

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Eddie Rodriguez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Ft. Lauderdale, Florida 33309

Re: Facility I.D. No. 0990469

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 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"

#0990469

	2 :0
	Dryclean USA
p./4	1.(a) add date control device installed
	installed
	1.(c) mark out "X" and initial
	1.(c) mark out "X" and initial 3. Should be new large area
p./5	Source 4. Should be new large area 5.(f) required
	Bource W/refrig. con.
	5.(f) required
	<u> </u>
	\
	<u> </u>
	1

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
Dryclean USA
2. Site Name (For example, plant name or number):
Boxa Del Mar * 11401 3. Hazardous Waste Generator Identification Number:
FLD 980 839 815
4. Facility Location: Street Address: 7030 Bera Cosa Way City: County: Palm Beach Zip Code: 33433
5. Facility Identification Number (DEP Use):
3. Facility Identification Number (DEP USE):
Responsible Official
Responsible Official
6. Name and Title of Responsible Official:
Eddle Rodriquez, President 7. Responsible Official Mailing Address:
$\Gamma = \Gamma =$
Street Address: 1875 W. Commercial Blva., Suite 140
Street Address: 1875 W. Commercial Blva., Suite 140 City: County: Brownerd Zip Code: 33309
8. Responsible Official Telephone Number:
Telephone: (954) 493 - 6700 Fax: (954) 493 - 8444
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
Larry Berger, District Manager
10. Facility Contact Address: Dryclean USM
Street Address: 1875 W. Commercial Blva., Stite 140
City: Ft. Lauderdale County: Broward Zip Code: 33309
11. Facility Contact Telephone Number: Telephone: (954)493 -6700 Fax: (954)493 -8444
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RECEIVED

NOV 8 1996

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

			Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date
		1	Initially	Device		Initially	Device	1	Initially	Control Device
Tuna of Mo	chica	ın	Purchased	Installed	מו	Purchased	Installed	ID	Purchased	Installed
Type of Ma	cnine	עו	Furchased	Ilistalleu	ID	ruiciiaseu	Instance	עו	Furchased	instaneu
Example		#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR
Dry-to-Dry	Unit									
(1) w/ r	ref. condenser	*	2/15/92							
(2) w/ c	carbon adsorber									
(3) w/ r	no controls									
Washer Un	it		-	•						
(4) w/ r	ef. condenser									
• •	arbon adsorber									
(6) w/r	no controls									
Oryer Unit	·· ···						-			
	ef. condenser									
` '	carbon adsorber									
(9) w/ r	no controls									
Reclaimer (Jnit		_							
(10) w/	ref. condenser									
(10)										
• •	carbon adsorber		·							
(11) w/	carbon adsorber no controls		•							
(b) Con (c) No (c) (d) What (e) If les		are ro	equired to be ity of perchlons ow many? [_	oroethylene (χ perc)	_] purchased in				

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What control technology is required on machines p (Indicate with an "X".)	ursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions up to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following
	ave a total heat input of 10 million BTU/hr or less (298 tural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring ar	d Recordkeeping Information
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monit	oring []
(e) Instrument calibration	
(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)				
Ľ.	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.				



TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:35 TIME OUT: 1:05	AIRS ID#: 099 0469
TYPE OF FACILITY: DLY CLERNE	A
FACILITY NAME: TONY CLEAN U	SA DATE: 3/19/97
FACILITY LOCATION: 7030 BERA CASI	a har, boca haton, FL 37433
RESPONSIBLE OFFICIAL: LARRY BERLER	PHONE NUMBER 954) 493-6700
Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administr	The state of the s
Based on the results of the compliance requirements evaluation discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
,	
· · · · · · · · · · · · · · · · · · ·	
COMMENTS:	
The Annual Compliance Certification form has been properly certification form has been properly certification.	
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (561) 355 - 4537

ARMS

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PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY O N O
AIRS 10#: 0990469 DATE: 3/19	197 TIME IN: 12:35 TIME OUT: 1:05
FACILITY NAME: DRY CLEAN	USA
FACILITY LOCATION: 7030 BZ	LA CASA WAY, BOCK RATON,
FC 334	
6 BOCA	DEC MAR # 11401)
PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	X
2. New facility notified DARM 30 days prior to sta	rtup
3. Facility failed to notify DARM to use general pe	rmit O
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)
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>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""></x<2,>
This is a correct facility classification	At an
If no, please check the appropriate classification:	
facility qualified for a general per facility exceeds above limits and i	
B. The total quantity of perchloroethylene (perc) p	

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been prior to September 22, 1993 installed 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? Equipped dry-to-dry machines with a closed-loop vapor venting system? Y ON ONA 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A condenser upon opening the door? Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after **X**Y □N 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?	ACY	ИD	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	X ²	ΩИ	
	Is the temperature differential equal to or greater than 20° F?	XY	ПN	
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	ПИ,	N/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	□И.	XN/A XN/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	ַ מם	XN/A
วี.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			XV/A
б.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	9 (1/A

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

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

***	-	nsible officia		\rd	
Visual examination (condensed			Iaces)	X	
Physical detection (airflow felt t	nrough ga	skets)		X.	
Odor (noticeable perc odor)			•		~1
Use of direct-reading instrumen	tation (FII	D/PID/calorii	metric tubes)		$X_N \setminus X_N $
If using direct-reading instrum					
a. Capable of detecting	g perc vap	or concentrat	ions in a range of 0-500 ppm?	QΥ (JN\Xn\
b. Calibrated against a (PID/FID only)?	standard	gas prior to a	and after each use	OY (JNXN/
c. Inspected for leaks	and obviou	is signs of we	ear on a weekly basis?	OY (JN X N/
d. Kept in a clean and	secure are	a when not i	n use?	OY (JNXN/I
e. Verified for accurac	y by use o	f duplicate sa	imples (calorimetric only)?	QY (JNXN/
3. Has the facility maintained a leak log	?		·	XY (ZN M N/A
4. Does the responsible official check th	e followin	g areas for le	aks?		(BS)
Hose connections, fittings, couplings, and valves	χ	ПN	Muck cookers	ΟY	□иХі
Door gaskets and seating	$\mathbf{X}_{\mathbf{A}}$	ΠN	Stills	Ϋ́Υ	_N_
Filter gaskets and seating	×	□N .	Exhaust dampers	ΩY	ON X
Pumps	× ×2	□N	Diverter valves	X	םע_ו
Solvent tanks and containers	XY	ND	Cartridge filter housing	25 Σ (Υ	םא_ו
Water separators	XX	ロロ	·		
Inspector's Name (Please A	2 m 2	ature)	Name of Responsible Office 3 1999 Date of Ins Approximate Date of	Prin	
ondary Containment for: Dry	Cleanir	ng Machine	e & Storage area		Yes No X][]
			Waste area	•	⋈ []
			Cnotting	od	
			Spotting area Seal	.eu	ί Χ Ι Ι
posal of Water from Water Se	parator	using ap		·	. 1 L 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM Boca Del Mar airs id#0990469 DRYCLEAN USA # /140/ GAGLIANO MICHAEL

Bureau of Air Monitoring

GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

Do NOT Remove Label

December 31, 1997 Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule **U**NO 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. MICHAEL GAGLIANO 2/9/98 Signature Name (Please Print) 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 COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:30 TIME OUT: 12:0	5AIRS ID#: 0990469
TYPE OF FACILITY: Dry cleaning	
FACILITY NAME: Dry Clean U	DATE: 7-24-98
FACILITY LOCATION: 7030 Bera Cas	
Bola Raton,	FL 33433
RESPONSIBLE OFFICIAL: John Gentithe	PHONE NUMBER: 392-2928
Based on the results of the compliance requirements evalua	_ •
compliance with DEP Rule 62-213.300, Florida Administra	·
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
COM BEET CO TO QUE TO	1020 (01 110110111202020
•	P
	<u> </u>
	- P. T.
·	- Ser All Control of the Control of
•	
	Solution
	· · · · · · · · · · · · · · · · · · ·
	·
-	
COMMENTS:	<u> </u>
The Annual Compliance Certification form has been properly certi	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	1 1777
$\mathcal{D}_{i} \cup \mathcal{D}_{i}$	pproximate) Phok 5h1
INSPECTION CONDUCTED BY:	Please Print)
INSPECTOR'S SIGNATURE Q.V. Chowl	PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

P

COMPLAINT/DISCOVERY

RE-INSPECTION

	98 TIME IN: 11:30 TIME OUT: 12:05
FACILITY NAME: DOT CLE	en OSA
	89 Casa Way
Boca	Reton, FL 33433
RESPONSIBLE OFFICIAL: John	Gentitherhone:
CONTACT NAME:	PHONE: 561-392-2928
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to start	tup & & & C
2. Facility failed to notify DARM to use general per	mit 300 -1 -1
,	Q Z & A
PART II: CLASSIFICATION	N.C. Ito
Facility indicated on notification form that it is:	☐ No notification form ⁶³
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	O. Naviguelli and annua
1. Existing small area source Cl dry-to-dry only, x < 140 gal/yr	2. New small area source □ 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	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	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, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)
	11
5. This is a correct facility classification	DY □N □Can not determine
If no, please check the appropriate classific	ation:
	neral permit as numberabove
facility exceeds above lin	uits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was 545 gallons.	rchased 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) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DN DN/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 ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DYNA 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? 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 DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY ON 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY ON ONA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B.	Has the responsible official of an existing large or new large area source also:	
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?	MD AD
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	אום אם אם.
	Is the temperature differential equal to or greater than 20° F?	אום אם אים
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?	מאָע אם יִּם A
	Is the perc concentration equal to or less than 100 ppm?	אואלט אם צם
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?	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	אואם אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	אואבן אם צם

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	DY ON		
2. Maintained rolling monthly averages of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם ציבן		
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 אם		
4. Maintained calibration data? (for applicable direct reading Instruments)	DY DN DN/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	AIND, NO YO		
6. Maintained startup/shutdown/malfunction plan?	אם צים,		
7. Maintained deviation reports?	AND NO YES		
Problem corrected?	אַעם מם אס		
8. Maintained compliance plan, if applicable?	אואס אם צם		

PART VI: LEAK DETECTION AND REPAIRS

_					
l.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			-DY ON	
2.	Has the facility maintained a leak log	7		אם אם	
3.	Does the responsible official check the	e following areas for leaks	?		
	Hose connections, fittings, couplings, and valves	ANO NO YES	Muck cookers	DY ON DN/A	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN BINIA	
	Pumps	אומם מם אס	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	AND NO YES	Cartridge filter housings	DY ON ON/A	
i	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)	A .	
	Physical detection (airflow felt t	hrough gaskets)		A .	
	Odor (noticeable perc odor)			p 1	
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)				
	Halogen leak detector	•		er/A	
	If using direct-reading ins	trumentation, is the equi	pment:	ØN/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	i after each use	OY ON	
	c. Inspected for leaks	and obvious signs of wear	on a weekly basis?	DY DN	
	d. Kept in a clean and	i secure area when not in t	use?	ОУ ОИ	
	e. Verified for accura-	cy by use of duplicate sanu	ples (calorimetric only)?	CIY ON	

Responsible Official's Name
(Please Print)

D. V. Choksh'

Inspector's Name (Please Print)

Inspector's Signature

Approximate Date of New 7

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
	•.	Waste area	
		forthing arma Spaled	

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

Safety Kleen pich up every two weeks

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL	COMPLA	INTIDISCOVERY] RE-INSPE	CTION _
TIME IN: 12:15	TIME OUT:	12:45	AIRS ID#	: 099046	9
TYPE OF FACILITY:	sy clean			· -	
FACILITY NAME: >	,	15A		DATE: 5-	21-99
FACILITY LOCATION: 70		Casa	way		
	Boca Rate		- 2	3343	3 .
RESPONSIBLE OFFICIAL:	Jacques R	obe	PHONE NUN	BER: <u>561-39</u>	2-2928
Based on the results of the compliance with DEP R	-		=	the facility is found to	be in
Based on the results of to	•	nents evaluated	during this inspection,	the following complian	ıce
COMPLIANCE REQU	JIREMENT/PROI	BLEM	FOLLOW-UP	ACTION REQUI	RED
	•				
	<u>.</u>			PRCA	•
				enor in 1990	
			•	Source, John	
			:		
	. •				
					·
COMMENTS:			•		
4					
			land submitted to the f	nspector. YES	
The Annual Compliance Certif		lau 200	ם שום שפחווונפט נס בופ נ ס	ispector. res_] 1100X
DATE OF NEXT INSPECTING INSPECTION CONDUCTE		Chok	roximate)		
INSPECTOR'S SIGNATUR	2001	okshi (Ples	se Print) PHONE N	UMBER: 355-	-3070

ARM 5

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	COMPL	AINT/DISCOVERY	0
AIRS IDH: 0990469 E FACILITY NAME: DV FACILITY LOCATION: Z RESPONSIBLE OFFICIAL: CONTACT NAME:	y Clean U 1030 Bera Boca Ra	SA Cesee ton, F	Way L : 392-293	
PART I: NOTIFICATION				
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR		·		0
PART II: CLASSIFICATION				
Facility indicated on notificati (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	on form that it is: ce	-	gal/yr Vyr T	troleum
☐ faci	1,100 gal/yr dry 100 gal/yr train gal/yr both (continuation) classification cappropriate classification lity qualified for a general	ı: permit 25 number	≤2,100 gal/yr 1,800 gal/yr 300 gal/yr 12/9/91) not determine	
B. The total quantity of perch! facility was 576 gallon	lity exceeds above limits of loroethylene (perc) purchas.	sed within the preced	ling 12 months by this dr	y cleaning 138 Ja

Best Available Copy

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A:

In Part II-A:		
If classification 1 has been check	ted, no controls are required. Proceed to Part V.	
If classification 2 has been check (complete A below).	ked, the machine should be equipped with a refri	gerated condenser
If classification 3 has been check condenser or a carbon adsorber prior to September 22, 1993	ked, the machine should be equipped with either (complete A and B below). Carbon adsorber mu	a refrigerated st have been installed
If classification 4 has been check (complete A and B below).	ked, the machine should be equipped with a refri	gerated condenser
A. Has the responsible official of all (check appropriate boxes)	l new sources and existing large area sources	s: _
1. Equipped all machines with the approp	oriate vent controls?	DY ON ON/A
2. Equipped dry-to-dry machines with a c	closed-loop vapor venting system?	MY ON ON/A
3. Equipped the condenser with a diverte condenser upon opening the door?	r valve so airflow will be directed away from the	ZY ON ON/A
4. Measured and recorded the temperature condenser on a weekly/bi-weekly basi	re of the outlet exhaust stream of a refrigerated is?	אם אם
5. Repaired or adjusted the equipment wo	ithin 24 hours if the exhaust temperature of the	AY ON ON/A
Conducted all temperature monitoring verifying that the coolant had been co	g after an appropriate cooldown period and after impletely charged?	4 4 04
<u></u>		· · · · · · · · · · · · · · · · ·

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Royler 1 971570

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8.	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?	אם ישק
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN DN/A
	Is the perc concentration equal to or less than 100 ppm?	DY DN DN/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 MN/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON DAVA
6	. Routed airflow to the carbon adsorber (if used) at all times?	. באו אם אם אם

・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	in the second
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	אם אַע
2. Maintained rolling monthly total of perc consumption?	ZY DN
3. Maintained leak detection inspection and repair reports for the following:	SAN SECTION OF THE SE
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN ØN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	- DY DN DKWA
6. Maintained startup/shutdown/malfunction plan?	AA OH
7. Maintained deviation reports?	PY ON ON/A
Problem corrected?	b la da dala
3. Maintained compliance plan, if applicable?	DY DN DNA

PART VI: LEAK DETECTION AND	REPAIRS			•
1. Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection	on and repair	ì
inspection?			DY ON	
2. Has the facility maintained a leak log	?		NO YO	
3. Does the responsible official check the	ne following areas for leak	ts?	′	
Hose connections, fittings, couplings, and valves	AND NO YES	Muck cookers	ם אוא אם אם אם	
Door gaskets and seating	AND NO YES	Stills	DY ON ON/A	
Filter gaskets and seating	AND ND YE	Exhaust dampers	OY ON ZIN/A	·
Pumps	DY ON ON/A	Diverter valves	ANA NO ANA	
Solvent tanks and containers	DÝ ON ON/A	Cartridge filter housi	ngs DY ON ON/A	<u>`</u> ∴
Water separators	אומם אם צום		•	i
4. Which method of detection is used b	y the responsible official?			·
Visual examination (condense	d solvent on exterior surfa	ces)		
Physical detection (airflow fel	t through gaskets)		1	
Odor (noticeable perc odor)			, <u>a</u>	
Use of direct-reading instrume	entation (FID/PID/calorim	etric tubes)	NIA	
Halogen leak detector			ANIA	
If using direct-reading in	strumentation, is the equ	uipment:	DNIA	
a. Capable of detect	ing perc vapor concentrati	ons in a range of 0-500 ppm	n? DY DN	
b. Calibrated agains (PID/FID only)?	t a standard gas prior to an	d after each use	מם עם	
c. Inspected for lead	s and obvious signs of we	ar on a weekly basis?	DY DN	
d. Kept in a clean a	nd secure area when not in	use?	אם עם	
e. Verified for accu	racy by use of duplicate sa	mples (calorimetric only)?	אם עם	
		\cap	<u> </u>	
J Acques	Ziobe		ulu	- -
esponsible Official's 1 (Please Print)	Vame	Responsible C	fficial's Sign	natur
	•		0	
R. V. Clocks Marie (Please	e Print)	2 - 2 (- 7 Date of Inspecti	on G	
Q.V. Chil	2	May 20	50°.	
Inspector's Signatur	•	Approximate D	ate of Next Inspection	

ADDITIONAL SITE INFORMATION:

L.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes NO
		Waste area	HU
		Spotting area Sealed	

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

Sapty then picks up the waste.
"Celhen Called

Asked to keep area clean around dry cleaning machine. There are black color spots on Floor and wall asked to seed and seal area. Seal around dry clean mechines.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	X NC	COMPLA	INT/DISCOVERY	Y 🗆
AIRS ID#: 0970469	, ,		. IN:	TIME OUT	:
FACILITY NAME:	ey COAS ic	s <i>A</i>		, t	
FACILITY LOCATION:	7030 Beel	a casa Ua	У		
	BOCA RATO.	•	3433		
RESPONSIBLE OFFICIAL:	Jack R	iobe	PHONE:_	392 - 29	28
CONTACT NAME:			PHONE: _		
		· .		-	₽ 0-000
PART I: NOTIFICATION	. '			Li,	
(check appropriate box)			Jure		
1. New facility notified DARM 3	0 days prior to star	tup	E NOT F		
2. Facility failed to notify DARM	I to use general per	mit	obile ?		
			DUI ON		23 ¹
PART II: CLASSIFICATION			29	Orlin	
Facility indicated on notification (check appropriate box) A.	form that it is:			cation form re/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 a dry-to-dry only transfer only, x both types, x < (constructed on	y, x < 140 gal/yı < 200 gal/yr 140 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,10$ transfer only, $200 \le x \le 1,800$ g both types, $140 \le x \le 1,800$ gal (constructed before $12/9/91$)	00 gal/yr gal/yr l/yr	4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on	, 140 ≤ x ≤ 2,10 00 ≤ x ≤ 1,800 ≤ x ≤ 1,800 ga	gal/yr ll/yr	٠.
5. This is a correct facility class	sification	Ay ON	□Can not de	etermine	
-	propriate classificat qualified for a gene exceeds above limit	eral permit as nu		_ above ral permit	
The total quantity of perchloroe facility was gallons.	ethylene (perc) purc 352 🛶		_	months by this dry	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) AND NO TA 1. Storing perchloroethylene in tightly sealed and impervious containers? MY 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 Y DN DN/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 MYNA 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) DY DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/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 AY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AY ON ON/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?

PART III: GENERAL CONTROL REQUIREMENTS

·		
I	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?	אם יוש
2	. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	GY ON ON/A
	ls the temperature differential equal to or greater than 20° F?	DY ON ON/A
3	. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY DN XN/A
	Is the perc concentration equal to or less than 100 ppm?	ANA NO YO
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 X N/A
	or expansion, and downstream from no other finet:	di di Aiva
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	ANIX NO YO

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

MDI	OITIONAL SI	TE INFORMATION:			ru.
			• • •		
1.	Secondary	Containment for:	Dry Cleaning	Machine & Storage area	Yes № []
	2000112227		3	Waste area	1/1 []
				Spotting area Sealed	1/1
					,
				•	
				•	
		•			
		•••		•	
2.	Disposal o	f Water from Wate	er Separator us	ing approved evaporator	[1/[]
	:		or contracted	Wastewater service	i y []
		`\		(2	У
•					
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				·	
	;				

1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	and repair	
inspection?		•••	JAY.	ΠN
2. Has the facility maintained a leak log	?		DΥ	ПN
3. Does the responsible official check th	e following areas for leal	ks?		
Hose connections, fittings, couplings, and valves	× ΩΛ □Ν □Ν/Ψ	Muck cookers		и 💢 и/а
Door gaskets and seating	MY ON ON/A	Stills	ØÝ O	N 🗆 N/A
Filter gaskets and seating	AY ON ON/A	Exhaust dampers		ANA X
Pumps	AY ON ON/A	Diverter valves	Øy oi	A/ND V
Solvent tanks and containers	AY ON ON/A	Cartridge filter housings	ØY O	A/ND N
Water separators	AY ON ON/A			
1. Which method of detection is used by	the responsible official?		_	
Visual examination (condensed s	solvent on exterior surfac	es) -	Zí	
Physical detection (airflow felt th	rough gaskets)		pr/	
Odor (noticeable perc odor)				
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	MN	
Halogen leak detector			MINI	
If using direct-reading instr	umentation, is the equip	oment:	X N/A	
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	OY ON	Ī
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	after each use		
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON	
d. Kept in a clean and se	cure area when not in us	e?	OY ON	
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	OY ON	
	•		·	
Jack Niobe			New	
onsible Official's Name		Responsible Offic	ial's	Sign
(Please Print) M. Levler	·	(/4/0	<i>O</i>	
Inspector's Name (Please Prin	t)	Date of Inspection		-
h hall		C/6/		·
14-pector's Signature	 .	Approximate Date of N	evt Inched	tion

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN:TIME OUT:		AIRS ID#:_	0990469
TYPE OF FACILITY: Dey Cleaning		<u></u>	
FACILITY NAME: DZY CLEAN USA			DATE: 6/9/00
FACILITY LOCATION: 7030 BEEN CASA (WAY		
BOGA RATUS FI		<u>. </u>	
RESPONSIBLE OFFICIAL:		PHONE NUME	ER:
Based on the results of the compliance requirement compliance with DEP Rule 62-213.300, Florida Ad		_	facility is found to be in
Based on the results of the compliance requirements discrepancies were noted:	ts evaluate	ed during this inspection, the	following compliance
COMPLIANCE REQUIREMENT/PROBLE	EM	FOLLOW-UP AC	CTION REQUIRED
			· <u> </u>
		-	
COMMENTS:			· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certification form has been properly DATE OF NEXT INSPECTION:	6/0) /	or. YES NO
INSPECTION CONDUCTED BY: L	.:eble	eximate) Print)	
INSPECTOR'S SIGNATURE:	Lili	PHONE NUMBER	R: 355 3070

Revised 10/96



Governor

Department of Environmental Protection

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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990469

BOCA DEL MAR #11401 ANGELO IZOUIERDO

7771 W. Oakland Park Blvd. #201 Sunrise, FL 33351 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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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# 0990469

DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309 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.

-8d, 0-91-1

TOTAL AMOUNT DUE: \$50.00

" pro 🚅

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

572200 :. ¿dO

VIKS ID # 0000460

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ANGELO IZQUIERDO BOCA DEL MAR #11401

7771 W. Oakland Park Blvd. #201

Sunrise, FL 33351



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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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Do NOT Remove Label

AIRS ID # 0990469

BOCA DEL MAR #11401 GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

	P 262 30	12 287	
	US Postal Service Receipt for Cer		
18	AIRS I RYCLEAN USA DDIE RODRIGUEZ 375 W COMMERCIAL B I LAUDERDALE FL 333	D#: 0990469 LVD., STE 140 09	
	Postage	5	,
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
April	Return Receipt Showing to Whom, Date, & Addressee's Address		
800,	TOTAL Postage & Fees	\$	
R	Postmark or Date		
PS Form 3800 , April 1995	2/17/	97	

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 card to you. Attach this form to the front of the mallpiece, or on the back if sp permit. Write 'Return Receipt Requested' on the mailpiece below the ant The Return Receipt will show to whom the article was delivered delivered.	following extra fer extra fer the does not the following extra fer the does not the following extra fer extra fer the does not the dots	Addressee's Address Restricted Delivery postmaster for fee.
AIRS ID#: 0990469 DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	4a. Article Number PQ65 30 4b. Service Type □ Registered □ Express Mail □ Return Receipt for Mo 7. Date of Delivery	Certified Insured erchandise COD
5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee's Addre and fee is paid)	
PS Form 3811 , December 1994	Domes	stic Return Receipt

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302656

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

BOCA DEI Mar Airs ID#0990469 DRYCLEAN USA # 1140 | GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 612 891

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID 0990469

DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

	Certified Fee	
	Special Delivery Fee	
ın	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whorn, Date, & Addressee's Address	
ב מ	TOTAL Postage & Fees	\$
<u>اع</u>	Postmark or Date	
13 rom 3800 ,		

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested* on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	de does not le number. and the date	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	ee's Address ed Delivery ster for fee.
ADDRESS completed	3. Article Addressed to: AIRS ID 0990469 DRYCLEAN USA GAGLIANO MICHAEL 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309	4a. Article N 2 3 3 4b. Service Registere Express Retum Rec 7. Date of De	3612870 Type ed Mail ceipt for Merchandise	Certified Insured
ls 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 (Only paid) Domestic Ret	if requested



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0990469

BOCA DEL MAR #11401 ANGELO IZQUIERDO 1875 W COMMERCIAL BLVD., STE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273