Lake Worth, FL 33467

POSTAGE REQUIRED

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



- <u>JENDER: COMPLETE THIS SECTION</u>	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID#0990453 BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
33463	3. Service Type ✓ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Copy from service label) 7001	0320 0001 7976 6119



COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. D. Is delivery address different from item 1? 1 Article Addressed to: If YES, enter delivery address below: AIRS ID#0990361 ONE PRICE DRY CLEANERS LUCILLE M MATTHEWS 1664 N FEDERAL HWY BOCA RATON FL 3. Service Type 33432 -Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2 Article Number (Copy from service label) 7001 0320 0001 7976 6171

UNITED STATES POSTAL SERVICE



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• Sender: Please print your name, address, and ZIP+4 in this box.

DARM/MOBILE SOURCE CONTROL PROGRAM by Source CONTROL PROGRAM by Source Monitory Mail STATION 5510

2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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LAKE WORTH, FL 3346	3.	3. Sep ce Type ☐ Certified Mail ☐ Registered ☐ Insured Mail	Express Mail Return Receipt C.O.D.	for Merchandise
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2 Article Number (Transfer from service label)	25 6002	60 0003 SES	50 0704	

UNITED STATES POSTAL SERVICE



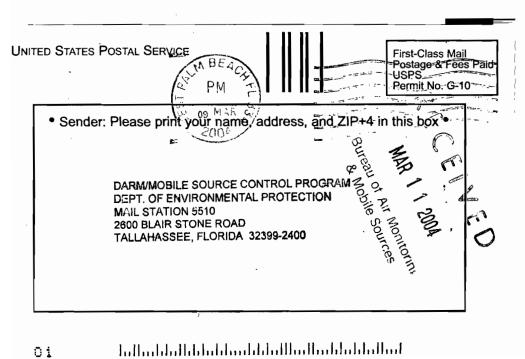
First-Class Mail Postage & Fees Paid USPS Permit No. G-10

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BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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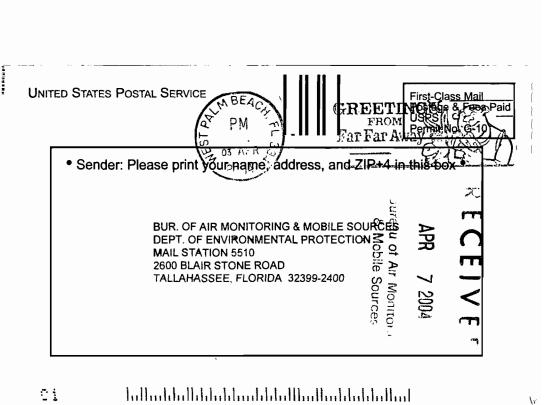
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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to: ATRS ID # 990455 SHARCH FROME BARGAIN DRY CLEANERS 7 HIZ SOUTH MILITARY TRAIL	A. Signature X
LAKE WORTH, FL 33465	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
2 Article Number (Transfer from service label) 7003 050	0 0004 0144 6040



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PS Form 3800, January 2001	See Reverse for Instructions
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature Agent Addressee B. Received by (Printed Pame) C. Date of Delivery D. Is delivery address different from item 12 Yes
Article Addressed to: MIRES ID F 990403 BARGAIN DRY CLEANERS SHARON FROME	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
THE SOUTH MILITARY TRAIL LAKE WORTH, FL 33463 #10990453	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Transfer from service 7001 1140 0001	7556 4644

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Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

990433 BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463

Printed on recycled paper.

ECEN Bureau of Air

FOR GOVERNMENT USENONLY ORG.: 37550191000 EO: B

FUND: 20-2-095001 OBJECT: 002233

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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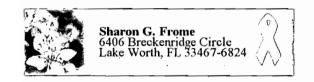
TOTAL AMOUNT DUE: \$50.00

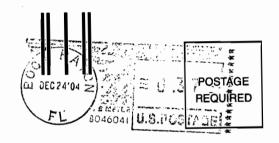
Do NOT Remove Label

AIRS ID# 990453 10 BARGAIN DRY CLEANERS 7112 South Military Trail LAKE WORTH, FL 33463 FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.





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

32315+3070 99

P 174 052 131

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0990453

BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

	Certified Fee		
	Special Delivery Fee		_
	Restricted Delivery Fee		_
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Form 3800	Postmark or Date		
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	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered an delivered.	a number. 2. ☐ Restricted Delivery
	3. Article Addressed to: AIRS ID # 0990453 BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463	4b. Service Type Registered Return Receipt for Merchandise Contified Return Receipt for Merchandise 7. Date of Delivery
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X MMM PS Form 3811, December 1994	8. Addressee's Address (Orlly if requested and fee is paid) Domestic Return Receipt
		Domestic Return Receipt

304159

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID 0990453

BARGAIN DRY CLEANERS INC SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990453

AI BARGAIN DRY CLEANERS SHARON FROME

7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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Form 3800 , April 1995	Return Receipt Showing to Whom & Date Delivered		
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5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X)	Addressee's Address (Onlytif requested and fee is paid)

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US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID 0990453 BARGAIN DRY CLEANERS INC SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Relum Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

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5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X BS Form 3811 December 1994		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 0990453 BARGAIN DRY CLEANERS INC SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 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 0990453 BARGAIN DRY CLEANERS INC SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 Registere 7. Date of Delivered. 5. 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 0990453 BARGAIN DRY CLEANERS INC SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 ARS ID 0990453 BREQUITY MILITARY TRAIL LAKE WORTH FL 33463 ■ Return Receipt for Merchandise 7. Date of Delivery 3. Addressee's Address (Only and fee is paid) 6. Signature: (Addressee or Agent) X Multiplication of the receipt dollowing service extra fee): 1 also wish to rec following service extra fee): 1. Addressee 2. Restricte Consult postmas 4a. Article Number 23336/289 4b. Service Type □ Registered □ Express Mail □ Return Receipt for Merchandise 7. Date of Delivery 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -

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SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463	3. Service Type Certified Mail				
2. Article Number (Copy from service label) 2.33 26 6 15 7					
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789					

Z 210 662 442 US Postal Service ' **Receipt for Certified Mail** No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990453 BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address 3800 TOTAL Postage & Fees \$ Postmark or Date Form S SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. C. Signature Attach this card to the back of the mailpiece, ☐ Agent or on the front if space permits. ☐ Addressee D. Is delivery address different from item 1? Yes If (ES, enter delivery address below: AIRS ID # 0990453 BARGAIN DRY CLEANERS

3. Service Type Certified Mail

Domestic Return Receipt

☐ Registered

Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

Yes

102595-99-M-1789

1. Article Addressed to:

SHARON FROME

PS Form 3811, July 1999

7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463

Article Number (Copy from service label)

392957

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

TOTAL AMOUNT DUE: \$50.003 Burgal War Company of Air Nontroll Company of Airs id 9090453 BARGAIN DRY CLEANERS SHARON FROME 7112 SOUTH MILITARY TRAIL LAKE WORTH FL 33463 TOTAL AMOUNT DUE: \$50.003 REPRODUCT OF THE PRODUCT OF THE P