



# Department of Environmental Protection

Lawton Chiles  
Governor

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

Virginia B. Wetherell  
Secretary

March 2, 1998

Mr. Yuens Bernard  
NuLook Dry Cleaners  
21065 Powerline Road  
Boca Raton, Florida 33433

Re: Facility No.: 0990533

Dear Mr. Bernard:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on January 20, 1998.

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"

0990533

- p13 4. Add County  
6. Add title of Responsible Official

p14 1(a) Add dates initially purchased  
and control device installed

p15 4. Existing large area source R.C.  
should not be marked. Mark out  
and initial. New small area  
source should be marked

p16 Choose One.

Responsible Official sign and date  
for changes

2/9/97 Spoke to Mr. Benard. He is the owner.

RECEIVED

Perchloroethylene Dry Cleaning Facility Notification

JAN 20 1998

Bureau of Air Monitoring & Mobile Sources

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):  
*NU LOOK DRY CLEANERS*

2. Site Name (For example, plant name or number):  
*Same*

3. Hazardous Waste Generator Identification Number:  
*FLD981026156*

4. Facility Location:  
 Street Address:  
 City: *21065* County: *Powerline Pal* Zip Code: *Boca Raton FL 33433*

5. Facility Identification Number (DEP Use):  
*0990533*

Responsible Official

6. Name and Title of Responsible Official:  
*JOHN BERNARD*

7. Responsible Official Mailing Address:  
 Organization/Firm:  
 Street Address:  
 City: *Same* County: Zip Code:

8. Responsible Official Telephone Number:  
 Telephone: *(561) 88-3 1155* Fax: ( )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):  
*Manager*

10. Facility Contact Address:  
 Street Address:  
 City: *Same* County: Zip Code:

11. Facility Contact Telephone Number:  
 Telephone: ( ) *Same* Fax: ( )

### 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
<b>Dry-to-Dry Unit</b>									
(1) w/ ref. condenser		1 1995							
(2) w/ carbon adsorber									
(3) w/ no controls									
<b>Washer Unit</b>									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
<b>Dryer Unit</b>									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
<b>Reclaimer Unit</b>									
(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?

50 gallons (estimate)

(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 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.*

Signature

Date

**Bowman, Sandy**

---

**From:** Martin\_Liebler@doh.state.fl.us  
**Sent:** Wednesday, June 26, 2002 1:37  
**To:** Bowman, Sandy  
**Subject:** RE: Fee Payments

Sandy, the following numbers are active:365,426,451, 478,558,593. The following numbers are closed or drop stores:405,498,503,507,533,536,538,552,556,584. These are all preceded by 0990.

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

**From:** Bowman, Sandy [<mailto:Sandy.Bowman@dep.state.fl.us>]  
**Sent:** Wednesday, June 26, 2002 9:35 AM  
**To:** john.parker@ocfl.net; tutt@coj.net; shelton@epcjanus.epchc.org; mmccann@co.pinellas.fl.us; scameron@co.sarasota.fl.us; Norman, Charles; barron@co.miami-dade.fl.us; Banks, Richard; Turner, John B.; Tittle, Thomas; Culliver, Sherrill; Proses, Bill; martin\_liebler@doh.state.fl.us; Dbanu@broward.org  
**Cc:** Davis, William; Butler, Rick; Grant, Patricia; Walker, Elizabeth (AIR)  
**Subject:** RE: Fee Payments

Hello Everyone,

There are 100 facilities that have not yet paid their Title V air general permit annual emission fee for Year 2001. We have mailed at least 3 certified invoices to each facility, the last of which was mailed in April.

To view a list of facilities not paying by program office, go to the ARMS Inventory Report. From here, select the Title V Emission Fee Report - for "Year" use 2001 and for "Paid" select "N". Although the majority of facilities on the list were mailed invoices, some were not. This is because they were "active" after the mailing list was pulled. If you have any questions about a particular facility, please call either me or Rick.

Also, if you need a copy of the letters mailed to the facility or the returned mail receipts, please contact Pat Grant..

Thanks.

Sandy Bowman  
Environmental Consultant  
DEP-Division of Air Resource Management  
(850)921-9583 or SUNCOM 291-9583  
E-Mail: Sandy.Bowman@dep.state.fl.us

✓

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 2:45 TIME OUT: 3:30 AIRS ID#: 0990533  
 TYPE OF FACILITY: Dry cleaning  
 FACILITY NAME: NULOOK Dry Cleaners DATE: 1-13-98  
 FACILITY LOCATION: 21065 N. Powerline Rd, Ste 1-A  
Boca Raton, FL 33433  
 RESPONSIBLE OFFICIAL: Bernard Yens PHONE NUMBER: 883-1155

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
Spotting area not seal	Will notify FDEP Cleanup area
Need record keeping for leak, Perc Purchase, breakdown, etc	Gave them Phenix Record Keeping form & FDEP Calendar for Record Keeping
	Will visit in 3 months to make sure you completed what we asked you to do

COMMENTS:

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

DATE OF NEXT INSPECTION: 1-13-98  
(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**

*ARMS*  
*all*

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990533 DATE: 1-13-98 TIME IN: 2:45 TIME OUT: 3:30  
 FACILITY NAME: NULook Dry Cleaners  
 FACILITY LOCATION: 21065 N. PowerLine Rd  
Boca Raton, FL 33433 Ste 1-A  
 RESPONSIBLE OFFICIAL: Bernard yens PHONE: 883-1155  
 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

**PART II: CLASSIFICATION**

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

No notification form *Helped them fill out the*  
 Drop store/out of business/petroleum *Notification form*

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) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
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) <input type="checkbox"/>	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) <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. *(Approx, he bought the facility in Summer 1997)*

**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? *asked to record and keep log*  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: *Asked to keep receipt readily available*  
 (check appropriate boxes) *Keep log of Perc Usage*
1. Maintained receipts for perc purchased?  Y  N
2. Maintained rolling monthly averages of perc consumption? *Asked to keep record*  Y  N
3. Maintained leak detection inspection and repair reports for the following:  
 a. documentation of leaks repaired w/in 24 hrs? or, *Keep log* *Keep records*  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? *Keep record for fixing*  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/infunction plan? *asked to keep where you can find*  Y  N
7. Maintained deviation reports? *Keep record of any break down*  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 records)*  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:  N/A
- 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

*[Signature]*

*[Signature]*

Responsible Official's Name  
(Please Print)

Responsible Official's Signature

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

*1-13-98*

Date of Inspection

*[Signature]*  
Inspector's Signature

*1-13-99*

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 type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Spotting area Sealed  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

area will be sealed in 3 months  
 asked to keep waste cans in secondary  
 containments.

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

Owner was given and asked to

1. Keep records for Leak inspection, Perc breakdown etc etc  
Purchase
2. Gave him Phenix form, FDEP Calendar as a  
 Guide to keep records.
3. Gave him Small business assistance Program  
 for dry cleaners to get familiar with rules.
4. Gave him FDEP Perc Part I Procedures  
 for use of General Permit to get  
 familiarity with Air Program.

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TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY  RE-INSPECTION

TIME IN: 10:00 TIME OUT: 10:30 AIRS ID#: 0990533

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: NV Look Dry Cleaners DATE: 10-16-98

FACILITY LOCATION: 21065 N. Powerline Rd  
Boca Raton, FL 33433

RESPONSIBLE OFFICIAL: Bernard Yen PHONE NUMBER: 883-1155

- 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
1. Asked to keep Perc receipts on site, keep records for leak	Will be reinspected in 4 months.
2. Temperature monitoring on FDEP Calender	-
2. FDEP Calender given for Record Keeping.	
	<b>RECEIVED</b>
	NOV 16 1998

COMMENTS:

Bureau of Air Monitoring  
& Mobile Sources

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

DATE OF NEXT INSPECTION: Oct 1999  
(Approximate)

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

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

PERCHLOROETHYLENE DRY CLEANERS

APRMS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0990533 DATE: 10-16-98 TIME IN: 10:00 TIME OUT: 10:30  
 FACILITY NAME: NU Look Dry Cleaners  
 FACILITY LOCATION: 21065 N. Powerline Rd  
Boca Raton, FL 33433 Suite 1-A  
 RESPONSIBLE OFFICIAL: Bernard Yen PHONE: 883-1155  
 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

**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) <input type="checkbox"/>	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) <input checked="" type="checkbox"/>
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) <input type="checkbox"/>	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) <input type="checkbox"/>

5. This is a correct facility classification   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 35 gallons. for 1997, Also 35 gal in 1998 til 10-2-98

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NOV 16 1998  
Bureau of Air Monitoring  
& Mobile Sources

NOV 16 1998

Bureau of Air Monitoring  
& Mobile Sources

## 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N |                              |
| 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/bi-weekly basis?                 | <input checked="" 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 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 |                              |



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NOV 16 1998

Bureau of Air Monitoring & Mobile Sources

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 receipts on site*  Y  N
- 2. Maintained rolling monthly total of perc consumption? *Asked to keep Record*  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 Records*  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? *Asked to keep Records*  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

RECEIVED

NOV 16 1998  
Bureau of Air Monitoring  
& Mobile Sources

**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  N/A

2. Has the facility maintained a leak log? *Asked to keep leak log*

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 | Still                     | <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

*[Signature]*  
Responsible Official's Name  
(Please Print)

*YVES BERNARD*  
Responsible Official's Signature

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

*10-16-98*  
Date of Inspection

*[Signature]*  
Inspector's Signature

*Oct 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 when called

Asked to keep Perc Purchase receipts  
on site, keep records for Perc Purchase  
Leak Check & Temperature  
Monitoring on FDEP Calendar  
which was given in Jun 1998

RECEIVED

NOV 16 1998

CUST#	SHIPPING ADDRESS	INVOICE#	DATE	ITEM#	DESCRIPTION	QTY	UN
0402711	MU-LOON ONE HOUR #50 BERNARD YVNES 21065 POWERLINE RD BOCA RATON FL 33433	F111808	06/04/97	1300013	PERC ROOMPER#	-	5-GAL
		F123418	10/03/97			1.0	PL
		F000274	10/10/97		1997	2.0	PL
		F002401	10/31/97		↑	2.0	PL
		F025673	06/12/98			2.0	PL
		F028809	07/17/98		↓	2.0	PL
		F029623	07/24/98			1.0	PL
		F032952	08/28/98		1298	2.0	PL
		F036307	10/02/98			1.0	PL
					TOTAL GALLONS:	1.0	PL
						70.0	

35 gal  
35 gal

RE: ATTN: RASKIN CHOKSKI  
(561) 355-2442

Account # 11 - 0998533

PERC PURCHASED FROM US ON ABOVE ACCOUNT



**Edward J. Ustik**  
Sales Representative  
Phenix Supply Company  
1920 Tampa East Blvd.  
Tampa, FL 33619  
phone: 813 / 623-3553  
fax: 813 / 623-3550  
toll free: 800 / 282-2924  
pager: 800 / 986-5542  
home fax: 561 / 368-6417

RECEIVED

NOV 16 1998

Bureau of Air Monitoring  
& Mobile Sources

TITLE V AIR QUALITY GENERAL PERMIT  
INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY:  RECEIVED

TIME IN: 11:45 TIME OUT: 12:00 AIRS ID#: 0990533  
AUG 7 5 10 49

TYPE OF FACILITY: Dry Cleaning

FACILITY NAME: NULOOK Dry Cleaners

FACILITY LOCATION: 21065 N. Powerline Rd  
Boca Raton, FL 33433

RESPONSIBLE OFFICIAL: Bernard Yen PHONE NUMBER: 883-1155

Bureau of Air Monitoring & Mobile Sources DATE: 7-12-99

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
* Asked to keep records for Perc Purchase on site.	Needs more frequent inspections.
* Also asked to Records in FDEP Calender for leak check and Perc Purchase	
* Spotting area not sealed	FDEP will be informed.
* Asked to keep area around dry cleaning dry and clean	

COMMENTS:

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

DATE OF NEXT INSPECTION: NOV 1999 (Approximate)

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

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

BEST AVAILABLE COPY

ARMS

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT  
COMPLIANCE INSPECTION CHECKLIST

TYPE: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

533 DATE: 7-12-99 TIME IN: 11:45 TIME OUT: 12:00

NULOOK Dry Cleaners

LOCATION: 21065 N. Powerline Rd  
Boca Raton, FL 33433

OFFICIAL: Bernard Yen PHONE: 883-1155

INSPECTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

NOTIFICATION

(see box)

Notified DARM 30 days prior to startup   
To notify DARM to use general permit

CLASSIFICATION

Classified on notification form that it is:  No notification form  
 Drop store/out of business/petroleum

1. Existing small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed before 12/9/91)

2. New small area source   
dry-to-dry only,  $x < 140$  gal/yr  
transfer only,  $x < 200$  gal/yr  
both types,  $x < 140$  gal/yr  
(constructed on or after 12/9/91)

3. Existing large area source   
dry-to-dry only,  $140 \leq x \leq 2,100$  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)

Is this a correct facility classification?  Yes  No  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

Total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 85 gallons for 1998, so far in 1999 = 70 gal

Signature  
 ON  
 ON  
IN  N/A  
N  N/A  
I  N/A  
ON/A  
ON/A

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 type="checkbox"/>            | <input checked="" type="checkbox"/> |

Needs sealing in spotting area  
 Asked to ~~be~~ resealed as soon as possible

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

Safety Kleen picks up the waste

- \* There was water/chemical on floor around the dry cleaning machine
- \* Chemical containers around spotting board and on floor, not in secondary containment, should be placed in secondary containment.
- \* Floor dirty - Black Tar - Colox on floor, around dry cleaning machine  
 open - Muck container, on floor
- \* Asked to keep records on site. asked to record for leak check in FDEP Calendar

# CERTIFIED MAIL

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



7000 0520 0020 9373 1708

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

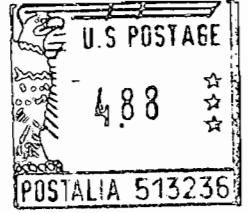
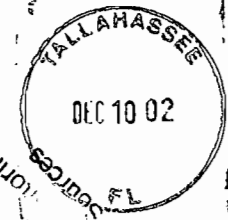
7000 0520 0020 9373 1708

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

*receipt*  
Postmark Here *03*

**Recipient's**  
Y. BERNARD  
NU LOOK DRY CLEANERS  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

PS Form 3800, February 2000 See Reverse for Instructions

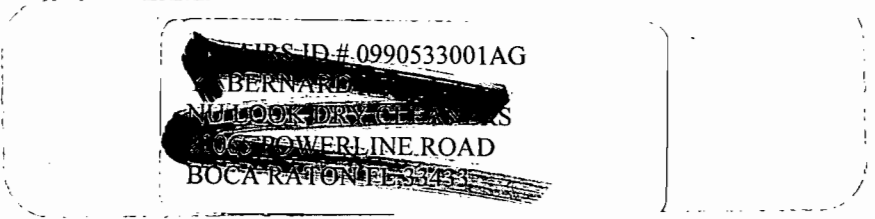


DEC 18 2002  
BUREAU OF MAIL SERVICES  
TALLAHASSEE, FL  
RFD

39



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED  REFUSED
- ATTEMPTED - NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- ROUTE NO. *10* DATE *12/10*
- CARRIER INITIALS *ME*





PLACE STICKER ON THE RIGHT OF RETURN ADDRESS

**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 # 0990533001AG  
 Y. BERNARD  
 NU LOOK DRY CLEANERS  
 21065 POWERLINE ROAD  
 BOCA RATON FL 33433

7000 0520 0020 9373 1708

2. Article Number (Copy from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type

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

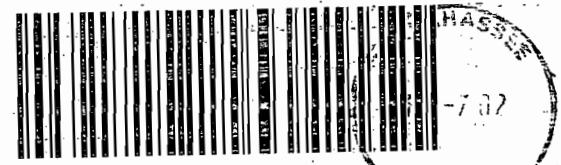
4. Restricted Delivery? (Extra Fee)     Yes

MS# 6610 MC Acct # 5521

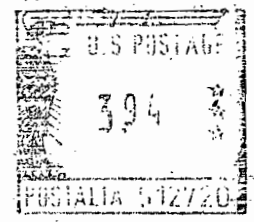
Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400

MOVED - NO FWS

**CERTIFIED MAIL**



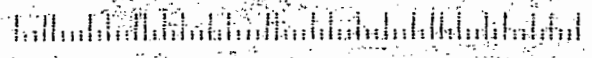
7000 0520 0020 9373 1555



- INSUFFICIENT ADDRESS
- NO SUCH NUMBER
- UNCLAIMED  REFUSED
- ATTEMPTED - NOT KNOWN
- NO SUCH STREET
- VACANT
- NO RECEPTACLE
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- ROUTE NO 39 DATE 2-9
- CARRIER INITIALS AP

AIRS ID # 0990533  
 NU LOOK DRY CLEANERS  
 BERNARD  
 21065 POWERLINE ROAD  
 BOCA RATON FL  
 33433

32



**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 # 0990533  
 NU LOOK DRY CLEANERS  
 Y. BERNARD  
 21065 POWERLINE ROAD  
 BOCA RATON FL  
 33433

2. Article Number (Copy from service label)

7000 0520 0020 9373 1555

**COMPLETE THIS SECTION ON DELIVERY**

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

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

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

AIRS ID # 0990533

<b>Recipient</b>	NU LOOK DRY CLEANERS
<b>Street, A</b>	Y. BERNARD
<b>City, Sta</b>	21065 POWERLINE ROAD
	BOCA RATON FL
	33433

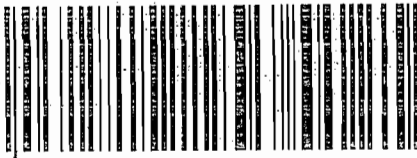
PS Form 3811, July 1999

555T E2E6 0200 0250 0000

**CERTIFIED MAIL**

MS# 5510 MC Acct # 6521

Department of Environmental Protection  
2600 Blair Stone Rd  
Tallahassee FL 32399-2400



7001 0320 0001 7975 8046



RECEIVED

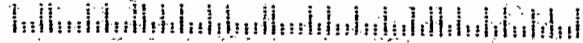
APR 2 2002

Bureau of Air Monitor  
& Mobile Sources

AIRS ID # 0990533  
NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

NULOOK65 RETURN TO SENDER  
:NU LOOK DRY CLEANERS  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

32399-6542 01 324



**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 # 0990533  
 NU LOOK DRY CLEANERS  
 Y. BERNARD  
 21065 POWERLINE ROAD  
 BOCA RATON FL 33433.

2. Article (Print or Stamp on Label)

7001 0320 0001 7975 8046

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

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

7001 0320 0001 7975 8046

**OFFICIAL USE**

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

Total Postage AIRS ID # 0990533  
 NU LOOK DRY CLEANERS  
 Sent To Y. BERNARD  
 21065 POWERLINE ROAD  
 Street, Apt. or PO Box No. BOCA RATON FL  
 City, State, Zip 33433



# Department of Environmental Protection

Jeb Bush  
Governor

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

David B. Struhs  
Secretary

**TO: Holder of Title V Air General Permit**

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

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

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

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



(cut here)

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

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

**TOTAL AMOUNT DUE: \$50.00**

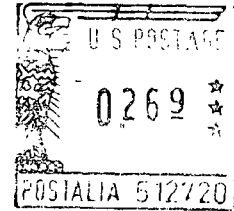
Do **NOT** Remove Label

AIRS ID # 0990533  
NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL  
33433

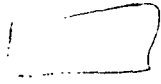
FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

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

REGISTERED  
FIRST CLASS



RETURN SERVICE REQUESTED



NUL0065 334332007 1801 29 12/17/01  
RETURN TO SENDER  
:NU LOOK DRY CLEANERS  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

32399 2400



POSTAGE  
REQUIRED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0393197

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

RECEIVED  
MAIL ROOM

**TOTAL AMOUNT DUE: \$50.00**

MAR -6 00

Do NOT Remove Label

AIRS ID # 0990533
NU LOOK DRY CLEANERS Y. BERNARD 21065 POWERLINE ROAD BOCA RATON FL 33433

Bureau of Air Monitoring  
& Mobile Sources

MAR - 8 2000

RECEIVED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391789

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



**TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0950332  
 MARRIOTT'S ORLANDO WORLD CENTER  
 8701 WORLD CENTER DR  
 ORLANDO FL 32821

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

RECEIVED  
 MAIN ROOM  
 FEB 3 00

MARRIOTT INTERNATIONAL, INC. AS AGENT FOR MARRIOTT HOTEL PROPERTIES LIMITED PARTNERSHIP DBA ORLANDO WORLD CENTER  RESORT & CONVENTION CENTER		8701 World Center Drive Orlando, Florida 32821 (407) 239-4200		CHECK NUMBER <b>7E0-240824</b> 0000240824
		000000006129 DEPT OF ENVIRONMENTAL PROTECT		
INVOICE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT
CK43623	01/17/2000	50.00	.00	50.00
		 HOTELS • RESORTS • DUTIES		
CHECK DATE ▷	01/28/2000	CHECK AMOUNT ▷		50.00

Z 210 662 379

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0990533

NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

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: CC

Fold at line over top of envelope to the right of the return address

**SECTION ON DELIVERY**

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

1. Article Addressed to:

AIRS ID # 0990533  
NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

A. Received by (Please Print Clearly)

B. Date of Delivery

2-28

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 210 662 379

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Z 333 667 353

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID # 0990533

NU LOOK DRY CLEANERS

Y. BERNARD

21065 POWERLINE ROAD

BOCA RATON FL 33433

PS Form 3800, April 1995

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 # 0990533

NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

**COMPLETE THIS SECTION ON DELIVERY**

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

2-15-00

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

2. Article Number (Copy from service label)

233366353

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



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



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

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



Z 333 667 007

1999

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Postmaster: For International Mail (See reverse)

AIRS ID # 0990533

NU LOOK DRY CLEANERS

Y. BERNARD

21065 POWERLINE ROAD

BOCA RATON FL 33433

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):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

## 3. Article Addressed to:

AIRS ID # 0990533

NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

## 4a. Article Number

Z 333 667 007

## 4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

## 7. Date of Delivery

4-5

## 5. Received By: (Print Name)

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

## 6. Signature (Addressee or Agent)

X

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box.

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

Bureau of Air  
& Mobile Sources  
Monitoring

APR - 7 1999

RECEIVED

Z 333 660 614

1999

US Postal Service  
**Receipt for Certified Mail**

AIRS ID # 0990533

NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

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	

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:

NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

AIRS ID # 0990533

4a. Article Number

Z 333 660 614

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2-16

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X 

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

Thank you for using Return Receipt Service.

P 174 052 147

1999

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)  
AIRS ID # 0990533

NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

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 # 0990533

NU LOOK DRY CLEANERS  
Y. BERNARD  
21065 POWERLINE ROAD  
BOCA RATON FL 33433

4a. Article Number

P174 052 147

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

3-1-99

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.



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

7000 0600 0026 7825 5082

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

AIRS ID # 0990533

NU LOOK DRY CLEANERS  
 Y. BERNARD  
 21065 POWERLINE ROAD  
 BOCA RATON FL 33433

PS Form 3800, February 2000

See Reverse for Instructions

**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 # 0990533

NU LOOK DRY CLEANERS  
 Y. BERNARD  
 21065 POWERLINE ROAD  
 BOCA RATON FL 33433

2. Article Number (Copy from service label)

7000 0600 0026 7825 5082

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**RECIPIENT: COMPLETE THIS SECTION**

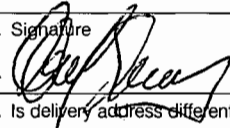
(Please Print Clearly)

B. Date of Delivery

2/9

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

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

AIRS ID # 0990533

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Postmark Here

Re: **NU LOOK DRY CLEANERS**  
**Y. BERNARD**

St: **21065 POWERLINE ROAD**

Cit: **BOCA RATON FL 33433**

PS Form 3800, February 2000 See Reverse for Instructions

**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 # 0990533

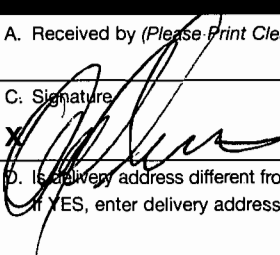
**LOOK DRY CLEANERS**  
**BERNARD**  
**65 POWERLINE ROAD**  
**BOCA RATON FL 33433**

2. Article Number (Copy from service label)  
**70000600002641261515**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery **3/5**

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

Z 210 661 260

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

AIRS ID # 0990533

NU LOOK DRY CLEANERS  
 Y. BERNARD  
 21065 POWERLINE ROAD  
 BOCA RATON FL 33433

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	

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	
AIRS ID # 0990533		
Sent to	NU LOOK DRY CLEANERS	
Street or PO	Y. BERNARD	
City, State	21065 POWERLINE ROAD	
	BOCA RATON FL	
	33433	
PS Form		Instructions

7001 0200 1000 7976 6930

**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 # 0990533  
 NU LOOK DRY CLEANERS  
 Y. BERNARD  
 21065 POWERLINE ROAD  
 BOCA RATON FL 33433

2. Article Number (Copy from service label)

Z 210 661 260

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

Agent  
 Addressee

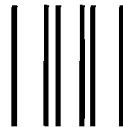
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources  
APR - 2001  
RECEIVED

10

