

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. Robert Leduc Dry Clean Doctor 1899 North Congress Avenue Boynton Beach, Florida 33426

Re: Facility I.D. No. 0990478

Dear Mr. Leduc:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on December 24, 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 Monitor

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"

0990478 Dry Clean Doctor Spoke with Robert Leductitle-President date control device 1.1c) mark out "X" and inctial 3. should be new small area Source 4. Should be new small area Source Whethy. Con. 5.(f) required

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):							
	LECLEAN CORP.							
2.	Site Name (For example, plant name or number):							
,	DRYCLEAN DOCTOR							
3.	Hazardous Waste Generator Identification Number:							
	FLD 984230805							
4.	Facility Location: 1889 N. CONSRESS AUF. Street Address:							
	Facility Location: 1889 N. CONSRESS AUE Street Address: City: BOYNTON, BCH. County: PBC Zip Code: 33/26							
	Facility Identification Number (DEP Use):							
	0990478							
	Responsible Official							
(6¥	Name and Title of Responsible Official:							
1000	ROBERT LEDUC							
7.	Responsible Official Mailing Address:							
	Organization/Firm: Street Address: SAME AS ABOUE							
	City: County: Zip Code:							
	Zip couc.							
8.	Responsible Official Telephone Number:							
	Telephone: $(561)735 - 3636$ Fax: () -							
	Facility Contact (If different from Responsible Official)							
9.	Name and Title of Facility Contact (For example, plant manager):							
10.	Facility Contact Address:							
	Street Address:							
	City: County: Zip Code:							
11.	Facility Contact Telephone Number:							
	Telephone: () - Fax: () -							

RECEIVED

DEG 2 4 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

AERO-TREAT		Date	Date		Date	Date		Date	Date
5-93		Machine	Control		Machine	Control		Machine	Contr
-		Initially	Device		Initially	Device		Initially	Devic
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Instal
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-M
Dry-to-Dry Unit	P	M 7. 0	ry	-					
(1) w/ ref. condenser	(1)	<u> </u>							
(2) w/ carbon adsorber	•								
(3) w/ no controls			l						
Washer Unit				•			•	-	
(4) w/ ref. condenser								-	
(5) w/ carbon adsorber	•								
(6) w/ no controls									
Oryer Unit		•				-			
(7) w/ ref. condenser									
(8) w/ carbon adsorber	•	_							
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorbe	r								
(12) w/ no controls									
(b) Control devices a (c) No control device	-								
2.(a) What was the total			oroethylene (perc)	purchased in	n the latest 12	2 moi	nths?	
] gallo	ons							
	b) If less than 12 months, how many? [] months								
, -									
Check why it is less than 12 months: New owner: [] New store: [] Did not keep recor							eep records:	Щ_	
						-			
What is the facility's s (Indicate with an "X".					initions found	d in section (3) of	Part II?	
(Indicate with all A.	Seier	t olic ciássii		'					
Existing small	area so	urce 🔀	. No	ew sn	nall area sour	rce []	•	
Existing large a	rea so	urce []	No	ew la	rge area sour	ce []		

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

Existing large area source Carbon adsorber Refrigerated condenser Refrigerated condenser Refrigerated condenser New small area source Refrigerated condenser New large area source Refrigerated condenser New large area source Refrigerated condenser S. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursua to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit (a) Purchase receipts and solvent purchases	(Indic	cate with an "X".)				otification form?
New large area source Refrigerated condenser 5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursua to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit				Refrigerated c	ondenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursua to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit						·
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit					· · · · · · · · · · · · · · · · · · ·	
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit						
to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit						
boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired. All steam and hot water generating units exempt No such units on-site Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit	to Rule 6	52-213.300, F.A.C. Verify	that all steam a	nd hot water gene	_	
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the requirements of this general permit	boiler H	P or less), and (2) are fire	d exclusively by	natural gas excep	ot for periods of natural g	
Check all logs which are required to be kept on-site in accordance with the requirements of this general permits			units exempt		·	,
Check all logs which are required to be kept on-site in accordance with the requirements of this general permits						
Check all logs which are required to be kept on-site in accordance with the requirements of this general permits						
		Equipm	ent Monitoring	and Recordkeep	oing Information	
(a) Purchase receipts and solvent purchases	Check al	l logs which are required t	o be kept on-site	e in accordance w	ith the requirements of th	is general permit:
	(a) Purch	nase receipts and solvent p	urchases		\cong	
(b) Leak detection inspection and repair	(b) Leak	detection inspection and r	repair		\searrow	
(c) Refrigerated condenser temperature monitoring	(c) Refri	gerated condenser tempera	ature monitoring	,	\bowtie	
(d) Carbon adsorber exhaust perc concentration monitoring	(d) Carbo	on adsorber exhaust perc o	concentration mo	onitoring		
(e) Instrument calibration	(e) Instru	iment calibration				
	A Start	-up, shutdown, malfunctio	n nlan	•	г 1	

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

Surrender of Existing Air Permit(s)

	Surrender of Dalsting Am 1 crimit(s)							
ase indicate with an "X" the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
\bowtie	No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification							
this notifi 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.							
I will pro	omptly notify the Department of any changes to the information contained in this notification.							
<u></u>	1/1/11X1 7-1-96							

Perchloroethylene Dry Cleaning Facility Notification RECEIVED

Facility Name and Location

APR 2 1 1997

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	LECLEAN CORP.	Bureau of Air Monitorin
	<u></u>	& Mobile Sources
2.	Site Name (For example, plant name or number):	
	DRYCLEAN DOCTOR	
3.	Hazardous Waste Generator Identification Number:	
	FLD 984230805	
4.	Street Address: 869 N. Congress 7707	
		33/26
5.	Facility Identification Number (DEP Use):	in the second se
-3.		7418.
	Responsible Official	
	·	
6.	Name and Title of Responsible Official:	
	ROBERT LEDUC PRESIDENT	
7.	Responsible Official Mailing Address:	
	Organization/Firm: Street Address: SAME AS ABOUE	
	City: County: Zip C	Code:
0	Passancible Official Talambana Number	
8.	Responsible Official Telephone Number: Telephone: (561) 735 - 3636 Fax: () -	
	receptione. (3 & 7/3) = 3 & 2 & 1 ax. (- x)	
	Facility Contact (If different from Responsible Official)	
_	Name and Title of Facility Contact (For example, plant manager):	
9.	Name and Title of Facility Contact (For example, plant manager):	
	•	
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
	2.p 0010	
11.	Facility Contact Telephone Number:	
	Telephone: () - Fax: () -	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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.

100 700	-	Date	Date		Date	Date		Date	Date
AER-TREAT 5-93		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	. L	M 7. 0	ry		····				
(1) w/ ref. condenser	(1)		<u> </u>						
(2) w/ carbon adsorber	7.7				 				
(3) w/ no controls			-	<u> </u>					
Washer Unit		·			<u></u>				
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber									
(6) w/ no controls		ĺ							
Dryer Unit		' <u> </u>				-1			
(7) w/ ref. condenser		1							
(8) w/ carbon adsorber		Ì							
(9) w/ no controls		İ							
Reclaimer Unit									
(10) w/ ref. condenser				.					
(11) w/carbon adsorber									
(12) w/ no controls									
 (b) Control devices are required, but not yet installed [] (c) No control devices are required to be installed [] 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? 									
	gallo	ons	•		•				
(b) If less than 12 months, how many? months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					nitions found	d in section (3	3) of	Part II?	
Existing small ar	ea so	urce 🔀	M) M	ew sn	nall area sour	rce 💢	l		
Existing large are	a soi	ırce []	Ne	ew la	rge area sour	ce []			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
\angle	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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification. $9-1-96$
Signature	Date

Perchloroethylene Dry Cleaning Facility Notification RECEIVED

Facility Name and Location

APR 2 1 1997

 Facility Owner/Company Name 		, or individual owner):	n
LECLEAN	/ CORP.		Bureau of Air Moni & Mobile Source
2. Site Name (For example, plant r	name or number):		
DRYCLEAN			
3. Hazardous Waste Generator Ide	ntification Number:		
FLD 984	230 f05		
4. Facility Location: 1829	V. CUNGRESS A	VE	·
City: Boynton, BCL	4 County: PBC.		33/26
5. Facility Identification Number (DEP Use):		
	The second secon		
	Responsible Official		
6. Name and Title of Responsible (Official:		
ROBERT LE	EDUC PR	ESIDEM	
7. Responsible Official Mailing Ad Organization/Firm: Street Address: SAME	Idress: AS ABOVE		·
City:	County:	Zip	Code:
B. Responsible Official Telephone	Number:		
Telephone: (561) 73.5 -		(')	
Facility C	ontact (If different from Res	ponsible Official)	
Name and Title of Facility Conta	act (For example, plant manage	er):	
		•	
0. Facility Contact Address:			
Street Address:			
City:	County:	Zip Code:	
Facility Contact Telephone Num			
Telephone: () -	Fax:	() -	
•			

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

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.

ACA TOU		Date	Date		Date	Date		Date	Date
AENO-TRU 5-93		Machine	Control		Machine	Control		Machine	Control
5-93		Initially	Device	İ	Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	D	M 7. 0	ry						
(1) w/ ref. condenser	(1)		<u> </u>	1		T		T	T
(2) w/ carbon adsorber									
(3) w/ no controls		1		,					
Washer Unit		·	· · · · · · · · · · · · · · · · · · ·			'			
(4) w/ ref. condenser		1				·		<u> </u>	
(5) w/ carbon adsorber				1					
(6) w/ no controls				i				1	
Dryer Unit		·							
(7) w/ ref. condenser		i i	1		l	ĺ		1	
(8) w/ carbon adsorber		1		1	1				
(9) w/ no controls					1			1	1
Reclaimer Unit		<u> </u>			-				h
(10) w/ ref. condenser			[{
(11) w/carbon adsorber				, ,					
(12) w/ no controls					<u> </u>				
(b) Control devices are required, but not yet installed [
3. What is the facility's son (Indicate with an "X".	Selec	t one classifi	cation only.)				3) of	Part II?	
Existing small are			•		iall area sour	-			
Existing large are	a sou	irce []	Ne	w lar	ge area sour	ce []			

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

Please indicate	te with an "X" the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)								
$ \angle $	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
this notific statements maintain t	lersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will prom	mptly notify the Department of any changes to the information contained in this notification. $9-1-96$								
Signature	Date								

DEP Form No. 62-213.900(2)

Effective: 6-25-96

BEST AVAILABLE COPY

MECEIVED MAY 1 2 1997

TITLE V AIR QUALITY GENERAL PERMIT Bureau of Air Monitoring

Mobile Southeastion

TYPE OF INSPECTION:	ANNUAL X	COMPLAINT/DISCOVERY.	RE-INSPERTION _
TIME IN: /30	TIME OUT: <u></u> 3	O AIRS ID#: A	14000 09904
TYPE OF FACILITY: DR	\sim Λ		
FACILITY NAME: DRY	Clean Docto	R	DATE: 4/15/97
FACILITY LOCATION: /	1899 N. Comar		
	Bogn for Bench		· ·
RESPONSIBLE OFFICIAL:	Rosert Leduc	PHONE NUMBER:	735-3656
		valuated during this inspection, the faci	lity is found to be in
	Rule 62-213.300, Florida Admir		
Based on the results of discrepancies were not	•	aluated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
Spotting prin	a not yet seale	d Seal spottin	ig Anun
-			-
_			
	e company of the comp		
	-		
COMMENTS:			
, a m			
The Annual Compliance Certific	cation form has been properly ce	ertified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO			
INSPECTION CONDUCTED	BY: WT G	(Approximate)	
INSPECTOR'S SIGNATURE:	11.1.11	(Please Print)PHONE NUMBER:	355-4535

Revised 10/96

ARMS /

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF DISPECTION:	ANNUAL RE-INSPECTIO	/ \	COMPLAINT/DIS	COVERY	
<u> </u>	ATE: 4/15/9 Cleshy 899 Bogn for	Nocton- A Cong.	ness Av		130
					
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM	viby 9/1/96 yes	but popl.	185 f ?		X (
2. New facility notified DARM 30					
3. Facility failed to notify DARM	to use general pe	rmit			
PART II: CLASSIFICATION					-
Facility indicated on notification (check appropriate box)	form that it is:	,			
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		2. New small are dry-to-dry only, x transfer only, x<2 both types, x<140 (constructed on or	<140 gal/yr 00 gal/yr gal/yr	×	
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="" galboth="" galby="" only,="" td="" transfer="" types,=""><td>gal/yr l/yr</td><td>4. New large are dry-to-dry only, 1-transfer only, 200 both types, 140<x (constructed="" on="" or<="" td=""><td>40<x<2, 100="" gal="" y<br=""><x<1,800 gal="" yr<br=""><1,800 gal/yr</x<1,800></x<2,></td><td></td><td></td></x></td></x<2,>	gal/yr l/yr	4. New large are dry-to-dry only, 1-transfer only, 200 both types, 140 <x (constructed="" on="" or<="" td=""><td>40<x<2, 100="" gal="" y<br=""><x<1,800 gal="" yr<br=""><1,800 gal/yr</x<1,800></x<2,></td><td></td><td></td></x>	40 <x<2, 100="" gal="" y<br=""><x<1,800 gal="" yr<br=""><1,800 gal/yr</x<1,800></x<2,>		
This is a correct facility classifica	tion	ND YD	,		
If no, please check the appropriat	e classification:				
facility exceeds	above limits and i	mit as number <u>2</u> s not eligible for a g	-	مار مار مار مار مار مار مار مار مار مار	alaani
B. The total quantity of perchloro facility was 98 gallons.	ethylene (perc) p		preceding 12 mon	ins by this dry	creaning

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 DY ON 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 or 4 B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the mistrine should be equipped with a refrigerated condenser (complete A and B below) A. Has the responsible official o 💛 ew sources and evilling large area sources: (check appropriate boxes) XY ON 1. Equipped all machines with the appropriate ve contro ? AMT NO AMY 2. Equipped dry-to-dry machines with a closed—op vapor venting system? 3. Equipped the condenser with a diverter values of airflow will be directed away from the **M**y On Ona condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

В	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F?	אם אם
3	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ONN/A
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
б	. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
<u> </u>		
P	PART V: RECORDKEEPING REQUIREMENTS	
	Has the responsible official: check appropriate boxes)	
1	. Maintained receipts for perc purchased?	XY □N -
2	. Maintained rolling monthly averages of perc consumption?	XX □N
3	. Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	XY ON
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	X A □N
4	. Maintained calibration data? (for direct reading instruments only)	OY ON KNA

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

XY ON

OY ON MINA

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

3. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

Visual examination (condensed	solvent on	exterior	surfaces)	r4	NZ	
Physical detection (airflow felt			,		A	
Odor (noticeable perc odor)		- ,	٠		&	
Use of direct-reading instrumer	itation (FII	D/PID/cal	orimetric	tubes)		M N/2
If using direct-reading instru				·		
a. Capable of detectin	g perc V ape	or concen	rations i	n a range of 0-500 ppm?	? QY C	N_N_
b. Calibrated against (PID/FID only)?	a standard	gas prior	to and af	ter each use	OY (NN/2
c. Inspected for leaks	and obvio	is signs of	wear on	a weekly basis?	QY C	N_N/
d. Kept in a clean and	/				OY C	N_N_N
e. Verified for accurac	cy by use o	f duplicate	sample:	s (calorimetric only)?	QY C	N_N_N
3. Has the facility maintained a leak log	3 ?				XY C	ַ אב
4. Does the responsible official check th	ne followin	g areas fo	r leaks?		• •	
Hose connections, fittings, couplings, and valves	X	ПD		Muck cookers	QY	ON N
Door gaskets and seating	Ax	ΩN		Stills	7	ן ַאַם
Filter gaskets and seating	XY	ИD	ť	Exhaust dampers	ΩY	ON X
Pumps	MAY Y	ND		Diverter valves	XX	מ_מ
Solvent tanks and containers	XX	ПD		Cartridge filter housir	igs XY_	
Water separators	${\not\!$	ND		•		
Inspector's Name (Please F	llu	ature)	Nane	ROBERT LE. of Responsible Office 4/15 Date of In	rial (Print 167) Ispection	t) & Phone
Inspector's Signature				Approximate Date	of Next In	spection
ondary Containment for: Dry	Cleanin	ng Mach:		Storage area Waste area Spotting area Sea	 led	
posal of Water from Water Se	parator	usina	approv	ed evaporator	r	1 r k
	-		Pick		L	1 r \\\L

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0990478 LECLEAN CORP ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426

Bureau of Air Monitoring & Mobile Sources Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 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.

RESPONSIBLE OFFICIAL: KOBERT LEDL

Name (Please Print)

*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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

νÜ	L
	<u>``</u> /
L. O.	`
1	

TYPE OF INSPECTION:

ANNUAL

(X)

COMPLAINT/DISCOVERY

RE-INSPECTION

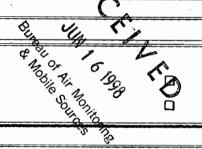
Ц

Journey was not at this	ada
AIRS ID#: 0990478 DATE: 5-8-98 TIME IN: 9: 45 TIME OUT: 9:55	
FACILITY NAME: DOT Clean Doctor	
FACILITY LOCATION: 1899 N. Congran Ane	
Boynton Beach, FL 33426	
RESPONSIBLE OFFICIAL: Robert Leduc PHONE: 735-3636	
CONTACT NAME: PHONE:	
	J i

PART I: NOTIFICATION

(check appropriate box)

- 1. New facility notified DARM 30 days prior to startup
- 2. Facility failed to notify DARM to use general permit .



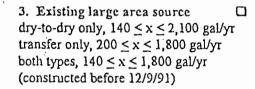
PART II: CLASSIFICATION

Facility indicated on notification form that it is: (check appropriate box)

- ☐ No notification form
- ☐ Drop store/out of business/petroleum

- 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)



5. This is a correct facility classification

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)



- ΠИ
- □Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ al
- facility exceeds above limits and is not eligible for a general permit
- B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 65 gallons. (Per recode, owner sent us by Fax)

Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 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 DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY ON 1. Equipped all machines with the appropriate vent controls? אואם אם צא 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 A/NO NO YQ 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 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

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

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: Owner do not keep Perc Purchase receips on site (check appropriate boxes) Asked to keep receips on site					
1. Maintained receipts for perc purchased?	DY DAN				
2. Maintained rolling monthly averages of perc consumption?	AY ON				
3. Maintained leak detection inspection and repair reports for the following:	'. ·				
a. documentation of leaks repaired w/in 24 hrs? or;	אואם אם צא				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? I foor Record heeping They fly Problems by asked to keep records on 5:14. 4. Maintained calibration data? (for applicable direct reading instruments)	DY CH ON/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MINA				
6. Maintained startup/shutdown/malfunction plan? Asked to keep on site	DY ØN				
7. Maintained deviation reports? - Asked to keep reports on site	אואם אל צם				
Problem corrected?	מאט מט אמ				
8. Maintained compliance plan, if applicable?	DY DN DYNA				

PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection? Owner is ?	not on site.		DY ON			
2.	Has the facility maintained a leak lo	87 owner does not t	reep on site	DY DYN			
	Does the responsible official check the			,			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	באואם אם צם			
	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 DN/A			
	Pumps	אַאֹם אם ציש	Diverter valves	MY ON ON/A			
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	אוחם אם אַאַ			
	Water separators	DY ON ONA					
4.	Which method of detection is used b	y the responsible official?					
	Visual examination (condensed	d solvent on exterior surface	s)				
	Physical detection (airflow felt	Ø (
	Odor (noticeable perc odor)	Ø					
	Use of direct-reading instrume	Z N/A					
	Halogen leak detector	•	•	DV/A			
	If using direct-reading in	D∕N/A					
	a. Capable of detection	ng perc vapor concentrations	s in a range of 0-500 ppm?	OY ON			
	b. Calibrated against (PID/FID only)?	a standard gas prior to and	after each use	מם עם			
	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 us	se?	OY ON			
	e. Verified for accura	acy by use of duplicate samp	les (calorimetric only)?	ОУ ОИ			

owner was not on site

Responsible Official's Name (Please Print)	Responsible Official's Signature
R.V. Chokshi	5-8-98
Inspector's Name (Please Print)	Date of Inspection
Inspector's Signature	Approximate Date of Next Inspection
	11 Mexic Inspection

ADDITIONAL SITE INFORMATION:

			Yeş		
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area			ł
		Waste area	M	[]	l
		Spotting area Sealed	[/]	[]	1

Dor Clean Secondary Containment Wet Some Smell - Needs Cleaning - around dry clean

- 2. Disposal of Water from Water Separator using approved evaporator [] 📝 or contracted Wastewater service mor picas up the waste
- F I visited on 3-31-98, owner was not there. I asked his cromployed to let owner know that this cleaner is require by the FDEP law to be inspected by yearly.
- * I rescheduled, on 4-17-98, called before visit, Owner was not there either. So I went to another of his day cleaner at 2000 Day clear located at 2262 N. Congress Aul., Bonton Beach, 737-1114. I explained FDEP law and Record Keeping Procedures, Gave owner Robert Le ducte FDFP Calendii, Phenix form to Keep the second. After Sent fax of his records on 4-30-98. Records set sent by Robert Leduc is not Clear on year and month.

	· · · · · · · · · · · · · · · · · · ·
TITLE V AIR QUALIT	Y GENERAL PERMITS
INSPECTION SUM	IMARY REPORT
TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY TO MOS ARE-INSPECTION
TIME IN: 9:45TIME OUT: 9:5	AIRS ID#: 09907878
TYPE OF FACILITY: Doy Cleaning	
FACILITY NAME: DOY Clean D	octor DATE: 5-8-98
FACILITY LOCATION: 1899 N. Cengo	27//2
Boyton Beach,	FL 33426
RESPONSIBLE OFFICIAL: RObert Leduc	PHONE NUMBER: 735-3636
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	•
Based on the results of the compliance requirements evalua discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
owner keeps records very poorly.	owner was asked to keep serords on site. asked to record, temp,
· · · · · · · · · · · · · · · · · · ·	leak detection and perc purchase
	Phenix form on weekly or bitweekly basis.
Secondary Containment was Not - Some Smell, Needs cleaning	FDEP Will be informed to look into-
	Will be sevisited in 4 months.
	!
	·····
	<u> </u>
-	
COMMENTS:	
	·
The Annual Compliance Certification form has been properly certification.	ed and submitted to the inspector. YES NOT
4.4	1999
DATE OF NEXT INSPECTION: (Apr	oroximate) /
INSPECTION CONDUCTED BY:	ase Print)
INSPECTOR'S SIGNATURE: Q.V. Choke	PHONE NUMBER: 355-3070

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY & D-INSPECTION
TIME IN: 10:20 TIME OUT: 10:5	5 AIRS 10 = 10 9 9 0 4 7 8
TYPE OF FACILITY: Doy cleaning FACILITY NAME: Doy Clean Doct FACILITY LOCATION: 1899 N. Congr Boynton Beach	ess Are real of hir sources -22-99
RESPONSIBLE OFFICIAL: Robert LeDuc	PHONE NUMBER: 735-3636
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.). Ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	•
	•
The Annual Compliance Certification form has been properly certification. DATE OF NEXT INSPECTION: Feb.	ified and submitted to the inspector. YES NO NO
	Approximate) LokShi
	Please Print) PHONE NUMBER: 355-3070
	- Ext 1174

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	X	COMPLAINT/DISCOVERY	
FACILITY NAME:	y Clean 899 N. Co Boynton	Do mgrev Beac	10:20 TIME OUT: 10:5. CTOY AUC h, FL 334-26 PHONE: 735-3636 PHONE:	-
PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DAR				
PART II: CLASSIFICATION Facility indicated on notificat			☐ No notification form	
(check appropriate box) A. 1. Existing small area soudry-to-dry only, x < 140 galtransfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr dry tra bo	y-to-dry only nsfer only, > th types, x <	Drop store/out of business/petroleum area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91)	
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,80$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91	2,100 gal/yr dr 00 gal/yr tra gal/yr bo	y-to-dry only, and the types, 14	area source \square y, $140 \le x \le 2,100 \text{ gal/yr}$ $200 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or or after $12/9/91$)	
☐ faci	appropriate classificatio lity qualified for a genera	l permit as r	Can not determine number above ligible for a general permit	
	oroethylene (perc) purch	ased within	the preceding 12 months by this dry cleaning did not by Perc Lin	

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

PART IV: PROCESS VENT CONTROLS .

In Part II-A:

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

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

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

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

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

1.	Equipped all machines with the appropriate vent controls?	ZY ON
	Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ON/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ZY ON
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	אוחם אם צען
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	9/ DN

_				
ß.	Has the responsible official of an existing large or new large area source also:			
ι.	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?	۲۵	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	\Box Y	ДИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩΝ	□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?	ΟY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	·nv	□N	□N/A
	Condenser Const	U I	·	UIV/A
6.	. Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПΝ	□N/A

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

PART VI: LEAK DETECTION AND REPAIRS

I. Does t	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspec	Inspection?						
2. Has th	e facility maintained a leak log?			DY ON			
3. Does	the responsible official check the	following areas for leaks?					
1	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY ON ØN/A			
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A			
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON MINA			
	Pumps =	DY ON ON/A	Diverter valves	DY ON ON/A			
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	DY ON ON/A			
	Water separators	אומם מם צים					
4. Which	h method of detection is used by	the responsible official?	٠.				
· ·	Visual examination (condensed s	solvent on exterior surfaces)	. 4				
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)	t and the		D			
	Use of direct-reading instrument	ation (FID/PID/calorimetric	tubes)	PH			
	Halogen leak detector			AIGH			
	If using direct-reading inst	rumentation, is the equipm	ent:	_DN/A			
	a. Capable of detecting	g perc vapor concentrations in	a range of 0-500 ppm?	OY ON			
	•	standard gas prior to and after	er each use	OY ON			
	(PID/FID only)?	and obvious signs of waar on	a weekly basic?	OY ON			
		and obvious signs of wear on					
		secure area when not in use?					
	e. Verified for accurac	y by use of duplicate sample	s (calorimetric only)?	OY ON			

ROBERT LEDUC
Responsible Official's Name
(Please Print)
R.V. Chokshi
Inspector's Name (Please Print)
$\alpha \in \alpha $

Responsible Official's Signature

2-22-99

Date of Inspection

teb 2000

Approximate Date of Next Inspection

•	·.						
ADD	ITIONAL SITE	E INFORMATION:					
1.	Secondary (Containment for:	Dry Clea	Waste a		area [])NO [] []
	•						
		· -			•		:
2.			or conti	racted Wastew	ater servic	x N	[]
	Ø M	cF Pic Wher	îhs i Y	up th	e lo	aste	

•

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1:55 TIME OUT: 2:30	AIRS ID#: 0990478
TYPE OF FACILITY: Dey cleaning	
FACILITY NAME: DEY CLAN Doctor	DATE: 2/17/00
FACILITY LOCATION: 1899 N. Gagress A	nue. #7
Boynton Beach, FI	
RESPONSIBLE OFFICIAL: Robert Leduc	PHONE NUMBER: 735 - 3636
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	•
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	70
	MAR - Wreau of A woodil
	ZED 2000 sources
	€4.
COMMENTS:	•
The Annual Compliance Certification form has been properly certific	ed and submitted to the inspector. YES NO
	200/ proximate)
	ase Print)
INSPECTOR'S SIGNATURE: De La Desde	PHONE NUMBER: 355 - 3070 X7 //39

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	X	COMPLAIN	IVDISCOVERY	
	RE-INSPECTI	ОИ П	•		
AIRS ID#: <u>099047</u> \$	• ,				9:30
FACILITY NAME:	y Clean Do	octo2			
FACILITY LOCATION:	1899 N. C	Conscess Au	ē .		
	Boy. Nto. J 3	each, F1 3	33426		
RESPONSIBLE OFFICIAL:	Robert Ledus	<u> </u>	PHONE:	35 - 3636	
il .					
PART I: NOTIFICATION					
(check appropriate box)			,		
1. New facility notified DARM 3	30 days prior to stan	tup			Π
2. Facility failed to notify DARM		7		•	
		ALL THE CONTROL OF THE PARTY OF			
PART II: CLASSIFICATION					
Facility indicated on notification	a form that it is:		☐ No notification	on form	
(check appropriate box)	t 101 m that It 15.	•		nt of business/pet	roleum
A. 1. Existing small area source		2. New small are		>	
dry-to-dry only, $x < 140$ gal/yr		dry-to-dry only, x		*	
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$		transfer only, x <			
$\lambda = \lambda + \lambda + \lambda + \lambda + \lambda + \lambda + \lambda + \lambda + \lambda + $			A 1/		,
• • • • • • • • • • • • • • • • • • • •		both types, x < 14 (constructed on or			,
(constructed before 12/9/91)		both types, x < 14 (constructed on or			·
(constructed before 12/9/91) 3. Existing large area source	. 🗅	(constructed on or A. New large are	after 12/9/91) a source	ū	·
 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 	O gaVyr	(constructed on or 4. New large are dry-to-dry only, 1	r after 12/9/91) a source 40 ≤ x ≤ 2,100 g	al/yr	
 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 g 	O gallyr gallyr	(constructed on or 4. New large are dry-to-dry only, 1- transfer only, 200	after 12/9/91) a source 40 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gal/	al/yr	
 (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 	O gallyr gallyr lyr	(constructed on or 4. New large are dry-to-dry only, 1	after 12/9/91) a source 40 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gal/yr	al/yr	
(constructed before 12/9/91) 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	O gallyr gallyr yr I	(constructed on or A. New large are dry-to-dry only, 1-transfer only, 200 both types, 140 ≤ 2 (constructed on or	after 12/9/91) a source 40 ≤ x ≤ 2,100 g ≤ x ≤ 1,800 gal/yr	al/yr yr	
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91) 5. This is a correct facility class If no, please check the app	O gallyr gallyr gallyr lyr ((constructed on or of the large are dry-to-dry only, 1-transfer only, 200 both types, 140 ≤ 2 (constructed on or □Y □N 0 on:	after 12/9/91) a source $40 \le x \le 2,100 \text{ g}$ $\le x \le 1,800 \text{ gal/yr}$ after 12/9/91) Can not determ	al/yr yr nine ove	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) XY DN DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? XY ON ON/A 2. Examining the containers for leakage? YZY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at YY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XXNIA 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) XY 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 XYY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated XY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO AM verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

B.	Has the responsible official of an existing large or new large area source also:		
11	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?	ロハロカ	
"	Measured and recorded the washer exhaust temperature at the condenser nlet and outlet weekly?		N/A
	Is the temperature differential equal to or greater than 20° F?	ם אם אם	N/A
a	Measured and recorded the perc concentration in the exhaust stream weekly the end of the final drying cycle while the machine is venting to the adsorber, machines are equipped with a carbon adsorber?		N/A
	Is the perc concentration equal to or less than 100 ppm?	ם אם אם	N/A
or	ssured that the sampling port on the carbon adsorber exhaust for measuring erc concentrations is at least 8 duct diameters downstream of any bend, contraction, expansion; is at least 2 duct diameters upstream from any bend, contraction, expansion; and downstream from no other inlet?	. מע מעם	N/A
	quipped transfer machines (dryers, reclaimers, and washers) with individual indenser coils?	ח אם אם	∛/A
6. Ro	outed airflow to the carbon adsorber (if used) at all times?	חס אם אם	A\!

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MU N 1. Maintained receipts for perc purchased? MO YX 2. Maintained rolling monthly total of perc-consumption? 3. Maintained leak detection inspection and repair reports for the following: AND NO YX 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 ANO NO Y and parts installed w/in 5 days of receipt? ANN NO YO 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XNA 5. Maintained exhaust duct monitoring data on perc concentrations? MD YX 6. Maintained startup/shutdown/malfunction plan? YY ON ON/A 7. Maintained deviation reports? AND NO YE Problem corrected? ANKA NO YO 8. Maintained compliance plan, if applicable?

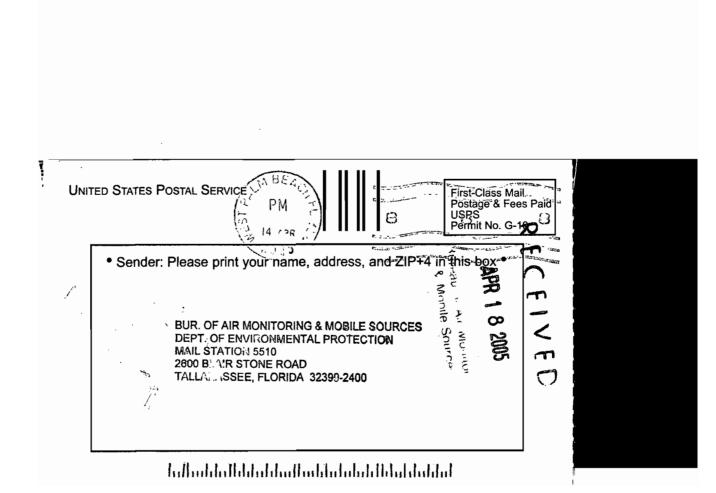
aav	ITIONALSIT	re in F	ORMAT	ION:				•				
		٠.٠					•.•				Vos	210
1.	Secondary	Conta	inment	for:	Dry	Clear	ning Mad	hine 8	Stora	ge arre	Yes a [X]	_
	•				_			ste are		.	IXI	_
							Spo	tting	area S	ealed	[X]	Ι.
	•								•			
		•							•			
										•	•	
	··· -·	•	•••							•		
. 1	oisposal of	E Wate	x from	water	Sepa	rator	using	approv	ed eva	porato:	c []	[X]
	. :						eted Was				[×]	[]
			`;				Ę				ζ.	
							•.					
			:									
	, ,	(A)	MCF	PIKK	Sup	the	sken Xiradq t tren	Sludje	4 4	astewi	alel.	
•			. سید			A	مند مل <i>م</i>	^ MAJ	datozv			
		(B)	TACI	JITY (olocu.	- o H d	he h	5.4	•		
			Kecor	OKLEP	י נייי		1 - 1 - 1 - 1	95 10	٠. كر			
							•	•		•;		
									• .			
										• • •	<i>;</i>	
						·		12011				
								•	• .		•	•
	•			٠			•	,				
	;											
	•											
							• .					
											:	

•

inspection?	··:		XY ON
2. Has the facility maintained a leak lo	g ?		XY DN
3. Does the responsible official check t	-		
Hose connections, fittings, couplings, and valves	אין מח מאים אין.	Muck cookers	חא שא אין
Door gaskets and seating	XY ON ON/A	Stills	אואם אם צאָ
Filter gaskets and seating	XY ON ON/A	Exhaust dampers	OY ON XINA
Pumps	XY ON ONA	Diverter valves	XY ON ON/A
Solvent tanks and containers	XY ON ON/A	Cartridge filter housings	XY ON ONA
Water separators	AND ND YX	•	-
4. Which method of detection is used by	the responsible official?		
Visual examination (condensed	solvent on exterior surfaces) =		×
Physical detection (airflow felt t	hrough gaskets)		×
Odor (noticeable perc odor)			À
Use of direct-reading instrument	ation (FID/PID/calorimetric tul	oes)	X NA
Halogen leak detector			X NA
If using direct-reading inst	rumentation, is the equipmen	t: •	N/A
a. Capable of detecting	perc vapor concentrations in a	range of 0-500 ppm?	DY DN
b. Calibrated against a (PID/FID only)?	standard gas prior to and after e	ach use	OY ON
c. Inspected for leaks a	nd obvious signs of wear on a v	veekly basis?	DY DN
d. Kept in a clean and s	ecure area when not in use?		DY DN
e. Verified for accuracy	by use of duplicate samples (c	alorimetric only)?	OY ON
ROBERS LEDVE			
onsible Official's Nam (Please Print)	e Res	ponsible Offic	ial's Sign
Jeffrey Dizeji Inspector's Name (Please Prin	ıt)	2/16/co Date of Inspection	··
0 ° 4		Feb 2001	
Inspector's Signature	-	Approximate Date of No	ext Inspection

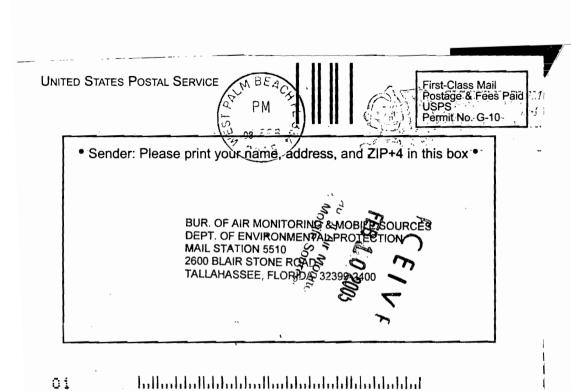
9709	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
_	For delivery information visit our website at www.usps.com _®	
131	OFFICIAL USE	
m	Postage \$	_
2000	Certified Fee	
	Return Receipt Fee (Endorsement Required) Postmark Here	
510	Restricted Delivery Fee (Endorsement Required)	
п.	Total Postage • Cook	
🛨	AIRS ID# 990478 3 rd Cert04	_
7004	DRYCLEAN DOCTOR	1
~	Street, Apt. No. 1899 N Congress Ave	·
	or PO Box No. City, State, Zii BOYNTON BEACH, FL 33426	-
	PS Form 3800	

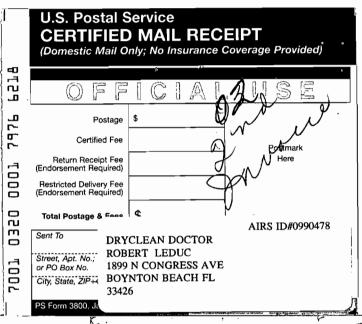
SENDER: COMPLETE THIS SECTION)N	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also contend 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to your attach this card to the back of the ror on the front if space permits. 	ed. e reverse ou.	A. Signature X
1. Article Addressed to:		If YES, enter delivery address below:
AIRS ID# 990478 3 rd Cert04 DRYCLEAN DOCTOR 1899 N Congress Ave	- American Address of the second	· · · · · · · · · · · · · · · · · · ·
BOYNTON BEACH, FL 3342	6	3. Service Type Certified Mail
		4. Restricted Delivery? (Extra Fee) Yes
2 Article Number (Transfer from service label)	7004 2	510 0002 3939 9709
PS Form 3811 February 2004	Domestic Ret	turn Receipt 102595-02-M-1540



8 6914	(Domestic Mail O	Service™ D MAIL™ REC Inly; No Insurance C ation visit our website*	overage Provided)
393	Postage	s	USE
510 0002	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Here
2 4002	AIRS ID# 990 See DRYCLEAN See 1899 N Cong	DOCTOR	
	PS		Instructions

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 12/ 1 Article Addressed to: ☐ No If YES, enter delivery address below: AIRS ID# 990478 1stC DRYCLEAN DOCTOR 1899 N Congress Ave **BOYNTON BEACH, FL 33426** 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 7004 2510 0002 3938 6914 (Transfer from service label)





The state of the s	AMAG
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 of (PleaseMrint Genry) B. Date of Palivery C. Signature MAR Again Addressee
1 Article Addressed to: AIRS ID#0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE	D⊿sadivefy address different from item 12 LI Yes ∴ If YES, enter delivery address below: □ No
BOYNTON BEACH FL 33426	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2 Article Number (Transfer from service label) 7001 0320	0001 7976 6218
DO:E 2011 March 2001	

UNITED STATES POSTAL SERVICE



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

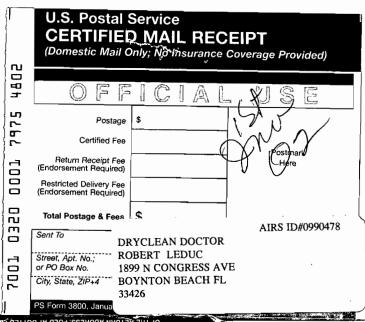
• Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD

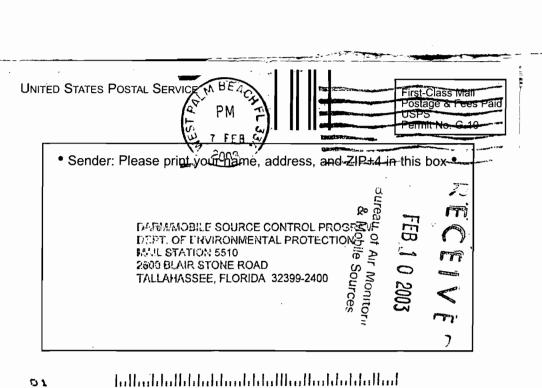
TALLAHASSEE, FLORIDA 32399-2400

3ur⊬au of Air Monitorin; & Mobile Sources 6 .8 3

Infladdallddaldaalddalffadladdalldallad 01

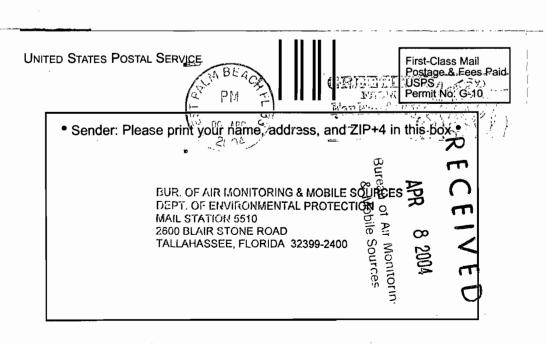


PLACE STICKER AT TOP OF ENVELOPE TO THE RICHT OF THE RETURN ADDRESS, FOLD AT DOTTED LIME	4
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by flease frint Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes
DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE	If YES, enter delivery address below:
BOYNTON BEACH FL 33426	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
2 Article Number (Copy from service label 7001 0	1320 0001 7975 4802



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)								
Z.						fs .	•		
35	0			1	A	L	U	S	
م ا		Postage	\$						
556		Certified Fee				7			
~		eithed ree				┨	Pos	tmark	
₫		Receipt Fee ent Required)						lere	
1000	Restricted (Endorseme	Delivery Fee ent Required)) # 99n2	1 / X					
	Total Pos	DRYCL			TOR				
1,140	Sent To	ROBER			- 010				
Ξ,		1899 N	CONG	RES	SAV	E			
<u>"</u>	Street, Ar. or PO Bo:	BOYNT	ON BE	ACI	H, FL	33426			
7007	City, State	110010	" 0000						•••••
	PS Form 3	800, Januai				See Re	verse fo	r Instru	uctions

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 yeu. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature Agent Addressee B. Receiver by Winted Name C. Date of Delivery D. Is delivery address different from item 1? Yes
DRYCLEAN DOCTOR ROBERT LEDUC	If YES, enter delivery address below:
1899 N CONGRESS AVE BOYNTON BEACH, FL 33426 # 0990478	3. Service Type Certified Mall Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article	The same of the sa



U.S. Postal Service™ 금 CERTIFIED MAILT RECEIPT (Domestic Mail Only; No insurance Coverage Provided) For delivery information visit our website at www.usps.com® 171 Postage 4000 Certified Fee Return Reciept Fee (Endorsement Required) 0500 Restricted Delivery Fee (Endorsement Required) AIRS ID # 990478 **Total Post** 7003 ROBERT LEDUC DRYCLEAN DOCTOR Sent To 1899 N CONGRESS AVE Street, Apt. or PO Box N BOYNTON BEACH, FL 33426 City, State,

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 A. Signature Agent Addressee B. Received by (Printed Name) D. Is delivery address different from item 12 Yes
1 Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 990475 ROBERT LEDUC DRYCLEAN DOCTOR 1899 N CONGRESS AVE	
BOYNTON BEACH, FL 33426	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2 Article Number	PPDA

UNITED STATES POSTAL SPINIT AND PM

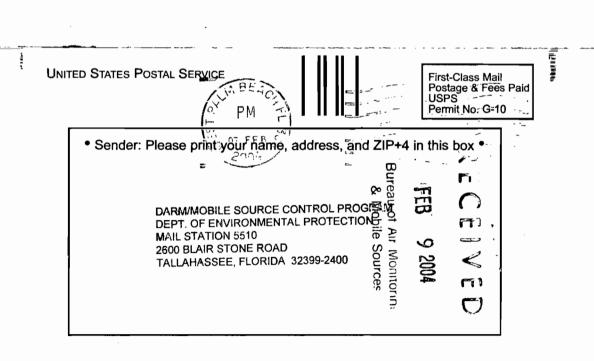
Sender: Please print your name, address, and ZIP+4 in this box

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

انتظاما المالية السالية المسلما المالية المالية المالية

U.S. Postal Service™ 9 CERTIFIED MAILTM RECEIPT. (Domestic Mail Only; No Insurance Coverage Provided) ᅜ 56 Postage m 000 Certified Fee stmark Return Reciept Fee (Endorsement Required) 2260 Restricted Delivery Fee (Endorsement Required) ID# 990478 ROBERT LEDUC 700 S DRYCLEAN DOCTOR 1899 N CONGRESS AVE BOYNTON BEACH, FL 33426 PS Form 3800, June 2002 See Reverse for Instructions

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. Signature Agent Addressee B. Hecelved by (Printed Name) C. Date of Delivery D. Is delivery address different from item 12 Yes			
1 Article Addressed to:	D. Is delivery address different from item 1?			
ID# 990478				
ROBERT LEDUC DRYCLEAN DOCTOR	<u> </u>			
1899 N CONGRESS AVE BOYNTON BEACH, FL 33426	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.			
	4. Restricted Delivery? (Extra Fee)			
2. Article Number 7003	2260 0003 5650 8298			



Latter I de la late de late de la late de la late de la late de late

5	U.S. Postal S CERTIFIED (Domestic Mail Or	MAIL			ovided)
\ni					
55	OFF		AL	. US	
976	Postage	\$		028	
7	Certified Fee			Post	hark
0007	Return Receipt Fee (Endorsement Required)			My He	re
00	Restricted Delivery Fee (Endorsement Required)			q	
20	To' :	œ.			
E 0	Sei DRYCLEAN DO	CTOR	AIRS I	D#0990478	
17	ROBERT LEDU	_			
7007	BOYNTON BEAG 33426				
li .	PS				or Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1 Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee Addressee If YES, enter delivery address below:
AIRS ID#0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426	3. Service Type Certified Mail
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (7001 0320 0001 7	976 5525

United States Postal Service

01



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

• Sender: Please print your name, address, and ZIP+4 in this box. APR 1

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
1.52		п 🗇 п 🔿 п		
40	OFF	ICIAL	. USE	
25	Postage	\$		
79	Certified Fee		Postmark	
0007	Return Receipt Fee (Endorsement Required)		Here	
00	Restricted Delivery Fee (Endorsement Required)			
20	Total	AIRS ID # 09	90478	
03	DRYCLEAN ROBERT L			
}	1899 N CON	IGRESS AVE		
7007	Street, or PO 1 BOYNTON	BEACH FL		
12	City, St 33426			
] }}	PS Form 3800, January 20	001	See Reverse for Instructions	

E RETURN VEDNESS. FOLD AT DOTTED LINE STICKER AT TOP OF ENVELOPE TO THE RIGHT	DIVIO			
SENDEL LHOIB BILL OF BACK TANKS SECTION	COMPLETE THIS SECTION ON DELIVERY			
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Dellvery 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 # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 17 If YES, enter delivery address below:			
BOYNTON BEACH FL 33426	3. Septice Type Certified Mail			
2. Article Number (Copy from service John)				
	7001/0320/0001/7975/8152/75			
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789			

	U.S. Postal S CERTIFIE, D (Domestic Mail O	MAIL R		Provided)
957		g to comment of the party	() D P	
Ö			<u>ll U</u>	SE
75	Postage	\$		
7976	Certified Fee			ostmark
1000	Return Receipt Fee (Endorsement Required)			Here
00	Restricted Delivery Fee (Endorsement Required)			
20	Total Postana & Fees.	\$ AIRS ID#	0000478	
E 0	Sen DRYCLEAN I		0990478	
	ROBERT LEI			
7007	or F 1899 N CONGRESS AVE			
==	33426	SACH LL		
<u> </u>	PSI			or Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
Article Addressed to:	D. Jac delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AIRS ID # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Copy from service label)	0350 0001 7976 0957
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789

U.S. Postal Service CERTIFIED MAIL RECEIP (Domestic Mail Only; No Insura	
7107.	
Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total r DRYCLEAN DOCTOR ROBERT LEDUC Street, 1899 N CONGRESS AVE BOYNTON BEACH FL City, Si 23426 PS Form 3800, February 2000	Postmark Here # 0990478 ler
•	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 4, 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
 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, 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
Complete items 4, 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 # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item ? Yes
Complete items 4, 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 # 0990478 DRYCLEAN DOCTOR	A. Received by (Please Print Clearly) C. Signature X
Complete items 4, 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. AIRS ID # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426	A. Received by (Please Print Clearly) C. Signature X
Complete items 4, 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 # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL	A. Received by (Please Print Clearly) C. Signature X

·	U.S. Postal Service CERTIFIED MAIL R (Domestic Mail Only; N	ECEIPT lo Insurance Coverage Provided)	
0285			
9372	Postage \$ Certified Fee	J. J. Dostmark Here	
} } 0200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	Here	
7000 0520	ROBERT LEDUC BRYCLEAN DOC Street, 1899 N CONGRES	S AVE]
SENDER: ODA	PS Form 3800, February 2000 PS FORM 3800, February 2000 SSSHUD AND TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF TOOL OF T	See Reverse for Instructions D LHDIH EHL OL	OIR
 Complete items 1, 2, item 4 if Restricted D Print your name and so that we can return Attach this card to the or on the front if space 	delivery is desired. address on the reverse the card to you. be back of the mailpiece,	A. Beceived by Please Print Clearly C. Signature	B. Date of Delivery O 2 O 2 O 2 O 2 O 2 O 2 O 2 O 2 O 3 O 3 O 4 O 3 O 5 O 3 O 6 O 3 O 7 O
Article Addressed to:		D. Is delivery address different from item If YES, enter delivery address below:	—
10 AIRS I ROBERT LEDUC DRYCLEAN DOCTO	TD # 0990478001AG		
1899 N CONGRESS A BOYNTON BEACH F	V E	3. Service Type Certified Mail Express Mail Registered Return Receip Insured Mail C.O.D.	pt for Merchandise
1000 052000 2. Article Number (Copy fro	20 <i>9372 5370</i> om service label)	4. Restricted Delivery? (Extra Fee)	☐ Yes
PS Form 3811, July 19	99 Domestic F	Return Receipt	102595-00-M-0952

z 570 t	-63 163
US Postal Service	rtified Mail
DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS A' BOYNTON BEACH FI	ve Jap
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom Date, & Addressee's Address	m,
TOTAL Postage & Fees	\$
Return Receipt Showing to Whom & Date Delivered Whom & Date Delivered Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	
er top of envelope to	to their
Of anolayna to got you	ON ON DELIVERY
and 3. Also complete livery is desired.	A. Received by (Please Print Clearly) B. Date of C
ddress on the reverse the card to you.	C. Signature
back of the mailpiece,	X ///// D Add

SENDER: COMPL of adolevine to dof 191	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Prinz 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 # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X D. Is delivery address different from flem 1? If YES, enter delivery address below:
1899 N'CONGRESS AVE BOYNTON BEACH FL 33426	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
11111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1.11111 + 1111 + 1
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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

AIRS ID # 0990478

DRYCLEAN DOCTOR
ROBERT LEDUC
1899 N CONGRESS AVE
BOYNTON BEACH FL 33426

Certified Fee
Special Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom, Date, & Addressee's Address
TOTAL Postage & Fees
Postmark or Date

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3: Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Pelipsy C. Signature Agent Addressee D. Is delivery address different from tem 1? Yes
1. Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

US Postal Service Provided.

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

AIRS ID # 0990478

DRYCLEAN DOCTOR
ROBERT LEDUC
1899 N CONGRESS AVE
BOYNTON BEACH FL 33426

Special Delivery Fee
Restricted Delivery Fee
Restricted Delivery Fee
Return Receipt Showing to Whom, Date, & Addressee's Address
TOTAL Postage & Fees
Postmark or Date

d at line over top of envelope to			
SENDER-GOINPERTE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery - / / - 0 C. Signature Agent Addressee		
Article Addressed to:	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No		
AIRS ID # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC			
1899 N CONGRESS AVE BOYNTON®BEACH FL 33426	3. Service Type Certified Mail Registered Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy, from service lanel)			
PS Form 3811, July 1999 Domestic R	eturn Receipt 102595-99-M-1789		

					(
	Р	174	052	153	(64
		٠.	,		160/
	US Postal				. \ \ `
	Receip	ot for (Certifi	ed Mai	
	No Insurar				
	Do not use	for Inter	national I	Mail (See r	everse)
	Sent to			AIRS ID	# 0990478
D	RYCLEA	N DOCT	OR		• •
D.	OBERT I	FDUC			
R	399 N CO	NCDES	SAVE		
18	399 N CO	NOKES	O WAT	126	
В	OYNTON	BEAC	H FL 33	+20	
	Cadifad Fa		· 1		
	Certified Fe	е			
	Special Deli	very Fee			
2	Restricted D	elivery Fee	9		
199	Return Reco				
PS Form 3800 , April 1995	Return Receip Date, & Addre				
800	TOTAL Pos	tage & Fee	s \$		
m 3	Postmark or	Date			
ام.					{
S					
انت					1 1

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1.		
ADDRESS completed	AIRS ID # 0990478 DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426	7. Date of D	Type ed Mail ceipt for Merchar	master for fee. 123 St. Certified Insured Indise COD On not
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X C. M. D. O. D. O. D. D. O. D.	8. Addresse and fee is	pald)	Return Receipt

	•	Z 333 US Postal Service Receipt for Cer			1000 J
	DRY	CLEAN DOCTOR	AIRS	ID # 09	90478
ROBERT LEDUC 1899 N CONGRESS AVE					
	БОТ	'NTON BEACH FL 33	i . '		
1		Postage	\$		
		Certified Fee			
	ю	Special Delivery Fee			
		Restricted Delivery Fee			
	i 199	Return Receipt Showing to Whom & Date Delivered			
	, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address			
	800	TOTAL Postage & Fees	\$		
	PS Form 3800 , April 1995	Postmark or Date			
	PS				

	e return address	ievo enil ts At to tAgit e	blo 3 The	
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 can return this card to you.		I also wish to receive the following services (for an extra fee):	
DRESS completed on the reverse	Aftach 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.		Addressee's Address Restricted Delivery Consult postmaster for fee.	
	3. Article Addressed to: AIRS ID # 0990478	4a. Article Number 2 333 660 597		
	DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE	4b. Service Type Registered Express Mail Restur Reseive for Manhandian		
RN ADDF	BOYNTON BEACH FL 33426	Express Mail Insured Return Receipt for Merchandise COD 7. Date of Delivery 8. Addresse's Address (Only if requested and fee is paid)		
your RETUI	Received By: (Print Name) Signature: (Addressee or Agent)	8. Addresse's Address (Only if requested and fee is paid)		
ls y	PS Form 3811 , December 1994	2595-97-B-0179	Domestic Return Receipt	

Z 333 613 066 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.			
AIRS ID 0990478 LECLEAN CORP ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426	AIRS ID 0990478		
i watego			
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt Showing to Whom & Date Delivered			
Return Receipt Showing to Whom, Date, & Addressee's Address			
TOTAL Postage & Fees \$			
Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date S O O O O O O O O O O O O			

ed on the reverse side?	 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 		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
	3. Article Addressed to:	4a. Article N	lumber		
completed	AIRS ID 0990478				
Ĕ	LECLEAN CORP ROBERT LEDUC	4b. Service Type			
	1899 N CONGRESS AVE	☐ Registered ☐ Ce			
SS	BOYNTON BEACH FL 33426	Express Mail Ins		Insured Lish	
		The reconstruction interchanges in COD			
your RETURN ADDRESS	, ·	7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)			
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	Addressee's Address (Only if requested and fee is paid)			
ls yo	X PS Form 3811 , December 1994		Domestic Ret	urn Receipt	



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 labely

TOTAL AMOUNT DUE: \$50.00

AIL ROOM

Do NOT Remove Label

304253

LECLEAN CORP ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0362957

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 # 0990478

DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

404197

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 # 0990478

DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE **BOYNTON BEACH FL 33426**

FOR GOVERNMENT USECONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

418814 OCT 72992 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 # 0990478

DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426

FOR GOVERNMENT USE OF

Org.: 37550101000 EO; A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 439224 MAY18 2014

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

TOTAL AMOUNT DUE: \$30.0

Do NOT Remove Label

ID# 990478
ROBERT LEDUC
DRYCLEAN DOCTOR
1899 N CONGRESS AVE
BOYNTON BEACH, FL 33426

MAY 2 1 2004

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393533

 \Box

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 # 0990478

DRYCLEAN DOCTOR ROBERT LEDUC 1899 N CONGRESS AVE BOYNTON BEACH FL 33426 SO.00

WAALL ROOM

AALL ROOM

AALL ROOM

FOR GOVERNMENT USE ONLY
Org. 7550101000 EO: BI

Fund: 20-2-085001 Dbj.: 002273