

# Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

March 25, 1998

Mr. Jeff Abrams 5 Star Dry Cleaners 4558 Cresthaven Boulevard West Palm Beach, Florida 33415

Re: Facility No.: 0990538

Dear Mr. Abrams:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 9, 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"

#### 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; barrom@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

SAME Location

Extitled 3/23/28

### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

RECEIVED

				• •
l.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	MAD	<i>(</i> ,	, .
	JEFF Abrams	MAR		
2.	Site Name (For example, plant name or number):	au of	Air	Monit
	5 Slak DRY Cleaners	k Mobi	ile So	Ource
3.	Hazardous Waste Generator Identification Number:			
	FLD CESOS			
4.	Facility Location: USS8 Cresthair Blud.			
	Street Address: City: County: Falm Speach Zip Code: 3311	5		
, <del>,</del>	Facility Identification Number (DEP Use):		Control of the Contro	
	0999539	2	- inst	
H.		2		
	Responsible Official			
6.	Name and Title of Responsible Official:			
	Jet PAbrams Owner's			
7.	•		$\overline{}$	
	Organization/Firm:		!	
	Street Address: County: Zip Code:			
	Zip code.			
8.	·	*.		
	Telephone: (%) 968-0676 Fax: ( ) -			
	· · · · · · · · · · · · · · · · · · ·			
	Facility Contact (If different from Responsible Official)			
9.	Name and Title of Facility Contact (For example, plant manager):	-	]	
10	Facility Contact Address	- ·		
10.	Tuesday Contact Address.			
	Street Address:			
	City: County: Zip Code:			
11.	Facility Contact Telephone Number:  Telephone: ( ) - Fex: ( ) -			
	Telephone: ( ) - Fex: ( ) -			

New Owner SAME Location

# old ID#0990414

VED

### Perchloroethylene Dry Cleaning Facility Notification

	Facility Name and Location	KECEI
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	JEFF Abrams	MAR U 9
2.	Site Name (For example, plant name or number):	Bureau of Air M & Mobile So
	5 Star Dry Clase, s	& Mobile So
3.	Hazardous Waste Generator Identification Number:	
	MLD CESOS	
4.	Facility Location: USS8 Cresthaver Blud. Street Address:	
	City: W.P. B County: PB Zip Code: 33	415
5.,	Facility Identification Number (DEP Use):	
	09905	29
Line		
	Responsible Official	
6.	Name and Title of Responsible Official:	
	Jet Abrams Owner's	
7.	Responsible Official Mailing Address:	
	Organization/Firm: Street Address:	
	City: County: Zip Code:	
8.	Responsible Official Telephone Number:  Telephone: 6(1) 9 Fax: ( ) -	
	Telephone: (561) 968-0678 Fax: ( ) -	
	Facility Contact (If different from Responsible Official)	
9	Name and Title of Facility Contact (For example, plant manager):	
7.	Name and Thie of Pacifity Contact (For example, plant manager).	-
10.	Facility Contact Address:	
	Street Address:	
	City: County: Zip Code:	
1 1	Enailizy Contact Tolophoro Number 1	
11.	Facility Contact Telephone Number:  Telephone: ( )  Fêx: ( )	

#### **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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	*#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit					<u> </u>	1.1	<u>.</u>		· · · ·
(1) w/ ref. condénser	11	11-19-96	11-19-96	-					Ţ <u></u>
(2) w/ carbon adsorber	1/2						_		
(3) w/ no controls	_#=z						-		
Washer Unit				·					,
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		•				•			
(7) w/ ref. condenser		,						_	
(8) w/ carbon adsorber		_			1				
(9) w/ no controls	_		_						
Reclaimer Unit		•						•	
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
<ul><li>(b) Control devices are</li><li>(c) No control devices</li></ul>	•				<del></del>				
2.(a) What was the total of [ 3 6 6 5]	quant gallo	ity of perchlo	proethylene (	perc)	purchased in	the latest 12	mer	iths?	
(b) If less than 12 mont Check why it is less	hs, ho than	ow many? [	months	<u>/</u>	New store	: [] Did :	noť k	eep records:	
3. What is the facility's so (Indicate with an "X".					nitions found	1 in section (3	)-qf	Part []?	
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	rce			
Existing large are	ea sou	ırce []	Ne	w laı	rge area sour	ce []			

<ol> <li>What control technology is required on machines pursu (Indicate with an "X".)</li> </ol>	ant to section (5) of Part II of this notification form?
Existing large area source.  Carbon adsorber Refi	rigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser	
5.4 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 exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have boiler HP or less), and (2) are fired exclusively by natura during which propane or fuel oil containing no more than	l gas except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
	•
Equipment Monitoring and R	Recordkeeping Information
Check all logs which are required to be kept on-site in acc	cordance 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	ng [
(e) Instrument calibration	
(f) Startum shutdown malfunction plan	

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

Please indicat	e 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
E	•
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
Signature	My Chr. Date

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

$\sqrt{}$
V

TYPE OF INSPECTION:	ANNUAL C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 9:49  TYPE OF FACILITY: 5  FACILITY NAME: 5 5  FACILITY LOCATION: 4  RESPONSIBLE OFFICIAL: (	TIMEOUT: 10 OYT Cleaning STAR DRY 558 Cres WPB, FL JEFF ABRA	CLEANERS STHAVEN BIND 33415 MS PHONE NUMBER:	990538 DATE: 2-11-98 968-0678
compliance with DEP R  Based on the results of the discrepancies were noted	ule 62-213.300, Florida Admin he compliance requirements eva	aluated during this inspection, the follo	lity is found to be in
		-	
· · · · · · · · · · · · · · · · · · ·			, see
· · · · · · · · · · · · · · · · · · ·			<del></del>
COMMENTS:			
The Annual Compliance Certification	1: 2-11-9	tified and submitted to the inspector.  9 Approximate)	YES NO
INSPECTION CONDUCTED B	IY: RVC	Please Print)  PHONE NUMBER:	355-3070

#### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARM3/

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION



COMPLAINT/DISCOVERY

			<del></del>	
AIRS 1D#: 0990 53	8 DATE:2-1	1-98 TI	ME IN: 9:4	9 TIME OUT: 10;40
FACILITY NAME:	5 Ster	Doy	Clean	005
FACILITY LOCATION	: 4553	3 Cres	thave	n Blud
	WPB	, FL	3341	5
RESPONSIBLE OFFICE	IAL: Jeff	Abram	S PHONE:	968-0678
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 .

ם ם

#### PART II: CLASSIFICATION

facility was 30 gallons.

No notification form Helped Facility indicated on notification form that it is: Drop store/out of business/petroleum Not (check appropriate box) 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr(constructed before 12/9/91) (constructed on or after 12/9/91)  $\Box$ 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800 \text{ gal/yr}$ transfer only,  $200 \le x \le 1,800$  gal/yr both types, 140 < x < 1,800 gal/yr both types,  $140 \le x \le 1,800$  gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Can not determine If no, please check the appropriate classification: facility qualified for a general permit as number

Joan ID# 414

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

facility exceeds above limits and is not eligible for a general permit

New Hore, New owner bough 6 worth

### Is the responsible official of the dry cleaning facility: (check appropriate boxes) AY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN ØN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weeks?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПИ	□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?	ΟŸ	ПИ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПИ	ŮN/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?	ΠY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	` □N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	`\
1. Maintained receipts for perc purchased?	אם צאב
2. Maintained rolling monthly averages of perc consumption?	אם צב
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ANO NO YEA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ZY ON ON/A
4. Maintained calibration data? Gor applicable direct reading instruments)	אואס אם אס אוא
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN ØN/A
6. Maintained startup/shutdown/malfunction plan?	מט צב,
7. Maintained deviation reports?	אואם אם צ <u>א</u>
Problem corrected?	A'NO NO YE
8. Maintained compliance plan, if applicable?	DY DN ZANA

PA	PART VI: LEAK DETECTION AND REPAIRS						
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	Y DN					
2.	2. Has the facility maintained a leak log?	Y DN					
3.	3. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves OY ON ON/A Muck cookers OY	AND NO Y					
	Door gaskets and seating DY ON ON/A Stills	Y ON ON/A					
	Filter gaskets and seating YON ON/A Exhaust dampers O	Y ON DAVA					
	Pumps DY ON ON/A Diverter valves	Y DN DN/A					
	Solvent tanks and containers DY DN DN/A Cartridge filter housings	Y ON ON/A					
	Water separators \( \square \text{Y} \square \text{N} \square \text{N} \square \text{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					
Ĭ.	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	У □И					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	Y 🗆 N					
1	c. Inspected for leaks and obvious signs of wear on a weekly basis?	Y DN					
	d. Kept in a clean and secure area when not in use?	Y ON					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	Y 🗆 N					

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official's Signature

2-11-98

Date of Inspection

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

			Yes		-
1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	· [/]	[	]
	•	Waste area	[/]		
		Spotting area Sealed	ιΛ	ſ	]

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

MCF System Atlanta pickup Waster-Everything Filter-ete

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:40 TIME OUT: 10:10	AIRS ID#: 0990 538
FACILITY LOCATION: 4558 Creat	LEANERS DATE: 1-14-99
RESPONSIBLE OFFICIAL: Jeff Abrams	PHONE NUMBER: 968-0678
0,	
Based on the results of the compliance requirements evalual compliance with DEP Rule 62-213.300, Florida Administra  Based on the results of the compliance requirements evalual discrepancies were noted:  COMPLIANCE REQUIREMENT/PROBLEM	tive Code (F.A.C.).
	<b>-</b>
-	
COMMENTS:	
DATE OF NEXT INSPECTION:	fied and submitted to the inspector. YES NOW
INSPECTION CONDUCTED BY:	Lease Print)
INSPECTOR'S SIGNATURE: V. Chokshi	PHONE NUMBER: 355-3070

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RY CLEANERS	$\Lambda M$
RY CLEANERS	div
CUECKLICT	_

TYPE	OF	INSPE	CTIC	N:

ANNUAL

X

a

COMPLAINT/DISCOVERY

a

**RE-INSPECTION** 

AIRS ID#: 0990538 DATE: 1-14-	99 TIME IN: 9:40 TIME OUT: 10:10
FACILITY NAME: 5 Star	Doy Cleaners
FACILITY LOCATION: 4558 WPB,	Cresthaven BIVd FL 33415
RESPONSIBLE OFFICIAL: Jeff A	-brams PHONE: 968 - 0678
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	tup 📮
2. Facility failed to notify DARM to use general per	mit
	e ye itteet weette to be generally
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	•
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum  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

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 45 gallons. 1998

#### 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?

AND NO YE

2. Examining the containers for leakage?

OY ON ON/A

3. Closing and securing machine doors except during loading/unloading?

ZY ON

4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

AY ON ON/A

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?

DY DN PAN/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 ON

2. Equipped dry-to-dry machines with a closed-loop vapor venting system?

DY ON ON/A

3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?

Y ON ON/A

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?

ZY ON

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?

Y ON ON/A

6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

Y ON

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?	ΟV	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	ΠИ	□N/A
i i	Is the temperature differential equal to or greater than 20° 7?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	Πи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПΝ	□N/A
4.	Assured that the sampling port on the earbon 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?	ΠY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Y	חם	□N/A
				/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	Y	ПN	□N/A

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

### PART VI: LEAK DETECTION AND REPAIRS

=			<del></del>		
١.	Does the resp	ponsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	nd repair
	inspection?				ZY ON
2.	Has the facil	ity maintained a leak log?	•		ZY ON
3.	Does the resp	ponsible official check the	following areas for leaks	?	/
		onnections, fittings, ings, and valves	DY ON ON/A	Muck cookers	OY ON DAVA
	Door g	askets and seating	DY ON ON/A	Stills	MY ON ON/A
	Filter g	gaskets and seating	DY ON ON/A	Exhaust dampers	DY DN DN/A
	Pumps		DY ON ON/A	Diverter valves	אואם אם צוב
	Solven	t tanks and containers	MY ON ON/A	Cartridge filter housings	DY ON ON/A
	Water	separators	DY ON ON/A		
4.	Which meth	od of detection is used by	the responsible official?		
	Visual	examination (condensed	solvent on exterior surfac	ės)	Ø
	Physic	al detection (airflow felt the	hrough gaskets)		9/
	· Odor (	noticeable perc odor)			Ø
	Use of	direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	MIA
	Haloge	en leak detector			<b>DNK</b>
	If	using direct-reading inst	rumentation, is the equi	pment:	ØN/A
		a. Capable of detecting	perc vapor concentration	as in a range of 0-500 ppm?	DY DN
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			מט עם	
		c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY DN
		d. Kept in a clean and	secure area when not in u	se?	OY ON
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			□Y □N	

Responsible Official's Name
(Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Responsible Official signature

1-14-99

Date of Inspection

Jan 2000

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
1. Secondary Containment for: Dry Cl	Yes NO eaning Machine & Storage area [ ] Waste area [ ] [ ] Spotting area Sealed [ ] [ ]
	<b>7</b>
Considering to buy  2. Disposal of Water from Water Separ	evaporator [] II
or con	tracted Wastewater service //] [ ]
·	

# TITLE VAIR QUALITY GENERAL PERMIT BEST AVAILABLE COPY INSPECTION SUMMARY REPORT

YPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY RE-INSPECTION
IME IN: 10: 40 TIME OUT: 11: C	00 AIRS ID#: 0990538
YPE OF FACILITY: DEY Cleaning	,
ACILITY NAME: 5 STAR DRY CRANING	DATE: 2/3/00
ACILITY LOCATION: 4558 CREST HAVEN BIVE	d
West Palm Beach Fl	·
LESPONSIBLE OFFICIAL: MR. Jeff Abeams	PHONE NUMBER: 968 - 0678
Based on the results of the compliance requirements compliance with DEP Rule 62-213.300, Florida Adm	evaluated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements of discrepancies were noted:	evaluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	M FOLLOW-UP ACTION REQUIRED
LEAK loss incomplete At facility.	Will Reinspect in 1 mosth
	- 70 BB
	MAR - 6  MAR - 6  MAR - 6  MAR - 6
	E D 2000 Monitoring Sources
<del></del>	
-	
COMMENTS:	
	•
	•
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION:	Maech Zooo ·
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE: Out Durek	PHONE NUMBER: 355 - 3070 KT 1139

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	×	COMPLAINT/DIS	SCOVERY	
	RE-INSPECTION				
AIRS ID#: <u>0770538</u> DA	ATE: 2/3/00	TIME I	N: <b>/0:</b> 40 TI	ME OUT:/	1:00
FACILITY NAME: 5 SAA	R DRY Cleaning	<u> </u>		·	<del></del>
FACILITY LOCATION: 4	558 Crasthau	ied Bh	<i>i</i> d		
<u>.</u>	Uest Palm Bei	ach, FI		<del></del>	
RESPONSIBLE OFFICIAL:	me. Jeff Abea	<u>ims</u>	_PHONE:968	-0678	
CONTACT NAME: MR. 3	jeff Abeams		PHONE: 968	-0678	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30					
2. Facility failed to notify DARM	to use general permit			<u> </u>	
			STEP 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification f ☐ Drop store/out o		oleum
A.  1. Exicting small area source.					
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)	dry- tran both	sfer only, $x < 1$ types, $x < 1$	x < 140 gal/yr < 200 gal/yr	×	
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	dry- tran both (con	to-dry only, asfer only, x on types, x < 1 astructed on New large and to-dry only, sfer only, 20 at types, 140	x < 140 gal/yr < 200 gal/yr .40 gal/yr or after 12/9/91)		,
<ul> <li>dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/y both types, 140 ≤ x ≤ 1,800 gal/y</li> </ul>	dry- tran both (con	to-dry only, asfer only, x on types, x < 1 astructed on a New large and to-dry only, sfer only, 20 astructed on a structed on a	x < 140  gal/yr < 200  gal/yr 40  gal/yr or after 12/9/91) rea source $140 \le x \le 2,100 \text{ gal/y}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	U VI	,
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)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91)  5. This is a correct facility classi  If no, please check the app  facility q	dry- tran both (con  gal/yr al/yr yr both (con	to-dry only, asfer only, x on types, x < 1 astructed on New large and to-dry only, sfer only, 20 astructed on In	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ ) $\square$ Can not determin above	U Vr e	

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? XY DN 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON XIN/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) MA DN 1. Equipped all machines with the appropriate vent controls? XY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after **₩**Y □N verifying that the coolant had been completely charged?

	B. Has the responsible official of an existing large or new large area source also:			
	1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y.	ΩN	
2	2. Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ЦY	UN	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΠY	ΠИ	□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,			
ľ	if machines are equipped with a carbon adsorber?	$\Box$ Y	$\square$ N	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□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 duot diameters upstream from any bend, contraction,	_		
	or expansion; and downstream from no other inlet?	$\Box$ Y	ΠИ	□N/A
5	. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6	. Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и	□N/A

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

#### ADDITIONAL SITE INFORMATION:

1.	Secondary Containment for:	Dry Cleaning Machine & Storage area	Yes [X]		
	-	Waste area	[X]	[	]
		Spotting area Sealed	[X]	ſ	]

- 2. Disposal of Water from Water Separator using approved evaporator [ ] [X] or contracted Wastewater service [X] []
  - (A) MCF Picks up the wask and wask water.
  - (B) Leak loss nee incomplete at the facility, A Demal Notice To werest was weither and a reinspection will be done in I mouth.

		REPAIRS			
inspe	the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection a	and repair	• .
•	ection?			×Ϋ́	ПΝ
2. Has t	he facility maintained a leak log?	But Incomplete	leak los	XY	ПN
3. Does	the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	<b>№</b> Y □N □N/A	Muck cookers	מם צם	A/N/ <b>X</b>
	Door gaskets and seating	XY ON ON/A	Stills	MY □1	N 🗆 N/A
	Filter gaskets and seating	YY ON ON/A	Exhaust dampers		A/N <mark>X</mark>
	Pumps	ĭY □N □N/A	Diverter valves	ØY □	N □N/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	<b>⊠</b> Y □N	N/A
	Water separators	MY □N □N/A			
. Which	h method of detection is used by th	ne responsible official?			
	Visual examination (condensed so	lvent on exterior surfaces	) -	$\mathbf{X}$	
	Physical detection (airflow felt thr	ough gaskets)	,	×	.,
	Odor (noticeable perc odor)			Ø	•
	Use of direct-reading instrumentat	ion (FID/PID/calorimetric	tubes)	X MA	
	Halogen leak detector			X NA	
	If using direct-reading instru	mentation, is the equipm	nent:	X/N/A	
	a. Capable of detecting p	erc vapor concentrations i	in a range of 0-500 ppm?	OY ON	1
•	<ul><li>b. Calibrated against a statement</li><li>(PID/FID only)?</li></ul>	andard gas prior to and aft	ter each use	OY ON	1
	c. Inspected for leaks and	d obvious signs of wear or	n a weekly basis?	חם אם	1
	d. Kept in a clean and sec	cure area when not in use?	?	DY DN	1
	e. Verified for accuracy b	by use of duplicate sample	es (calorimetric only)?	OY ON	J

4 of 5

Approximate Date of Next Inspection

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [	COMPLAINT/DISCOVERY	RE-IN	SPECTION X
TIME IN: /2:20	TIME OUT: /3	: 30AIRS I	D#: 0990538	
TYPE OF FACILITY:				
FACILITY NAME: 5.	stAR DRY CLANIN	<u> </u>	DATE:3	3/7/00
FACILITY LOCATION: 4				
We	est Palm Beach,	F1 33415		•
RESPONSIBLE OFFICIAL:	Jeff Abeams	PHONE NU	JMBER: 968 - C	3678
	he compliance requirements ule 62-213.300, Florida Adn	evaluated during this inspection ninistrative Code (F.A.C.).	, the facility is found t	o be in
Based on the results of t discrepancies were note		evaluated during this inspection	, the following compli	ance
COMPLIANCE REQU	JIREMENT/PROBLE	M FOLLOW-UP	ACTION REQU	IRED
				,
			P	
:		Bureau C	S CE	
		of Air Monitoring Abile Sources	2200	
		oring		
COMMENTS: Facility is	using DEP Compl	ince CAUSCIAR for B	Rued Kee Ping.	
he Annual Compliance Certificati	on form has been properly ce	rtified and submitted to the insp	ector. YES	ио∕
ATE OF NEXT INSPECTION:	F6	Approximate)		
NSPECTION CONDUCTED BY	7	effrey Dizak (Please Print)		
NSPECTOR'S SIGNATURE:	Ocean Direct	•	BER: 355- 307	0 XT //39

Revised 10/96

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

				-		
TYPE OF INSPECTION:	ANNUAL			COMPLAINT/DI	SCOVERY	
	RE-INSPECTI	ИОІ	X			
						···
AIRS ID#: <u>0990538</u>	DATE: 3/7/	00	TIME	IN: 13:20 TI	IME OUT: _	/2:36_
FACILITY NAME: 5	, ,					
FACILITY LOCATION:	•					
				F1 33415		
RESPONSIBLE OFFICIAL :					- 0678	
·						
CONTACT NAME:	• ,			THONE.		
Angere and the second consequent to the second the second the second the second to the second to the second to						
PART I: NOTIFICATION			<u>.</u>			
(check appropriate box)						
1. New facility notified DARM 3	30 days prior to sta	rtup				
2. Facility failed to notify DARN	1 to use general pe	rmit			•	
			N 100			
PART II: CLASSIFICATION						
Facility indicated on notification	a form that it is:			☐ No notification f		1
(check appropriate box) A.				☐ Drop store/out of	t business/petr	oleum
1. Existing small area source	e 🖸	2. Nev	v small a	area source	<b>X</b>	
dry-to-dry only, x < 140 gal/y				, x < 140 gal/yr		
transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr				< 200 gal/yr 140 gal/yr		
(constructed before 12/9/91)				or after 12/9/91)		
<b>,</b>		`				
3. Existing large area source				rea source		
dry-to-dry only, $140 \le x \le 2,10$				$140 \le x \le 2,100 \text{ gal/y}$	'r	
transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ ga				00 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr		
(constructed before $12/9/91$ )	<i>y</i> y1			or after 12/9/91)		
5. This is a correct facility clas.	sification	` <b>\</b>	ΩΝ	□Can not determine	<del>)</del>	
		<b>J.</b>				
If no, please check the ap			•.	,		•
· ·	•	-		mber above ible for a general perm		
Lacinty	eveceds apole int	nis allu I	not eng	iole for a general peril	111	
<ol> <li>The total quantity of perchlorod facility was <u>40</u> gallons.</li> </ol>	ethylene (perc) pur <i>fo2 1</i> 777	rchased v	vithin the	e preceding 12 months	by this dry cl	eaning
	<del></del>					

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD AM 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DN XXN/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) **X**Y DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated $\mathbf{M}$ $\square$ $\square$ $\square$ condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after KY DN verifying that the coolant had been completely charged?

			<del></del>	
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?	ΟY	_ □N	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ΩY	DИ	□N/A
	ls the temperature differential equal to or greater than 20° F?	ΩY	DИ	□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?	ΠY	ΠN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ŪΥ	ПN	□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?	DY	ПΝ	□n/a
_				
٥.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ΠN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	<b>M</b> Y □N
2. Maintained rolling monthly total of perc consumption?	<b>M</b> Y □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AYY DN DN/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?	<b>∀</b> Y □N □N/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON <b>X</b> IN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN MANIA
6. Maintained startup/shutdown/malfunction plan?	XY ON
7. Maintained deviation reports?	XY □N □N/A
Problem corrected?	AA ON ONA
8. Maintained compliance plan, if applicable?	DY DN <b>X</b> N/A

	Y TO NEW TO THE TOTAL OF THE TO	<del></del>	
ADI	DITIONAL SITE INFORMATION:	<u> </u>	
1.	Secondary Containment for: Dry Cleaning Machine & Storage area Waste area	Yes [X] [X]	04 [ ]
	Spotting area Sealed	·[\]	[ ]
,			
			:
		•	
2.	Disposal of Water from Water Separator using approved evaporator	[]	[X]
	or contracted Wastewater service	$[\checkmark]$	[ ]
		12.	
	(A) During Reinspection the inspector found		
,	+ that the facility is using their DEP		
•	compliance CALENDAR 2000 for KARPING		
	complete leak logs.		
			•
	· · · · · · · · · · · · · · · · · · ·		
		*	
•			
·			

1. Does the responsible official conduct	a weekly (for small sour	ces, bi-weekly) leak detection	and repair	
inspection?		•	XY	ПN
2. Has the facility maintained a leak log	?		XΥ	ПN
3. Does the responsible official check th	e following areas for leal	ks?		
Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers		I <b>⊠</b> N/A
Door gaskets and seating	ANO NO YA	Stills	<b>X</b> Y ON	□N/A
Filter gaskets and seating	XIA ON ONVY	Exhaust dampers		<b>X</b> N/A
Pumps	MY ON ON/A	Diverter valves	XXY ON	□N/A
Solvent tanks and containers	A/N UN UN/A	Cartridge filter housings	MO YE	□N/A
Water separators	KY ON ON/A			
4. Which method of detection is used by	•			
Visual examination (condensed s	solvent on exterior surfac	es)	×	
Physical detection (airflow felt th	rough gaskets)		X	
Odor (noticeable perc odor)			×	
Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)	X ~A	
Halogen leak detector			M W	
If using direct-reading instr			<b>M</b> N/A	1
,	•	s in a range of 0-500 ppm?	DY DN	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	DY DN	
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	$\Box$ Y $\Box$ N	
d. Kept in a clean and se	ecure area when not in us	e?	DY DN	Ì
e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	□У □И	
	• .			
Jenus BAGLIONE ponsible Official's Name (Please Print)	<u> </u>	Responsible Office	lino cial's	Sign
Inspector's Name (Please Prin	et)	3/7/00 Date of Inspection		
gypny Dinel		Feb/ march 2001		

BEST AVAILABLE COPY	INSPECTION S	UMMARY REPORT	
TYPE OF INSPECTION: ANNU.	Vr 🔼 C	OMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:TI	ME OUT:	AIRS ID#:O	990538
TYPE OF FACILITY: D-	Cleanity	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME: 5. Star	pro Clear	41×1	DATE: 11/2/02
FACILITY LOCATION: 4'5 58.	Cresthour	tout Wing 330	15
RESPONSIBLE OFFICIAL: Jeff	ABrums.	PHONE NUMBER:	968 0678
Based on the results of the complian compliance with DEP Rule 62-213.	_	uated during this inspection, the facili trative Code (F.A.C.).	ty is found to be in
Based on the results of the complian discrepancies were noted:	ce requirements eval	uated during this inspection, the follow	ving compliance
COMPLIANCE REQUIREMEN	NT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
		P	
	·	DEC 1	
•		e Sources ( Monitoring	
	• .	•	
	1 ·		
COMMENTS:			
•			•
The Annual Compliance Certification form has	been properly certific	d and submitted to the inspector.	YES NO
	11/21		
NSPECTION CONDUCTED BY:	(App.	roximate)	
		se Print)	
NSPECTOR'S SIGNATURE:	ull	PHONE NUMBER:	355.3070
	Page	of	Revised 10/96

of

### PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	₫	COMPLAINT/DISC	OVERY 🖸
	RE-INSPECTION	0		
AIRS ID#: 0990538 D			t:TIMI	E OUT:
FACILITY NAME:S	Stor Pro	Cleani 1	<del>-</del>	
FACILITY LOCATION:		thousen	Bl. J	
		3341		
responsible official:	Jett Abroms		PHONE: 968	6678
CONTACT NAME:			PHONE:	
				:
PART I: NOTIFICATION				
(check appropriate box) .				
1. New facility notified DARM 3	0 days prior to startup			
2. Facility failed to notify DARM	to use general permit	•		
	· .	· .	projection	we will be a first to
PART II: CLASSIFICATION		· · · · ·	pre aproto-	
PART II: CLASSIFICATION  Facility indicated on notification (check appropriate box)		-	☐ No notification for ☐ Drop store/out of b	
Facility indicated on notification	n form that it is:  e	isfer only, x < h types, x < 1	Drop store/out of brea source x < 140 gal/yr 200 gal/yr	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	n form that it is:  e	to-dry only, asfer only, x < h types, x < h types, x < h types, x < l nstructed on one of the contraction of the contraction only, asfer only, 20 h types, 140	Drop store/out of brea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)	
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gal/yr transfer only, 200 ≤ x ≤	n form that it is:  e	to-dry only, asfer only, x < h types, x < h types, x < h types, x < l nstructed on one of the contraction of the contraction only, asfer only, 20 h types, 140	Drop store/out of brea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)  rea source  140 \le x \le 2,100 gal/yr  0 \le x \le 1,800 gal/yr  \le x \le 1,800 gal/yr	ousiness/petroleum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 \le x \le 2,1 transfer only, 200 \le x \le 1,800 gs (constructed before 12/9/91)  5. This is a correct facility cla If no, please check the a facility	n form that it is:  e	to-dry only, asfer only, x < h types, x < l nstructed on a New large and to-dry only, asfer only, 20 h types, 140 mstructed on a large on a lar	Drop store/out of brea source  x < 140 gal/yr  200 gal/yr  40 gal/yr  or after 12/9/91)  rea source  140 \le x \le 2,100 gal/yr  0 \le x \le 1,800 gal/yr  or after 12/9/91)  Can not determine	ousiness/petroleum

### MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN XIN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ONA 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the אמם מם אמ condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the Y DN DN/A condenser exceeded 45°F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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?	םי. םא
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	AVA NO YO
3. Measured and recorded the perc concentration in the exhaust stream weekly	
at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY DN DN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
or expansion; is at least 2 duct diameters upstream from any bend, contraction,	
or expansion; and downstream from no other inlet?	A/M MD YD
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual	
condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ANNO NO YO

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

ADI	ITIONAL SIT	E INFORMATION:			
1.	Secondary (	Containment for:	Dry Cleaning	Machine & Storage area Waste area Spotting area Sealed	Yes NO [ ] [ ] [ ]
		· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · · · · ·	
2.	Disposal of	Water from Wate		ing approved evaporator Wastewater service	(N (1)
	, ···	:		·	
		· ·		**************************************	
	;				
				•	

(Please Print)

Lilloo
Inspector's Name (Please Print)

Inspector's Signature

Inspector's Signature

Approximate Date of Next Inspection

MS#\_\_\_\_\_\_ MC Acct #\_\_\_\_\_

Department of Environmental Protection

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





AIRS ID # 0990538

-5 STAR DRY CLEANERS
JEFF ABRAMS
4558 CRESTHAVEN BLVD
WEST PALM BEACH FL
33415

ABRASSO 354133016 1001 21 03/11/03 ABRAMS MOVED LEFT NO ADDRESS UNABLE TO FORWARD

= 2<del>5332~65620 1</del>2=

63 ្តកា Postaģe Certified Fee Postmark Here Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Face | C AIRS ID # 0990538 밁 5 STAR DRY CLEANERS Sin JEFF ABRAMS or 4558 CRESTHAVEN BLVD WEST PALM BEACH FL City 33415

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





AIRS ID # 0990538 5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD

Ar Monitoring 2018 1604 25

Ar Monitoring 2018 1604 25

ARETURN TO SENDER

IVE STAR DRY CLEAN ADDRESS

WOVED LEFT NO ADDRESS

UNABLE TO FORWARD

RETURN TO SENDER

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
AIRS ID # 0990538 5 STAR DRY CLEANERS JEFF ABRAMS 4558©RESTHAVEN BLVD WEST PALM BEACH FL 33415	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	

- . . ...

ą

1	TU.S. Postal S GERTIFIED (Domestic Mail O	CONT	EIP.T coverage Provided)
81.38 19.00			IIS E
1 7975 81	Postage Certified Fee	\$	Postmark
	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	AIRST	D # ΩΑΑΩΟΊ&
7001 0320	Sent To JEFF	AR DRY CLEANER ABRAMS CRESTHAVEN BL T PALM BEACH F	VD L
1	#RS:Form;3800 #danuary:	2001	See Reverse for Instruction

MS# 5510 MC Acct # 5521

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





5 STAR DRY CLEANERS
JEFF ABRAMS
4558 CRESTHAVEN BLVD
WEST PALM BEACH FL

FIVESSO 334153019 1001 24 02;
RETURN TO SENDER
FIVE STAR DRY CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

diadibilihilahilahilah

SENDER: COMPLET	E THIS SECTION.	_COMPLETE-THIS SECTION ON DELIVERY
item 4 if Restricted I Print your name and so that we can retur Attach this card to the	d address on the reverse in the card to you. he back of the mailpiece,	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addressee
or on the front if spa	ace permits.	D. Is delivery address different from item 1?
i. Article Addressed to:  AII 5 STAR DRY CLEAI	RS ID # 0990538	If YES, enter delivery address below:   No
JEFF ABRAMS	NERS	3. Service Type
4558 CRESTHAVEN WEST PALM BEAC 33415		☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy fine PS Form 3811 aduly 19	999 Domestic Re  U.S. Postal Service  GERHELEBENTALE	
· .	Postage \$ Certified Fee Gendorsement Required) Restricted Delivery Fee Gendorsement Required) Total Fostage & Fees	Postmark Here
	Recit 5 STAR DRY CLI JEFF ABRAMS Street 4558 CRESTHAV WEST PALM BE City, 5 33415	EN BLVD

一 小学 公民 いちから 経過機関 中野の 発見する

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

RETURN SERVICE REQUESTED TO COLORDA 11/1/10

BELLEN SERVICE REQUESTED TO COLORDA 11/1/1/10

BELLEN SERVICE REQUESTED TO COLORDA 11/1/1/1/1/1/1/1/1/1/1/1/1/1

5 STAR DRY CLEANERS
JEFF ABRAMS
4558 CRESTHAVEN BLVD
WEST PALM BEACH FL
33415

FIVESSA 334152055 1C01 31 12/16/0
RETURN TO SENDER
:FIVE STAR DRY CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

可以中等全量多少量的

ildaidaaddadhadhadhadha

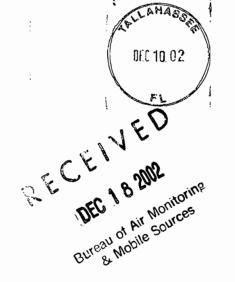
# STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION MS 5510-37550 304000 2600 BLAIR STONE ROAD TALLAHASSEE FL 32399-2400

5510

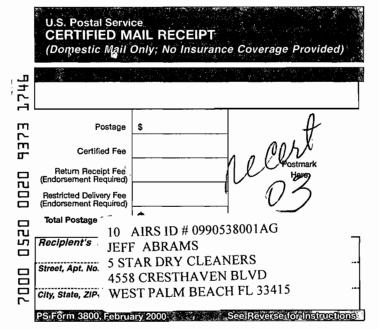
5521



CERTIFIED MAIL







396070

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

**TOTAL AMOUNT DUE: \$75.00** 

AIL ROOM

#### Do NOT Remove Label

AIRS ID # 0990538

5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

408507 MAY14 2001

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** 

3755

Do NOT Remove Label

AIRS ID # 0990538

5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

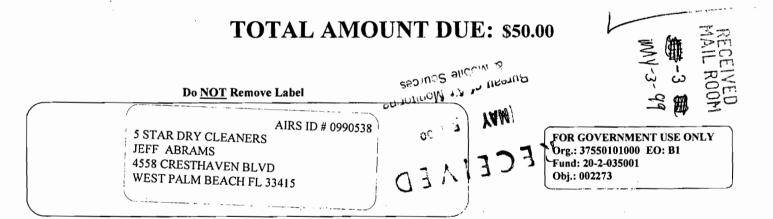
Fund: 20-2-035001 Obj.: 002273

#### BEST AVAILABLE COPY

PURTION MUST BE ATTACHED TO REMITTANCE FOR PROPER H.

373855

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



#### P 174 052 320 Z 570 PP5 393 **US Postal Service US Postal Service Receipt for Certified Mail** Receipt for Certified Mail No Insurance Coverage Provided. No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990538 5 STAR DRY CLEANERS AIRS ID # 0990538 JEFF ABRAMS 5 STAR DRY CLEANERS 4558 CRESTHAVEN BLVD JEFF ABRAMS WEST PALM BEACH FL 33415 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415 Certified Fee L'ennea ree Special Delivery Fee Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom & Date Delivered Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Return Receipt Showing to Whom Date, & Addressee's Address \$ TOTAL Postage & Fees \$ **TOTAL** Postage & Fees Postmark or Date Postmark or Date Form

S

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spar permit.  Write "Return Receipt Requested" on the mailpiece below the artice The Return Receipt will show to whom the article was delivered at delivered.	ce does not	I also wish to refollowing service extra fee):  1.  Addres 2.  Restrice Consult postma	es (for an see's Address ted Delivery
AIRS ID # 0990538 5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	4a. Article N 170 4b. Service Registere Express Return Re 7. Date of De	ymber 552 Type ed Mail ceipt for Merchandis	320 Certified
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addressed and fee is	o's Address (Only paid) APR 03	

S

 (	P 174 05 IS Postai Service Receipt for Cert	Wall		
1	lo Insurance Coverage for not use for Internation Sent to	Provided.		
JEF	5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415			
i	Certified Fee			
	Special Delivery Fee			
Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered				
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
PS Form <b>3800</b> , April 1995	Postmark or Date			

the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> </ul>		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery	Receipt Service.
₽ #	The Return Receipt will show to whom the article was delivered an delivered.	u the date	Consult postmaster for fee.	eipt
	3. Article Addressed to:	4a. Article N	umber	Jec.
ADDRESS completed	AIRS ID #0990538 5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415		Mail Certified  Meil Insured  Cept for Merchandise COD	for using Return
1 1	5. Received & (Frint Name)	7. Date of De	elivery 27 2's Address (Only if requested	you
s your RETURN	6. Signature: (Addressee or Agent)	and fee is		Thank
31	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	

	Z° 333 US Postal Service Receipt for Cer No Insurance Coverage	tified Mail $\mathcal{A}^{(\lambda)}$	U\
JEF 455	TAR DRY CLEANERS F ABRAMS 8 CRESTHAVEN BLY ST PALM BEACH FL	VD	8
April 1995	Certified Fee  Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered	<b>*</b>	
PS Form <b>3800</b> , Apri	Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	\$	

.

SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.		I also wish to red following service extra fee):	
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if spaceprinit.</li> <li>White "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and the state of the state o</li></ul>	le number.	1. Address 2. Restricte	ed Delivery
delivered.		Consult postmas	ster for fee.
3. Article Addressed to:  AIRS ID # 0990538  5 STAR DRY CLEANERS	4a. Article Nu	366064,	7
5 STAR DRY CLEANERS	4b. Service T	• •	<del>-</del>
: JULU ADRAWIA	Registere		Certified
4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	Express N		☐ Insured
WEST TALM BEACH FL 33413	7. Date of De	ceipt for Merchandise	3 11 COD
	7. Date of De	13/99	•
5. Received/By: (Print Name)	8. Addressee and fee is	o's Address (Only paid)	if requested
6. Signature: (Addressee or Agent)			•

_			<b></b>	
Z	777	667	345	$y_{o_o}$
US Postal Sen		•		$\nabla \ell_{\Lambda}$
Receipt f	Coverage	e Provide	d.	V
Do not use for Sent to	IIILEITIALI	Orial Iviali	366 164	erse)
		A	IRS ID	l # 0990538
5 STAR DRY	022711	IERS		
JEFF ABRAN				
4558 CRESTH				
WEST PALM	BEACH	I FL 334	15	
Special Delivery	Fee		·	
Restricted Delive	ry Fee			
Return Receipt S Whom & Date De				
Return Receipt S Whom & Date De Return Receipt Short Date, & Addressee's TOTAL Postage Postmark or Date		π,		
TOTAL Postage	& Fees	\$		
Postmark or Date	)	•		
Č				
2				

SENDER: COMPLETE THIS SECTION 12 PIO-	)MPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Addressee  D. Ms delivery address different from item 12   Yes
Article Addressed to:	D. Ys delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0990538  5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

## Z 510 PP1 5P5 US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) AIRS ID # 0990538

5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415

	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> AIRS ID # 099053 5 STAR DRY CLEANERS	A: Received by (Please Print Clearly)  C. Signature  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
JEFF ABRAMS	
4558 CRESTHAVEN BLVD	
WEST PALM BEACH FL 33415	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2 2/0 (6/262	
PS Form 3811, July 1999 Domest	ic 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 •

BUR. OF AIR MONITORING & MOBILE SCENCES

BUR. OF AIR MONITORING & MOBILE SCENCES

BUR. OF AIR MONITORING & MOBILE SCENCES

MAIL STATION 5510

AGO BLAIR STONE ROAD

ASSEE, FLORIDA 32399-2400

N

	U.S. Postal Service  CERTIFIED MAIL RECEIPT  (Domestic Mail Only; No Insurance Coverage Provided)		
1645		uri sika sika	
74			
당	Postage	\$	
7	Certified Fee		Postmark
뮙	Return Receipt Fee (Endorsement Required)		Here
	Restricted Delivery Fee (Endorsement Required)		
0090	AIRS ID # 0990538  5 STAR DRY CLEANERS JEFF ABRAMS Sir. 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415		
7000			
	PS Form 38007 February	2000	or Instructions

•	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0990538  JEFF ABRAMS  4558 CRESTHAVEN BLVD	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
WEST PALM BEACH FL 33415	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
•	4. Restricted Delivery? (Extra Fee)
2, Article Number (Copy from service label). 1645	-
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

Postage \$ Certified Fee Postmark Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) AIRS ID # 0990538  5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415  PS Form 3800, February 2000 See Reverse for Instructions		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Certified Fee  Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  AIRS ID # 0990538  S STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	<□			
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  AIRS ID # 0990538  S STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	-D		\$	Postmark
4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	- L	(Endorsement Required)  Restricted Delivery Fee		
PS Form 3800, February 2000 See Reverse for Instructions	Į	JEFF ABRAMS 4558 CRESTHAVEN	JERS BLVD	90538
	Ĺ.	PS Form 3800, February 2	2000	See Reverse for Instructions

CKER AT TOP OF ENVELOPE  CHER AT TOP OF ENVELOPE  CHER AT TOP OF ENVELOPE	IR 3HT OT	
<ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if nestricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item?	
1. Article Addressed to:  AIRS ID # 0990538 5 STAR DRY CLEANERS JEFF ABRAMS	INVES enter delivery address below:	
4558 CRESTHAVEN BLVD WEST PALM BEACH FL 33415	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label)  7000 0600 0026 7825 5181		
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789	

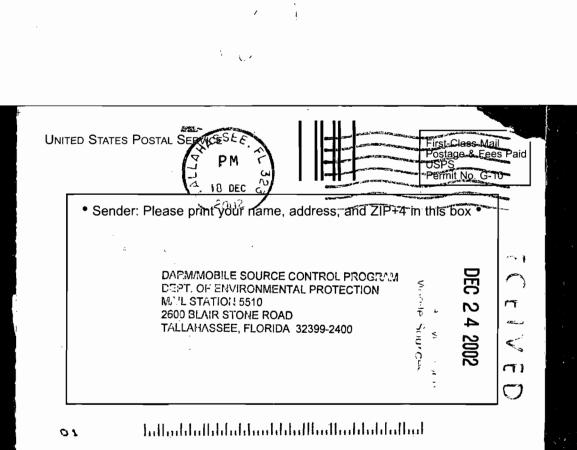
The state of	. "1
S COME HIS SECTION	COMPLETE THIS SECTION ON DELI
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  C. Signature RECEIVED
Article Addressed to:	D. Is delivery address different from iten if YES, engli-aglivery address pelov
0 AIRS ID # 0990538001AG EFF ABRAMS	DEP MAIL CENT
STAR DRY CLEANERS 558 CRESTHAVEN BLVD VEST PALM BEACH FL 33415	3. Service Type Certified Mail
10000520002093731746	4. Restricted Delivery? (Extra Fee)

	× RECEIVED	☐ Agent ☐ Addressee
	D. Is delivery address different from item 1? If YES, enfer delivery address pelow:	☐ Yes ☐ No
	DEP MAIL CENTER	3
Į		
Į	3. Service Type	•
L	3. Service Type ☐ Certified Mail ☐ Express Mail	· ·
Į	<b>\Z</b>	or Merchandise
L	Certified Mail  Express Mail	or Merchandise

HIS SECTION ON DELIVERY

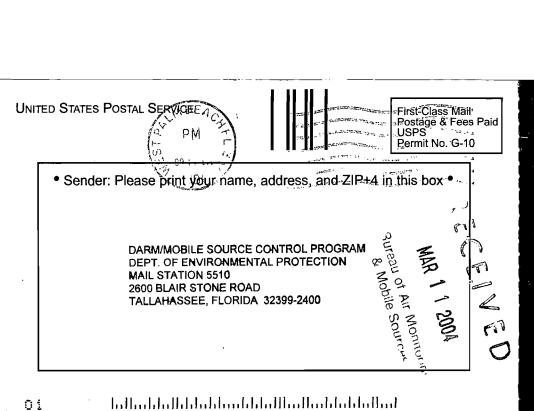
2. Article Number (Copy from service label)

B. Date of Delivery



8112	(Domestic Mail C	O MAILTM RECEIPT Only; No Insurance Coverage Provided)
0344	For delivery inform	ation visit our website at www.usps.com <sub>®</sub>
		IVIAL ODE
1	- Postage	\$ p <sup>X</sup>
4000	Certified Fee	
!	Return Reclept Fee (Endorsement Required)	Postplark 13
0200	Restricted Delivery Fee (Endorsement Required)	
B	Total Por	H PATEL
28	Sent To WELL!	INGTON HAME LAUNDRY &
1	Street, Apt. CLEA!	NERS
	or PO Box 7693 L	AKE WORTH
1	City, State, LAKE	WORTH, FL 33467
	PS Form 3800, June 200	See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT		
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X	
1. Article Addressed to:  ALCOUR # 950050  ALPESH PATEL,  WELLINGTON HAME LAUNDRY. 2:	D. Is delivery address different from item 1? Ⅲ Yes  If YES, enter delivery address below: ☐ No	
CLEANERS 7693 LAKE WORTH LAKE WORTH, FL 33467	3. Service Type  Certified Mail	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7003 0500 0004 0144 8112		
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-154		



#### Z 210 663 165

### US Postal Service Receipt for Certified Mail

AIRS ID # 0990538

5 STAR DRY CLEANERS
JEFF ABRAMS
4558 CRESTHAVEN BLVD
WEST PALM BEACH FL 33415

	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	_
	Return Receipt Showing to Whom & Date Delivered	
2	Return Receipt Showing to Whom, Date, & Addressee's Address	
	TOTAL Postage & Fees	\$
ישלי ישלי לישה ישוחי ו	Postmark or Date	

of the return address	
SENDER: CON of adolavna to dot navo	OCTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent Addressee  D. Is delivery address different from item 12  Yes
Article Addressed to:     AIRS ID # 0990538	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
5 STAR DRY CLEANERS JEFF ABRAMS 4558 CRESTHAVEN BLVD	
WEST PALM BEACH FL 33415	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
2 210 663 165	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789