



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 17, 1997

Mr. Gabriel Fernand
Palm Beach Cleaners
1400 Lantana Road
Lantana, Florida 33462

Re: Facility No.: 0990523

Dear Mr. Fernand:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 27, 1997.

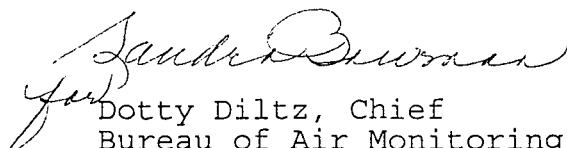
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>Palm Bch Cleaners</i>
2.	Site Name (For example, plant name or number): <i>Palm Bch Cleaners</i>
3.	Hazardous Waste Generator Identification Number:
4.	Facility Location: Street Address: <i>1400 LAURANA RD.</i> City: <i>LAURANA</i> County: <i>71</i> Zip Code: <i>33462</i>
5.	Facility Identification Number (DEP Use): <i>0990523</i>

Responsible Official

6.	Name and Title of Responsible Official: <i>GABRIEL FERNAND. D/President</i> ← <i>owner</i>
7.	Responsible Official Mailing Address: Organization/Firm: Street Address: City: <i>SAME</i> County: Zip Code:
8.	Responsible Official Telephone Number: Telephone: <i>(561) 582 6006</i> Fax: () <i>N/A</i> <i>582 6006</i>

Facility Contact (If different from Responsible Official)

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

RECEIVED

OCT 27 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 <i>Very old</i> → <i>years Not known Approx 1940 Year made</i>									
Dry-to-Dry Unit									
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		<i>Martin Ser# 2140 - M-21623, model 30-0</i>							
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		<i>HOYT Ser# R2466-A, Model# AM130Z -</i>							
(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									

made per owner

Worcester Man

Arrows pointing to Washer Unit, Dryer Unit, and Reclaimer Unit rows.

These Transfer Units are - very-very old - owner thinks they were made in year 1940

(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 small 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 NO
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- Ⓢ Start-up, shutdown, malfunction plan NO

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.

Jessie Jernigan

Signature

10-17-97

Date

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:35 TIME OUT: 11:35 AIRS ID#: 0990523
 TYPE OF FACILITY: Dry cleaning
 FACILITY NAME: Palm Beach Cleaners DATE: 10-17-97
 FACILITY LOCATION: 1400 Lantana Rd
Lantana, FL
 RESPONSIBLE OFFICIAL: Fernand Gabriel PHONE NUMBER: 582-6006

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
Failed to keep records	Gave him Phenix Record Keeping form as an example to keep record for perc Purchase, Break down etc. and explained each.
No Secondary Containments No Spotting Area Sealed	owner says he will have secondary containments for dryclean & waste area and area sealed in 30 days.
Dirty area.	asked owner to clean area and use proper Label on container.
Very Old Machine	owner wants to buy a New drycleaning Machine in 1998
	Also gave him Air General Permit Ruls & Small business Program Summary

COMMENTS:

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

DATE OF NEXT INSPECTION: 10-17-97

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0990523 DATE: 10-17-97 TIME IN: 10:35 TIME OUT: 11:35
FACILITY NAME: PALM BEACH CLEANERS
FACILITY LOCATION: 1400 LANTANA ROAD
LANTANA, FLORIDA 33462
RESPONSIBLE OFFICIAL: FERNAND PHONE: 582-6006
CONTACT NAME: GABRIEL 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 (failed to notify in 1996)

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)

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

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 100 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? 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? *owner did not know* 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)

1. Maintained receipts for perc purchased? *Asked to keep Records* 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; *Asked to keep in more detail* 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? *asked to get a copy →* Y N
7. Maintained deviation reports? *Asked to keep Records of any breakdowns* 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? *Asked to keep 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 type="checkbox"/> Y <input type="checkbox"/> N <input checked="" 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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input type="checkbox"/> Y <input checked="" 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

[Handwritten signature]

[Handwritten signature] R.V. CHOKSHI
 Inspector's Name (Please Print)

10-17-97
 Date of Inspection

[Handwritten signature]
 Inspector's Signature

10-17-98
 Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:

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

asked to seal area

They do not have Secondary Containments for transfer units.

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

Gave him mandatory Record keeping form (phenix supply Co)
 Gave him "Dry cleaning Small Business Assistance Program" sheet

It is a Transfer machine

Asked to Seal Spotting area

Transfer unit very Old - (1940)

No Controls on units, Exhausts into atmosphere.

place is not clean.

asked to keep Containers in secondary Containments.

asked to keep area clean. Reclaimer (dyeer)

drops perc into Container (open).

owner says he is planning to replace transfer unit with new machine in 6 months.

Needs lots of work. Owner says he give most of work to Subcontractor on Belvedere Rd. Drycleaning

ARMS

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 10:05 TIME OUT: 10:10 AIRS ID#: 0990523

TYPE OF FACILITY: Do-it cleaning

FACILITY NAME: Palm Beach Cleaners DATE: 8-13-98

FACILITY LOCATION: 1400 Lantana Rd
Lantana, FL

RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: Disconnected

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
<u>Out of Business at this location. Closed. No more information available</u>	RECEIVED SEP 17 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: Aug 1999
(Approximate)

INSPECTION CONDUCTED BY: R V Chokshi
(Please Print)

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

✓
ARMS

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 9:45 TIME OUT: 9:55 AIRS ID#: 0990523

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: Palm Beach Cleaners DATE: 3-4-99

FACILITY LOCATION: 1400 Lantana Rd
Lantana, FL

RESPONSIBLE OFFICIAL: _____ PHONE NUMBER: _____

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
Out of Business from present location.	
Business closed.	
Neighbours said this business is closed some time ago	

COMMENTS:

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

DATE OF NEXT INSPECTION: N/A

INSPECTION CONDUCTED BY: R.V. Chokshi (Approximate)

INSPECTOR'S SIGNATURE: R.V. Chokshi (Please Print) PHONE NUMBER: 355-3070

the front of the return address

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED

Z 333 613 557

18:31 JUN 23/98 TLH FL

TALLAHASSEE
JUN 23 '98
32301
FL
U.S. POSTAGE
277

MAIL

550304
MS5510

550304
MS5510

LETTER OF NONCOMPLIANCE

Bureau of Air Monitoring
Environmental Sources
TALLAHASSEE, FLORIDA
JUN 30 1998

JUN 30 1998
ROUTE NO
DATE
CAR

TO: AIRS ID# 0990523
PALM BEACH CLEANERS
GABRIEL FERNAND
1400 LANTANA ROAD
LANTANA FL 33462

3346241336



Best Available Copy

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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p style="text-align: center;">AIRS ID# 0990523</p> <p>PALM BEACH CLEANERS GABRIEL FERNAND 1400 LANTANA ROAD LANTANA FL 33462</p>	<p>4a. Article Number</p> <p style="text-align: center; font-size: 1.2em;">Z 333 613 557</p> <p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p> <p>7. Date of Delivery</p>
<p>5. Received By: (Print Name)</p>	<p>8. Addressee's Address (Only if requested and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p style="text-align: center; font-size: 1.5em;">X</p>	

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Z 333 613 557

US Postal Service
Receipt for Certified Mail

AIRS ID# 0990523

PALM BEACH CLEANERS
GABRIEL FERNAND
1400 LANTANA ROAD
LANTANA FL 33462

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	
TOTAL Postage & Fees	\$
Postmark or Date	

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED



U.S. POSTAGE

52 77

RETURNED TO SENDER
33 613 731
 INSUFFICIENT POSTAGE
 NO SUCH STREET
 UNCLAIMED
 ATTEMPTED DELIVERY
 NO RECEPTACLE
 VACANT
 NOT DELIVERABLE AS ADDRESSED
 ROUTE NO. CARRIAGE INITIALS
 NOT KNOWN
 USED
 UNDELIVERABLE
MAIL

550307
MS5510

Notice left For:
201 W. Ocean
Only!!!

AIRS ID# 090523

PALMBEACH CLEANERS
GABRIEL FERNAND
1400 LANTANA ROAD
LANTANA FL 33462

RECEIVED

APR 27 1998

Bureau of Air Monitoring
& Mobile Sources

2062/39

For a return receipt, please use PS Form 3811, Domestic Return Receipt.
For a return receipt, please use PS Form 3811, Domestic Return Receipt.

DATE
ADDED THIS
(800) 349-9063

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):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID# 0990523

PALM BEACH CLEANERS
GABRIEL FERNAND
1400 LANTANA ROAD
LANTANA FL 33462

4a. Article Number
2333613731

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for your cooperation. Please use PS Form 3811, Domestic Return Receipt.
Delivery Notice/Reminder/Receipt.
3 part Delivery Notice Form 3949, May 1994

#0090523

→ in ARMS,
Beach

Palm Bch Cleaners

p.13 4. add county

p.14 1.(a) add date "1940" to
correct boxes

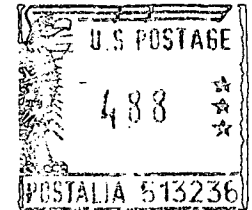
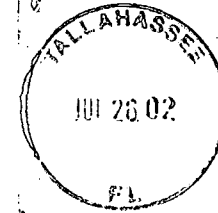
p.15 5.(f) required, add "X"

STATE OF FLORIDA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 MS 5510-37550 304000
 2600 BLAIR STONE ROAD
 TALLAHASSEE FL 32399-2400

CERTIFIED MAIL



7000 1670 0013 3108 6922



RECEIVED

AUG 01 2002

Bureau of Air Monitoring
& Mobile Sources

Handwritten: NSN
ATTN

- Not Deliverable As Addressed
 Unable To Forward
 Insufficient Address
 Moved, Left No Address
 Unclaimed Refused
 Attempted-Not Known
 No Such Street Number
 Vacant Illegible
 No Mail Receptacle
 Box Closed-No Order
 Returned For Better Address
 Postage Due

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Handwritten: receipt
02

10 AIRS ID # 0990523001AG
 GABRIEL FERNAND
 PALM BEACH CLEANERS
 1400 LANTANA ROAD
 LANTANA FL
 33462

10 AIRS ID # 0990523001AG
 GABRIEL FERNAND
 PALM BEACH CLEANERS
 1400 LANTANA ROAD
 LANTANA FL 33462
 Not Deliverable As Addressed
 Unable To Forward
 Insufficient Address

- Not Deliverable As Addressed
 Unable To Forward
 Insufficient Address
 Moved, Left No Address
 Unclaimed Refused
 Attempted-Not Known
 No Such Street Number
 Vacant Illegible
 No Mail Receptacle
 Box Closed-No Order
 Returned For Better Address
 Postage Due

7000 1670 0013 3108 6922

PLACE STICKER AT TOP OF ENVELOPE

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:

10 AIRS ID # 0990523001AG
 GABRIEL FERNAND
 PALM BEACH CLEANERS
 1400 LANTANA ROAD
 LANTANA FL
 33462

2. Article Number

(Transfer from service label)

70001670001331086922

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: 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 333 613 731

US Postal Service
Receipt for Certified Mail

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

AIRS ID# 0990523

PALM BEACH CLEANERS
GABRIEL FERNAND
1400 LANTANA ROAD
LANTANA FL 33462

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	
TOTAL Postage & Fees	\$
Postmark or Date	

Z 333 612 941

US Postal Service
Receipt for Certified Mail

AIRS ID 0990523

PALM BEACH CLEANERS
GABRIEL FERNAND
1400 LANTANA ROAD
LANTANA FL 33462

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	
TOTAL Postage & Fees	\$
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 0990523

PALM BEACH CLEANERS
GABRIEL FERNAND
1400 LANTANA ROAD
LANTANA FL 33462

4a. Article Number

Z 333 612 941

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

2-14-98

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.