



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

July 28, 1997

Mr. Gibert Sang  
President  
Supreme Quality Dry Cleaners  
7400 North Federal Highway  
Boca Raton, Florida 33487

Re: Facility No.: 0990508

Dear Mr. Sang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 20, 1997.

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, Fl 32399-2400

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

Sincerely,

Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

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

# INTEROFFICE MEMORANDUM

**Sensitivity:** COMPANY CONFIDENTIAL

**Date:** 15-Mar-2000 02:52pm  
**From:** Jeff\_Dizek  
Jeff\_Dizek@doh.state.fl.us  
**Dept:**  
**Tel No:**

**To:** Sandy.Bowman ( Sandy.Bowman@dep.state.fl.us )

**Subject:** AIRS #0990508

Sandy.

During inspections today in Boca Raton, I came across a dry cleaner that has failed to notify DEP of ownership change. I will get a notification form to the new owner (who wasn't there during inspection) ASAP and have her send it to DARM. Here's the info:

Old Airs # 0990508  
Facility Name- Suprema Quality Dry Clean  
Location- 7400 North Federal Highway  
Boca raton, Fl  
POC- Tammy Rinaldi (manager)  
(561) 997-6332

Please call or write me with any questions.

Take care

Jeff

-----Original Message-----

From: Sandy Bowman TAL 850/921-9583  
[mailto:Sandy.Bowman@dep.state.fl.us]  
Sent: Friday, March 10, 2000 9:37 AM  
To: Dizek, Jeff  
Subject: Re: AIRS #0990370  
Sensitivity: Confidential

Jeff,

I appreciate your attention to this. The facility paid the fee for the 1131 Royal Palm Beach Blvd. location since this was the facility location of record for 1999. Once we receive the notification, the new location will become the location of record and will be mailed an invoice at the end of the year for the year 2000 fee.

Thanks again and have a good weekend.

Sandy



Jeb Bush  
Governor

Robert G. Brooks, M.D.  
Secretary

March 15, 2000

Suprema Quality Cleaners  
7400 N. Federal Highway  
Boca Raton, FL 33487

Dear Ms. Pearl,

According to our records, your perchloroethylene dry cleaning facility at the location listed above has not notified the Department of Environmental Protection of its change of ownership. All perchloroethylene dry cleaning facilities are required to notify the DARM (Department of Air Resource Management) 30 days prior to startup.

This discovery was made by Mr. Jeffrey Dizек, a representative of the Palm Beach County Health Department, during a routine inspection of the above listed facility on March 15, 2000. During this inspection Mr. Dizек spoke with Ms. Tammy Rinaldi, the manager of this facility. Ms. Rinaldi stated that this facility had recently changed ownership.

Please fill out the enclosed Title V Air General Permit Notification Form and mail this to the Department of Environmental Protection at the address found on page 18.

Please call me at (561) 355-3070 XT1139 if there are any questions regarding this matter.

Sincerely,

Jeffrey Dizек  
Environmental Specialist 2  
Palm Beach County Department of Health

JD/jd

CC: AL Grasso, Environmental Manager, Palm Beach County Department of Health  
Sandy Bowman, Florida Department of Environmental Protection

AIRS ID#: 1050308

*ace*

RECEIVED  
Revised 10/10/94

DRY CLEANER AIR QUALITY GENERAL PERMIT JUL 14 1997  
ANNUAL COMPLIANCE CERTIFICATION FORM

|  |   |
|--|---|
| FACILITY NAME: <u>Plaza Dry Cleaners</u>                                 | Bureau of Air Monitoring<br>& Mobile Sources<br>DATE: <u>7/8/97</u> |
| FACILITY LOCATION: <u>1120 6th St NW</u><br><u>Winter Haven FL 33881</u> |   |

Annual Reporting Period: Sept 1 1996 TO July 8 1997

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.  YES  NO

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:

Record of perc purchases and bi-weekly leak check

Exact period of non-compliance: from 9/1/96 to 7/8/97

Action(s) taken to achieve compliance: Record log created

Method used to demonstrate compliance: Logs.

#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 \_\_\_\_\_ to \_\_\_\_\_

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 rolling averages of 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: Kyung Jo 7/8/97  
Name (Please Print) Signature Date  
Kyung Jo Res 7/8/97

\*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.

#0990508

Suprema Quality Dry Cleaners

p.15 4. mark out "X" and initial  
5.(c) not required, mark out  
"X" and initial  
5.(f) required

# Perchloroethylene Dry Cleaning Facility Notification

## Facility Name and Location

|   |
|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):<br><i>JUSTICE, INC.</i>                                      |
| 2. Site Name (For example, plant name or number):<br><i>SUPREMA Quality Dry Cleaners</i>  |
| 3. Hazardous Waste Generator Identification Number:<br><i>FLD984233072</i>  |
| 4. Facility Location:<br>Street Address: <i>7400 N. Federal Hwy</i><br>City: <i>Boca Raton</i> County: <i>Palm Beach</i> Zip Code: <i>33487</i> |
| 5. Facility Identification Number (DEP Use):<br><i>0990508</i>  |

## Responsible Official

|  |
|--|
| 6. Name and Title of Responsible Official:<br><i>Gibert Sang Pres.</i>   |
| 7. Responsible Official Mailing Address:<br>Organization/Firm: <i>SA Above</i><br>Street Address:<br>City: County: Zip Code: |
| 8. Responsible Official Telephone Number:<br>Telephone: <i>(561) 997-6332</i> Fax: ( ) -                                     |

## Facility Contact (If different from Responsible Official)

|   |
|---|
| 9. Name and Title of Facility Contact (For example, plant manager):         |
| 10. Facility Contact Address:<br>Street Address:<br>City: County: Zip Code: |
| 11. Facility Contact Telephone Number:<br>Telephone: ( ) - Fax: ( ) -       |

RECEIVED

JUN 20 1997

### 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.

| Type of Machine        | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>Example</i>         |    |                                  |                               |    |                                  |                               |    |                                  |                               |
|                        | #1 | 03-OCT-93                        | 12-NOV-93                     | #2 | 08-DEC-91                        |                               | #3 | 02-MAR-92                        | 02-MAR-92                     |
| Dry-to-Dry Unit        |    | <b>08-DEC-91</b>                 |                               |    |                                  |                               |    |                                  |                               |
| (1) w/ ref. condenser  | #1 | <del>9-12-91</del>               | (12)                          |    |                                  |                               |    |                                  |                               |
| (2) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (3) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| Washer Unit            |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (4) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (5) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (6) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| Dryer Unit             |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (7) w/ ref. condenser  |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (8) w/ carbon adsorber |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| (9) w/ no controls     |    |                                  |                               |    |                                  |                               |    |                                  |                               |
| 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?  
 gallons

(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 source classification based on the definitions found in section (3) of Part II?  
 (Indicate with an "X". Select one classification only.)

existing  
 street  
 none

Existing small area source  New small area source

Existing large area source  New large area source

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



**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) \_\_\_\_\_:

No air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

*Gilbert Sang*  
Signature \_\_\_\_\_

*May 20<sup>th</sup>, 1997*  
Date \_\_\_\_\_

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 9:05 TIME OUT: 9:35 AIRS ID#: 0990508  
 TYPE OF FACILITY: DET CLEANER  
 FACILITY NAME: SUPREMA QUALITY DET CLEANER DATE: 5/23/97  
 FACILITY LOCATION: 7400 N. FED. HWY., BOCA RATON, FL 33487  
 RESPONSIBLE OFFICIAL: ERIL SANK PHONE NUMBER: (561) 997-6332

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED   |
|--------------------------------|---|
| They failed to notify in 1996  | Notification forms were given them in May 1997. Air ID # was issued in June 1997. |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: 5/23/98  
(Approximate)

INSPECTION CONDUCTED BY: DONALD SIKAZWE

INSPECTOR'S SIGNATURE: Donald Sikazwe (Please Print) PHONE NUMBER: (561) 355-4537

ARMS



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990508 DATE: 5/23/97 TIME IN: 9:05 TIME OUT: 9:35  
FACILITY NAME: SUPREMA QUALITY DRY CLEANERS  
FACILITY LOCATION: 7400 N. FED. HWY., BOCA RATON, FL 33487

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

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

- A
- 1. Existing small area source  dry-to-dry only,  $x < 140$  gal/yr transfer only,  $x < 200$  gal/yr both types,  $x < 140$  gal/yr (constructed before 12/9/91)
  - 2. New small area source  dry-to-dry only,  $x < 140$  gal/yr transfer only,  $x < 200$  gal/yr both types,  $x < 140$  gal/yr (constructed on or after 12/9/91)
  - 3. Existing large area source  dry-to-dry only,  $140 < x < 2,100$  gal/yr transfer only,  $200 < x < 1,800$  gal/yr both types,  $140 < x < 1,800$  gal/yr (constructed before 12/9/91)
  - 4. New large area source  dry-to-dry only,  $140 < x < 2,100$  gal/yr transfer only,  $200 < x < 1,800$  gal/yr both types,  $140 < x < 1,800$  gal/yr (constructed on or after 12/9/91)

This is a correct facility classification  Y  N

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |                                       |  |
|---|---------------------------------------|--|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N   |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- |  |                            |   |
|--|----------------------------|---|
| 1. Equipped all machines with the appropriate vent controls?   | <input type="checkbox"/> Y | <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y | <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y | <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input type="checkbox"/> Y | <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?                               | <input type="checkbox"/> Y | <input type="checkbox"/> N                              |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y | <input type="checkbox"/> N                              |

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
 Is the temperature differential equal to or greater than 20° F?  Y  N
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?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 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?  Y  N  N/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?  Y  N  N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
 (check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  
 Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)  Y  N  N/A

Physical detection (airflow felt through gaskets)  Y  N  N/A

Odor (noticeable perc odor)  Y  N  N/A

Use of direct-reading instrumentation (~~FID/PID/calorimetric tubes~~)  Y  N  N/A

*Hydrogen Meter*

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N  N/A

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N  N/A

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N  N/A

d. Kept in a clean and secure area when not in use?  Y  N  N/A

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N  N/A

3. Has the facility maintained a leak log?  Y  N

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N

Muck cookers  Y  N  N/A

Door gaskets and seating  Y  N

Stills  Y  N  N/A

Filter gaskets and seating  Y  N

Exhaust dampers  Y  N  N/A

Pumps  Y  N

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N

Cartridge filter housings  Y  N  N/A

Water separators  Y  N

*Gil Sang*  
Name of Responsible Official (Signature)

*Gil Sang 5619976332*  
Name of Responsible Official (Print) & Phone #

*Donald SIKAZWE*  
Inspector's Name (Please Print)

*5/23/97*  
Date of Inspection

*Donald SIKAZWE*  
Inspector's Signature

*5/23/98*  
Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area  Yes  No

Waste area *(ON ORDER)*  Yes  No

Spotting area Sealed *(MT TET EPOXY)*  Yes  No

*TO BE INSTALLED IN 1-2-3 MONTHS*

2. Disposal of Water from Water Separator using approved evaporator  Yes  No

or Waste Handler Pickup Water  Yes  No

APRMS



PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990500 DATE: 5/20/97 TIME IN: 9:00 TIME OUT: 9:50  
FACILITY NAME: PICCADILLY CLEANERS  
FACILITY LOCATION: 8221-11 TRADES RD., BOCA RATON, FL 33434

PART I: NOTIFICATION

(check appropriate box)

- 1. Existing facility notified DARM by 9/1/96
- 2. New facility notified DARM 30 days prior to startup
- 3. Facility failed to notify DARM to use general permit

RVC  
(S)

PART II: CLASSIFICATION

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

- A
- 1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)
  - 2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)
  - 3. Existing large area source   
dry-to-dry only,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr  
(constructed before 12/9/91)
  - 4. New large area source   
dry-to-dry only,  $140 < x < 2,100$  gal/yr  
transfer only,  $200 < x < 1,800$  gal/yr  
both types,  $140 < x < 1,800$  gal/yr  
(constructed on or after 12/9/91)

This is a correct facility classification

If no, please check the appropriate classification:

- facility qualified for a general permit as number \_\_\_\_\_ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 75 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

- |   |                                       |                            |   |
|---|---------------------------------------|----------------------------|---|
| 1. Storing perchloroethylene in tightly sealed and impervious containers?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A            |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y            | <input type="checkbox"/> N | <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

- |  |                                       |                            |                              |
|--|---------------------------------------|----------------------------|------------------------------|
| 1. Equipped all machines with the appropriate vent controls?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?                           | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> N/A |



B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  
Is the temperature differential equal to or greater than 20° F?  Y  N
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?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 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?  Y  N  N/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?  Y  N  N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N
  - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  Y  N
4. Maintained calibration data? (for direct reading instruments only)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  
Problem corrected?  Y  N
8. Maintained compliance plan, if applicable?  Y  N  N/A

PART VI: LEAK DETECTION AND REPAIRS

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

2. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  ~~N/A~~

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N  N/A

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N  N/A

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N  N/A

d. Kept in a clean and secure area when not in use?  Y  N  N/A

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N  N/A

3. Has the facility maintained a leak log?  Y  N

(Given a copy on 5/20/97)

4. Does the responsible official check the following areas for leaks?

Hose connections, fittings, couplings, and valves  Y  N

Muck cookers  Y  N  N/A

Door gaskets and seating  Y  N

Stills  Y  N  N/A

Filter gaskets and seating  Y  N

Exhaust dampers  Y  N  N/A

Pumps  Y  N

Diverter valves  Y  N  N/A

Solvent tanks and containers  Y  N

Cartridge filter housings  Y  N  N/A

Water separators  Y  N

Lalshani Kumar  
Name of Responsible Official (Signature)

LAKSHMI KUMAR (561)-487-9924  
Name of Responsible Official (Print) & Phone #

Dona CD SIKARWE  
Inspector's Name (Please Print)

5/20/97  
Date of Inspection

Dona CD SIKARWE  
Inspector's Signature

5/20/98  
Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area

Yes No

Waste area

Spotting area Sealed

2. Disposal of Water from Water Separator using approved evaporator

or Waste Handler's Pickup Water

ADDITIONAL SITE INFORMATION:

FACILITY HAS BEEN UNDER PRESENT  
MANAGEMENT FOR 1 YEAR NOW.

SPILLING AREA HAS NOT BEEN ERODED  
YET.

OPEN WATER BUCKETS. ADVISED OWNER TO  
KEEP LID ON IT.

**TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:35 TIME OUT: 11:05 AIRS ID#: 0990508  
 TYPE OF FACILITY: Dry cleaning  
 FACILITY NAME: Suprema Quality Dry Cleaners DATE: 5-15-98  
 FACILITY LOCATION: 7400 N. Federal Hwy  
Boca Raton, FL 33487  
 RESPONSIBLE OFFICIAL: Gil Sang PHONE NUMBER: 997-6332

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM  | FOLLOW-UP ACTION REQUIRED  |
|---|--|
| owner will mail Perc Purchase receipts in 2 weeks. Owner seems not co-operating, we gave him more time to respond | Will be re inspected in 4 months   |
|   | we received Perc Purchase rec on 6-10-98 from Suprema Quality Dry cleaners |
|   |  |
|   |  |
|   |  |
|   |  |

**RECEIVED**  
 JUN 16 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: May 1999  
 (Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi  
 (Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

**PERCHLOROETHYLENE DRY CLEANERS  
TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST**

MHC  
APMS

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990508 DATE: 5-15-98 TIME IN: 10:35 TIME OUT: 11:05  
 FACILITY NAME: Suprema Quality Dry Cleaners  
 FACILITY LOCATION: 7400 N. Federal Hwy  
Boca Raton, FL 33487  
 RESPONSIBLE OFFICIAL: Gil SANG PHONE: 997-6332  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION**  
 (check appropriate box)  
 1. New facility notified DARM 30 days prior to startup   
 2. Facility failed to notify DARM to use general permit

**RECEIVED**  
 JUN 16 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

**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<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed before 12/9/91) <input checked="" type="checkbox"/>                                | 2. New small area source<br>dry-to-dry only, $x < 140$ gal/yr<br>transfer only, $x < 200$ gal/yr<br>both types, $x < 140$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/>   |
| 3. Existing large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source<br>dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr<br>transfer only, $200 \leq x \leq 1,800$ gal/yr<br>both types, $140 \leq x \leq 1,800$ gal/yr<br>(constructed on or after 12/9/91) <input type="checkbox"/> |

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 50 gallons. for 1997  
120 (per Perc purchase receipts we received)

**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?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

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

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

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

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

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

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

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
 Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
 Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 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?  Y  N  N/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?  Y  N  N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:  
(check appropriate boxes)

*In 10 days, Gil will mail Perc Purchase Receipt to our office*

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
  - a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
 Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

- |   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
  - Physical detection (airflow felt through gaskets)
  - Odor (noticeable perc odor)
  - Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  N/A
  - Halogen leak detector  N/A
- If using direct-reading instrumentation, is the equipment:
- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N
  - b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N
  - c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N
  - d. Kept in a clean and secure area when not in use?  Y  N
  - e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Gilbert Sang  
Responsible Official's Name  
(Please Print)

Gilbert Sang  
Responsible Official's Signature

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

5-15-98  
Date of Inspection

R. V. Chokshi  
Inspector's Signature

May 1999  
Approximate Date of Next Inspection



ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| or contracted Wastewater service                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Safety Kleen picks up the  
Waste once a month

Asked to keep area clean around  
dry clean machine.

Grave Gil FDEP Calendar and  
Phoenix form for Record Keeping

GARLAND SUPPLY CO.

HIALEAH, FL 33016  
DADE - 556-5831 BROWARD - 462-3390

**BEST AVAILABLE COPY**

SUPREMA CLEANERS/JISITE, INC.  
7400 N.FED.HWY

DATE 3/25/97

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BOCA RATON, FL. 33431

INVOICE NO. 0147587

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

| CUSTOMER NO. | CUSTOMER P.O. | SALES CODE | DATE ORDERED | SHIPPED VIA | F.O.B. POINT | OUR ORDER NO. | TERMS |
|--------------|---------------|------------|--------------|-------------|--------------|---------------|-------|
| SUN7400      |               | 57         | 3/05/97      |             |              | 00147587      |       |

| QUANTITY | DESCRIPTION               | UNIT OF MEASURE | ITEM CODE | UNIT PRICE | EXTENDED AMOUNT |
|----------|---------------------------|-----------------|-----------|------------|-----------------|
| 50.00    | DIAMOND PERC PUMP IN      | GAL             | ZPERC     | 5.30       | 265.00          |
| 50.00    | FLORIDA PERC CLEANUP FUND | GAL             | FUND      | 5.00       | 250.00          |
| 50.00    | POLLUTION TAX             | GAL             | POLL      | .10        | 5.00            |

Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees.

FREIGHT

SALES TAX

INVOICE TOTAL

15.90

535.90

*Thank You*

*ATT. Rasik Chokshi*

# GARLAND SUPPLY CO.

7800 W. 25th AVENUE  
 HIALEAH, FL 33016  
 DADE - 556-5831 BROWARD - 462-3390

SUPREMA CLEANERS/JISITE, INC.  
 7400 N. FED. HWY

DATE 6/20/97

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BOCA RATON, FL. 33431

INVOICE NO 00152774

INVOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST.

| CUSTOMER NO. | CUSTOMER P.O. | SALES CODE | DATE ORDERED | SHIPPED VIA | F.O.B. POINT | OUR ORDER NO. | TERMS |
|--------------|---------------|------------|--------------|-------------|--------------|---------------|-------|
| SUN7400      |               | 57         | 6/18/97      |             |              | 00152774      |       |

| QUANTITY | DESCRIPTION               | UNIT OF MEASURE | ITEM CODE | UNIT PRICE | EXTENDED AMOUNT |
|----------|---------------------------|-----------------|-----------|------------|-----------------|
| 20.00    | DIAMOND PERC PUMP IN      | GAL             | ZPERC     | 7.05       | 141.00          |
| 20.00    | FLORIDA PERC CLEANUP FUND | GAL             | FUND      | 5.00       | 100.00          |
| 20.00    | POLLUTION TAX             | GAL             | POLL      | .10        | 2.00            |

|  |  |         |           |               |
|--|--|---------|-----------|---------------|
| Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees. |  | FREIGHT | SALES TAX | INVOICE TOTAL |
|  |  |         | 8.46      | 251.46        |

*Thank You*

**BEST AVAILABLE COPY**

**GARLAND SUPPLY CO.**

7800 W. 25th AVENUE  
 HIALEAH, FL 33016  
 DADE - 556-5831 BROWARD - 462-3390

**SUPREMA CLEANERS/ISITE, INC.**  
 1400 N. FED. HWY

DATE **8/25/97**

**BOCA RATON, FL. 33431**

INVOICE NO **00155582**

DUEDUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF INTEREST

|                           |               |                         |                                |             |              |                                  |       |
|---------------------------|---------------|-------------------------|--------------------------------|-------------|--------------|----------------------------------|-------|
| ORDER NO.<br><b>17400</b> | CUSTOMER P.O. | SALES CODE<br><b>57</b> | DATE ORDERED<br><b>8/20/97</b> | SHIPPED VIA | F.O.B. POINT | OUR ORDER NO.<br><b>00155582</b> | TERMS |
|---------------------------|---------------|-------------------------|--------------------------------|-------------|--------------|----------------------------------|-------|

| QUANTITY | DESCRIPTION               | UNIT OF MEASURE | ITEM CODE | UNIT PRICE | EXTENDED AMOUNT |
|----------|---------------------------|-----------------|-----------|------------|-----------------|
| 20.00    | DIAMOND PERC PUMP IN      | GAL             | ZPERC     | 7.05       | 141.00          |
| 20.00    | FLORIDA PERC CLEANUP FUND | GAL             | FUND      | 5.00       | 100.00          |
| 20.00    | POLLUTION TAX             | GAL             | POLL      | .10        | 2.00            |

|  |  |  |  |  |         |                          |                                |
|--|--|--|--|--|---------|--------------------------|--------------------------------|
| All merchandise remains with Garland Supply Co until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees. |  |  |  |  | FREIGHT | SALES TAX<br><b>8.46</b> | INVOICE TOTAL<br><b>251.46</b> |
|--|--|--|--|--|---------|--------------------------|--------------------------------|

*Thank You*

BEST AVAILABLE COPY

**GARLAND SUPPLY CO.**

7800 W. 25th AVENUE  
 HIALEAH, FL 33016  
 DADE - 556-5831 BROWARD - 462-3390

SUPREMA CLEANERS/JISITE, INC.  
 7400 N. FED. HWY

DATE 11/25

INVOICE NO. 00160079

BOCA RATON, FL. 33431

VOICE DUE AND PAYABLE ON THE 10th OF THE MONTH FOLLOWING DELIVERY. DELINQUENT AFTER 30 DAYS AND SUBJECT TO HIGHEST PREVAILING RATE OF

| CUSTOMER NO. | CUSTOMER P.O. | SALES CODE | DATE ORDERED | SHIPPED VIA | FOB POINT | OUR ORDER NO. | TERMS |
|--------------|---------------|------------|--------------|-------------|-----------|---------------|-------|
| SUN7400      |               | 57         | 11/19/97     |             |           | 00160079      |       |

| QUANTITY | DESCRIPTION               | UNIT OF MEASURE | ITEM CODE | UNIT PRICE | EXTENDED |
|----------|---------------------------|-----------------|-----------|------------|----------|
| 30.00    | DIAMOND PERC PUMP IN      | GAL             | ZPERC     | 7.05       | 211      |
| 8.00     | 40" UNIVERSAL POLY        | ROLL            | POL.U40   | 30.00      | 240      |
| 2.00     | 54" UNIVERSAL POLY        | ROLL            | POL.U54   | 30.00      | 60       |
| 30.00    | FLORIDA PERC CLEANUP FUND | ROLL            | FUND      | 5.00       | 150      |
| 30.00    | POLLUTION TAX             | ROLL            | POLL      | .10        | 3        |

|  |  |         |           |               |
|--|--|---------|-----------|---------------|
| Title to merchandise remains with Garland Supply Co. until invoice paid in full. Purchaser agrees to pay all cost of collection, including reasonable attorney's fees. |  | FREIGHT | SALES TAX | INVOICE TOTAL |
|  |  |         | 30.69     | 695           |

*Thank You*

*all*

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID 0990508

JISTIE INC  
GIBERT SANG  
SUPREMA QUALITY DRY CLEANERS  
BOCA RATON FL 33487

Bureau of Air Monitoring  
& Mobile Sources

MAR 02 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: \_\_\_\_\_ 19\_\_\_\_ TO \_\_\_\_\_ 19\_\_\_\_

Based on each term or condition of the this general permit, during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

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: Gilbert SANG      Gilbert SANG      2/18/98  
 Name (Please Print)      Signature      Date

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

BEST AVAILABLE COPY ✓

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 11:35 TIME OUT: 12:00 AIRS ID#: 0990508  
TYPE OF FACILITY: Dry Cleaning  
FACILITY NAME: Suprema Quality Dry Clean DATE: 4-26-99  
FACILITY LOCATION: 7400 N. Federal Hwy  
Boca Raton, FL 33487  
RESPONSIBLE OFFICIAL: Gil Sang PHONE NUMBER: 561-997-6332

- Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
- Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED                    |
|--------------------------------|--|
|                                | <b>RECEIVED</b>                              |
|                                | MAY 18 1999                                  |
|                                | Bureau of Air Monitoring<br>& Mobile Sources |
|                                |  |
|                                |  |
|                                |  |
|                                |  |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES  NO

DATE OF NEXT INSPECTION: April 2000 (Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi (Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

PERCHLOROETHYLENE DRY CLEANERS

ARM 9

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990508 DATE: 4-26-99 TIME IN: 11:35 TIME OUT: 12:00  
 FACILITY NAME: Suprema Quality Dry Cleaners  
 FACILITY LOCATION: 7400 N. Federal Hwy  
Boca Raton, FL 33487  
 RESPONSIBLE OFFICIAL: Gil Sang PHONE: 997-6332  
 CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PART I: NOTIFICATION** RECEIVED

(check appropriate box)

1. New facility notified DARM 30 days prior to startup MAY 8 1 1999

2. Facility failed to notify DARM to use general permit Bureau of Air Monitoring   
& Mobile Sources

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

|  |  |
|--|--|
| <p>1. Existing small area source <input checked="" type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed before 12/9/91)</p>                       | <p>2. New small area source <input type="checkbox"/><br/>dry-to-dry only, <math>x &lt; 140</math> gal/yr<br/>transfer only, <math>x &lt; 200</math> gal/yr<br/>both types, <math>x &lt; 140</math> gal/yr<br/>(constructed on or after 12/9/91)</p>                                  |
| <p>3. Existing large area source <input type="checkbox"/><br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed before 12/9/91)</p> | <p>4. New large area source <input type="checkbox"/><br/>dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr<br/>transfer only, <math>200 \leq x \leq 1,800</math> gal/yr<br/>both types, <math>140 \leq x \leq 1,800</math> gal/yr<br/>(constructed on or after 12/9/91)</p> |

5. This is a correct facility classification  Y  N  Can not determine

If no, please check the appropriate classification:  
 facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons. for 1998, for 1999 so far 20 gal



**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?   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading?  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                              |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?                     | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

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

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

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

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

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

- |  |  |
|--|--|
| 1. Equipped all machines with the appropriate vent controls?   | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?   | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?                 | <input type="checkbox"/> Y <input type="checkbox"/> N                              |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?                              | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N                              |

**B. Has the responsible official of an existing large or new large area source also:**

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?  Y  N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?  Y  N  N/A  
Is the temperature differential equal to or greater than 20° F?  Y  N  N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?  Y  N  N/A  
Is the perc concentration equal to or less than 100 ppm?  Y  N  N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 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?  Y  N  N/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?  Y  N  N/A

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly total of perc consumption?  Y  N
3. Maintained leak detection inspection and repair reports for the following:
- a. documentation of leaks repaired w/in 24 hrs? or;  Y  N  N/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?  Y  N  N/A
4. Maintained calibration data? (for applicable direct reading instruments)  Y  N  N/A
5. Maintained exhaust duct monitoring data on perc concentrations?  Y  N  N/A
6. Maintained startup/shutdown/malfunction plan?  Y  N
7. Maintained deviation reports?  Y  N  N/A  
Problem corrected?  Y  N  N/A
8. Maintained compliance plan, if applicable?  Y  N  N/A

**PART VI: LEAK DETECTION AND REPAIRS**

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection?  Y  N

2. Has the facility maintained a leak log?  Y  N

3. Does the responsible official check the following areas for leaks?

|   |   |                           |   |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers              | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Door gaskets and seating                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills                    | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating                        | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers           | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A |
| Pumps   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers                      | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators                                  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |                           |   |

4. Which method of detection is used by the responsible official?

Visual examination (condensed solvent on exterior surfaces)

Physical detection (airflow felt through gaskets)

Odor (noticeable perc odor)

Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  N/A

Halogen leak detector  N/A

If using direct-reading instrumentation, is the equipment:

a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  Y  N

b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  Y  N

c. Inspected for leaks and obvious signs of wear on a weekly basis?  Y  N

d. Kept in a clean and secure area when not in use?  Y  N

e. Verified for accuracy by use of duplicate samples (calorimetric only)?  Y  N

Gupeet Sang  
Responsible Official's Name  
(Please Print)

Gupeet Sang  
Responsible Official's Signature

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

April 26, 1999  
Date of Inspection

R.V. Chokshi  
Inspector's Signature

April 2000  
Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

- |   | Yes                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Secondary Containment for: Dry Cleaning Machine & Storage area   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Waste area  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spotting area Sealed  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|   |                                     |                                     |
| 2. Disposal of Water from Water Separator using approved evaporator | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| or contracted Wastewater service                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Safety Kleen picks up ~~the~~  
When called (once a month)

Z 210 662 455

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to AIRS ID # 0990508

SUPREMA QUALITY DRY CLEANERS  
GIBERT SANG  
7400 N FEDERAL HWY  
BOCA RATON FL 33487

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

PS Form 3800, April 1995

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990508  
SUPREMA QUALITY DRY CLEANERS  
GIBERT SANG  
7400 N FEDERAL HWY  
BOCA RATON FL 33487

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery  
FEB 28 2000

C. Signature   Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

Z 210 662 455

Z 210 663 164

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0990508

SUPREMA QUALITY DRY CLEANERS  
GIBERT SANG  
7400 N FEDERAL HWY  
BOCA RATON FL 33487

*ml  
2000*

PS Form 3800, April 1995

|   |           |
|---|-----------|
| 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 |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0990508  
SUPREMA QUALITY DRY CLEANERS  
GIBERT SANG  
7400 N FEDERAL HWY  
BOCA RATON FL 33487

Z 210 663164

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

APR 03 2000

C. Signature  
X *Gibert Sang*  
 Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Z 333 613 078

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

AIRS ID 0990508

JISTIE INC  
GIBERT SANG  
SUPREMA QUALITY DRY CLEANERS  
BOCA RATON FL 33487

PS Form 3800, April 1995

|   |           |
|---|-----------|
| Certified Fee   |           |
| Special Delivery Fee  |           |
| Restricted Delivery Fee                                     |           |
| Return Receipt Showing to Whom & Date Delivered             |           |
| Return Receipt Showing to Whom, Date, & Addressee's Address |           |
| <b>TOTAL Postage &amp; Fees</b>                             | <b>\$</b> |
| Postmark or Date  |           |

Is your RETURN ADDRESS completed 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0990508

JISTIE INC  
GIBERT SANG  
SUPREMA QUALITY DRY CLEANERS  
BOCA RATON FL 33487 33487

*[Handwritten signature]*

4a. Article Number

*Z 333 613 078*

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

7. Date of Delivery

*2/18/98*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

*X [Handwritten signature]*

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

0356123

RECEIVED  
MAIL ROOM

JAN -4 99

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

|  |
|--|
| AIRS ID # 0990508  |
| SUPREMA QUALITY DRY CLEANERS<br>GIBERT SANG<br>7400 N FEDERAL HWY<br>BOCA RATON FL 33487 |

|  |
|--|
| FOR GOVERNMENT USE ONLY<br>Org.: 37550101000 EO: B1<br>Fund: 20-2-035001<br>Obj.: 002273 |
|--|



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

303732

RECEIVED  
MAIL ROOM  
FEB 25 98

**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

|  |
|--|
| AIRS ID 0990508  |
| JISTIE INC<br>GIBERT SANG<br>SUPREMA QUALITY DRY CLEANERS<br>BOCA RATON FL 33487 |

|  |
|--|
| FOR GOVERNMENT USE ONLY<br>Org.: 37550101000 EO: B1<br>Fund: 20-2-035001<br>Obj.: 002273 |
|--|





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0394355

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**

RECEIVED  
MAIL ROOM  
APR 14 00

Do NOT Remove Label

AIRS ID # 0990508  
 SUPREMA QUALITY DRY CLEANERS  
 GIBERT SANG  
 7400 N FEDERAL HWY  
 BOCA RATON FL 33487

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$75.00**

*#6033*  
*\$50 refund*  
*dup payment*

RECEIVED  
MAIL ROOM  
APR 14 00

Do NOT Remove Label

AIRS ID # 0990508  
 SUPREMA QUALITY DRY CLEANERS  
 GIBERT SANG  
 7400 N FEDERAL HWY  
 BOCA RATON FL 33487

FOR GOVERNMENT USE ONLY  
 Org.: 37550101000 EO: B1  
 Fund: 20-2-035001  
 Obj.: 002273