

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Eddie Rodriguez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Ft. Lauderdale, Florida 33309

Re: Facility I.D. No. 1170088

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 1996.

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

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources, MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Louis Nichols, Central District

#1170088 BEST AVAILABLE COPY Dryclean USA

	P.14 1. (a) add date control device	
1.	F USTALIEN	
	1.(c) mark out 1X" and initial	
2.	s. Should be new small area	
3.	Source Source	
	P.15 4 should be new small area	
4.	Source Wrefrig. con. 5.(f) required	
	The state of the s	2748
5.		
	Corrections made 1/14/97	<i>288</i>
	Made 1/14/97	
6.	X Whichols	
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		ode: 33309
8.		ч '
	The second secon	<u>'</u>
9.	Name and Title of Facility Contact (For example, plant manager):	
	Kent Martingale, District Manager	,
10.	Facility Contact Address: Dyelean USIA	
	Street Address: 1875 W. Commercial Blud., Suite 140 City:	
	1-1. Lauderdale Broward 2	3309
11.	Facility Contact Telephone Number: Telephone: (954) 493 - 6700 Fax: (954) 493 - 844	4 .

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NOV 8 1996

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):]
Dricken USA	-
2. Site Name (For example, plant name or number):	1
Tuskawilla * 11500	
3. Hazardous Waste Generator Identification Number:	1
TIN MILLIAM WENT	
4. Facility Location:	-
Street Address: 1425 Tuskawilla Road, \$129	
City: Zip Code:	
Wintersprings Seminale 32708 5. Facility Identification Number (DEP Use):	1
1100088	
	J
Responsible Official	
	7
6. Name and Title of Responsible Official:	}
Eddie Rodriquez, President	
7. Responsible Official Mailing Address:	[
Organization/Firm: Dryclcan USA Street Address: 1875 W. Commercial Blva., Suite 140	
City: Zip Code:	
Lt. Lauderdale Broward 33309	
8. Responsible Official Telephone Number: Telephone: (954) 493 -6700 Fax: (954) 493 -8444	
Telephone. (151) 115 - 20 723	
English Contact (If different from Demonsible Official)	
Facility Contact (If different from Responsible Official)	
9. Name and Title of Facility Contact (For example, plant manager):	٧ إ
Bent Martingale, District Manager	\ \ <u>`</u> \
10 Facility Control Address	
Dyerean 001+	
Street Address: 1875 W. Commercial Blud., Suite 140 City: County: Zip Code:	
City: Ft. Lauderdale County: Broward Zip Code: 33309	
11. Facility Contact Telephone Number:	
Telephone: (954) 493 - 6700 Fax: (954) 493 - 8444	

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Bureau of Air Monitoring & Mobile Sources

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control 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									
(1) w/ ref. condenser		2-22-92	3-22-93		(D) 1-1	1497			
(2) w/ carbon adsorber			,		9				
(3) w/ no controls									
Washer Unit					· · · · · · · · · · · · · · · · · · ·		,	<u></u>	<u>, </u>
(4) w/ ref. condenser									
(5) w/ carbon adsorber	-								
(6) w/ no controls		<u> </u>				1		•	
Dryer Unit		,					r	,	
(7) w/ ref. condenser				<u> </u>					
(8) w/ carbon adsorber									
(9) w/ no controls					<u> </u>]			
Reclaimer Unit			1		1				
(10) w/ ref. condenser					1				<u></u>
(11) w/carbon adsorber (12) w/ no controls				<u> </u>	ļ. <u></u>		Ĺ	ļ	
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 montrol of the control	are re luanti gallo	equired to be ity of perchlo ons ow many? [_	installed [3	perc)	purchased in				
3. What is the facility's son (Indicate with an "X". Existing small are Existing large are	Selec ea so	urce	cation only.)	ew sn	initions found nall area sour rge area sour	ce 🔀	3) of (D	Part II?	

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Effective: 6-25-96

4. What control technology is require (Indicate with an "X".)	ed on machines	s pursuant to section (5) o	of Part II of this notification form?
Existing large area source Carbon adsorber		Refrigerated condense	五五五
New small area source Refrigerated condenser		_	
New large area source Refrigerated condenser		_	
·			
5. A facility which contains non-exer to Rule 62-213.300, F.A.C. Verify th exemption criteria or that no such uni	iat all steam an	id hot water generating ui	
All steam and hot water generating w boiler HP or less), and (2) are fired e during which propane or fuel oil cont	xclusively by r	natural gas except for per	riods of natural gas curtailment
All steam and hot water generating ur No such units on-site	nits exempt		
Equipment	t Monitoring	and Recordkeeping Info	ormation
Check all logs which are required to b	oe kept on-site	in accordance with the re	equirements of this general permit:
(a) Purchase receipts and solvent purc	chases		ريا
(b) Leak detection inspection and repa	air		<u> </u>
(c) Refrigerated condenser temperatur	re monitoring		<u> </u>
(d) Carbon adsorber exhaust perc con-	centration mor	nitoring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction p	olan		B/W

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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)
(<u>X</u>)	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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 the all terms and conditions of this general permit as set forth in Part II of this notification form.
Signature	apply notify the Department of any changes to the information contained in this notification. - - - - - - - - -

INTEROFFICE MEMORANDUM

Sensitivity: COMPANY CONFIDENTIAL Date: 03-

Date: 03-Oct-2000 03:03pm

From: Randall Cunningham ORL 407/894

CUNNINGHAM_R@a1.deporl.dep.state.fl.us

Dept: Tel No:

To: Sandy Bowman TAL (BOWMAN_S@A1)

Subject: Drop Store

Hello Sandy!

Airs ID: 1170088

This store is now a drop store and has done no cleaning sine June 2000.

Thanks!!!

--Randall Cunningham Central District



Eddie J. Rodriguez
President and
Chief Operating Officer
Retail Group

May 13, 1999

Bureau of Air Monitoring & Mobile Sources MS5510 Department of Environmental Protecton 2600 Blair Stone Road Tallahassee, FL 32399-2400

RECEIVED ANY 17 1990 ED

#17 0088

Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

Please accept this letter as authorization to change the appointed Responsible Official representing Dryclean USA from myself to our Division Vice President Angelo Izquierdo.

I am constantly traveling and not always available to sign the Annual Compliance Certification Forms when they arrive from your organization. In order to return these forms to you as quickly as possible, please allow Mr. Izquierdo to sign and expedite the process.

Thank you for your cooperation in this matter. From this point forward, please acknowledge Angelo Izquierdo as our Responsible Official.

Sincerely

Edgie J. Rodriguez

Chief Operating Officer

/rf

cc Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dricken USA
2.	Site Name (For example, plant name or number):
	Toskawilla * 11509
3.	Hazardous Waste Generator Identification Number:
	FLD 984 177 055
4.	Facility Location: Street Address: 1425 Tuskawilla Road, \$129
	City: County: Zip Code: 32708 Facility Identification Number (DEP Use):
5.	
, We Grun	119088
	Responsible Official
	<u> </u>
6.	Name and Title of Responsible Official:
	Eddie Rodriquez, President
7.	Responsible Official Mailing Address:
	Organization/Firm: Dryclean USA Street Address: 1875 W. Commercial Blva., Suite 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
8.	Responsible Official Telephone Number:
	Telephone: (991) 493-6700 Fax: (994) 493-8444
	Facility Contact (If different from Responsible Official)
	Tacinty Contact (It different from Aesponsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Kent Martingale, District Manager. Facility Contact Address: Daylog 150
10.	Facility Contact Address: DNelean USA
	Street Address: 1875 W. Commercial Blud, Suite 140
	City: Ft. Lauderdale County: Broward Zip Code: 33309
11.	Facility Contact Telephone Number:
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Bureau of Air Monitoring & Mobile Sources

#1170088

Dryclean USA
,
p.14 1.1a) add date control device installed
1.(c) mark out "X" and initial 3. Should be new small area
Source
P.15 4. should be new small area Source Wrefrig. con. 5.(f) required
5.(f) required
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Facility Information

Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Туре	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
Examp	ole	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to	-Dry Unit									
(1) w/ ref. condenser		2-22-92							
(2) w/ carbon adsorber									
) w/ no controls									
	er Unit			•						
_) w/ ref. condenser				<u> </u>					
-) w/ carbon adsorber									
) w/ no controls									
Dryer										
) w/ ref. condenser									
) w/ carbon adsorber									
) w/ no controls						<u> </u>			
Reclair	mer Unit			•						
			1						<u> </u>	
	0) w/ ref. condenser		1				1			
1)	(1) w/carbon adsorber (2) w/ no controls Control devices are	requ	tired, but not	yet installed		1				
(b) (c) 2.(a) (b)	1) w/carbon adsorber 2) w/ no controls Control devices are No control devices What was the total q 37 If less than 12 mont Check why it is less	uant gallo	equired to be ity of perchlo ons ow many? [_ i 12 months:	oroethylene (perc)	purchased in	: [] Di	d not k	eep records:	
(b) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	1) w/carbon adsorber 2) w/ no controls Control devices are No control devices What was the total q	uant galld hs, h thar	equired to be ity of perchlo ons ow many? [_ i 12 months: classification et one classifi	months New owner:	pperc)	purchased in	: [] Di	d not k	eep records:	

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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
Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

	•
Please indicate	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)
<u>(%)</u>	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will prov	mptly notify the Department of any changes to the information contained in this notification.

Date

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Signature



COMPLIA	NCE INSPECTION CHECKLIST	
TYPE OF INSPECTION: ANNUAL RE-INSPE	/\	
AIRS ID#: 1/70088 DATE: 1/1	' / '	12:05
FACILITY NAME: DRYCLE	AN USA	
FACILITY LOCATION: 1425 Tu-	SKAWILLA RO. #129	
FACILITY LOCATION: 1425 TV	SPRINS FZ 32708	
PART I: NOTIFICATION		
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		
2. New facility notified DARM 30 days prior	to startup 11/8/96	
3. Facility failed to notify DARM to use gene	, ,	
PART II: CLASSIFICATION		
Facility indicated on notification form that (check appropriate box)	it is:	-
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)	
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" td="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>	
This is a correct facility classification	DY MY	
If no, please check the appropriate classificat	ion: NEW SMALL AREA SOUR	CE
	al permit as number above and is not eligible for a general permit	
B. The total quantity of perchloroethylene (p facility was 170 gallons.	erc) purchased within the preceding 12 months by this	dry cleaning

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

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 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?

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?	□У □И
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N
	Is the temperature differential equal to or greater than 20° F?	OY ON
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?	OY ON
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?	ОУ ОИ
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y □N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
_		
-	ART V: RECORDKEEPING REQUIREMENTS	
H	ART V: RECORDKEEPING REQUIREMENTS as the responsible official: heck appropriate boxes)	
· Н (с	as the responsible official:	b√r □n
H (c:	as the responsible official: heck appropriate boxes)	MA ON
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased?	NO YES
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	AA ON NO AA NO NO
H (c) 1. 2.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	
H (c: 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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	MA □N
H (c) 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt?	AA ON
H (c. 1. 2. 3.	as the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only)	DY DN DANA
H. (c: 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations?	MY ON MY ON MY ON MY ON MY ON
H. (c: 1. 2. 3. 4. 5. 6.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?	AY ON OY ON ANA OY ON AY ON
1. 2. 3. 5. 6. 7.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports?	
H (c) 1. 2. 3. 4. 5. 6. 7. 8.	Maintained receipts for perc purchased? Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable?	
H (c) 1. 2. 3. 4. 5. 6. 7. 8.	As the responsible official: heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? 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 and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected?	

2.	2. Which method of detection is used by the responsible official?						
	Visual examination (condensed	M					
	Physical detection (airflow felt t		#				
	Odor (noticeable perc odor)						
	Use of direct-reading instrumen	tation (FII	D/PID/cal	orimetric tubes)	ф		
	If using direct-reading instrum	nentation,	is the eq	uipment:			
	a. Capable of detecting	g perc vapo	or concent	trations in a range of 0-500 ppm?	ПY	□N	
	b. Calibrated against a (PID/FID only)?	to and after each use	ПY	□и			
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					□N	
d. Kept in a clean and secure area when not in use?					ПY	□N	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					□N	
3. Has the facility maintained a leak log?				βY	□N		
4.	Does the responsible official check the	e following	g areas for	r leaks?	<i>/</i> 1		
	Hose connections, fittings, couplings, and valves	XY	□N	Muck cookers	AY.	□и	
	Door gaskets and seating	βÝΥ	□N	Stills	PΥ	□N	
	Filter gaskets and seating	AY	□N	Exhaust dampers	ÛΥ	□и	
	Pumps	AY.	□N	Diverter valves	#Y	□и	
	Solvent tanks and containers	βY	□N	Cartridge filter housings	K	ПN	
	Water separators	Á Y	□N				

EDDIE RODRIGUES, PARS,

DEBORAH MARTIN, STORE MGR.

Name of Responsible Official

Inspector's Name (Please Print)

Vouis aMich

Inspector's Signature

1/14/97
Date of Inspection

Approximate Date of Next Inspection



DEBBIE MARTIN Manager

Drydean-USA 1425 Tuskawilla Road, #12 Winter Springs, FL 32708

Phone (407) 695-2552



ANGELO IZQUIERDO Senior Vice President

Drydean-USA 1875 W. Commercial Baulevard Suite 140 Ft. Lauderdale, Ft. 33309-3067

Phone Fax (954) 493-6700 (954) 493-8444

ADDITIONAL SITE INFORMATION:

- ARAO-TECH MOL AEROTECH 350 30 LB M
- HAS CONTAINMENT PAN _ ENPORY AROUND MACHINE AND SPOTTING BUARD
- SAFRTY KLEEN PICKS UP WASTE
- CORPORATE MAINTENANCE MAN SERVICES MAKAINE
- WASTEWATER BOILED OFF IN OPEN CONTAINER
 BEHIND MAKHINE EXPLAINED REQUIREMENT
 FOR FILTRATION THEN EVAPORATION,
- GOOD VENTILATION THROUGH SHOP
- TALKED TO ANGELO IZQUIERDO, SR. V.P. EACH STORE WILL HAVE OWN COMPLIANCE MANUAL, INCLUDING PURCHASES.
- WELL RUN OPERATION GOOD LOG SHEET INCLUDES
 ALL REQUIRED CHECKS
- SAFRTY KLEEN PICKS UP WHSTE (DRUM CLUSURE PROBLEM?)



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#1170088

TUSKAWILLA #11509 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

Bureau of Air Monitoring & Mobile Sources

Do NOT Remove Label

Annual Reporting Period: _ Jan	uary 1, 1997	TO 1	December 31, 1997
Based on each term or condition of 62-213.300, Florida Administrative			
If NO, complete the following:			
#1. Term or condition of the gene	ral permit that has not been in con	tinuous compliance during	the reporting period stated above:
Exact period of non-compliance:	from	to	
Action(s) taken to achieve complia	лпсе:		
Method used to demonstrate comp	liance:	_	
#2. Term or condition of the gene	ral permit that has not been in con	tinuous compliance during	the reporting period stated above:
Exact period of non-compliance:	from	to	
Action(s) taken to achieve complia	ince:		
Method used to demonstrate comp	liance:		
	emplete. Further, my annual consum	eption of perchloroethylene s	nquiry, that the statements made in this olvent, based upon purchase receipts, combination facilities.
RESPONSIBLE OFFICIAL:	MICHAEL GAGLIANO	- Part et	2/9/98
	Name (Please Print)	Signatu	ire Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION		COMPLAINT/DISCOVERE D		
			es M	32	
AIRS ID#: 170088	DATE: 10/24/98	TIME I	n: <u>10'. 15</u> тіме оит: 🎊 🎉	<u> </u>	
FACILITY NAME:	Iclean US	A			
FACILITY LOCATION:	1425 Tus	Kawil	la Road		
	Winter Spg		- 32708 146=1		
RESPONSIBLE OFFICIAL :	Pakh Sepuli	eda	L467) 695-2552 PHONE: 1695-2552		
CONTACT NAME:			PHONE:	_	
	,		,		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to startup		٥		
2. Facility failed to notify DAR	2. Facility failed to notify DARM to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification form ☐ Drop store/out of business/petroleur	m	
1. Existing small area sour	ce 🗆 2.		rea source		
	te 🗀 2.	New small a	rea source	ĺ	
dry-to-dry only, x < 140 gal/	yr dry	-to-dry only,	x < 140 gal/yr		
transfer only, x < 200 gal/yr	yr dry trai	-to-dry only, asfer only, x	x < 140 gal/yr < 200 gal/yr Aenote	K	
, ,	yr dry trai bot	-to-dry only, nsfer only, x h types, x <	x < 140 gal/yr < 200 gal/yr Aenote		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	yr dry tran bot (co	-to-dry only, nsfer only, x h types, x <	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) Aevote		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 ≤ x ≤ 2,	yr dry tran bot (co	-to-dry only, asfer only, x h types, x < astructed on New large a -to-dry only,	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,80	yr dry trai bot (co ce 4. 100 gal/yr dry 0 gal/yr trai	-to-dry only, asfer only, x h types, x < nstructed on New large a -to-dry only, asfer only, 20	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) Prea source $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$		
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ §	yr dry trai bot (co ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot	-to-dry only, asfer only, x h types, x < nstructed on New large a -to-dry only, asfer only, 20 h types, 140	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) Frea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourdry-to-dry only, 140 \le x \le 2, transfer only, 200 \le x \le 1,80	ce 4. l00 gal/yr dry gal/yr bot (co	-to-dry only, asfer only, x h types, x < nstructed on New large a -to-dry only, asfer only, 20 h types, 140 nstructed on	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) Prea source $140 \le x \le 2,100 \text{ gal/yr}$ $100 \le x \le 1,800 \text{ gal/yr}$		
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area sourdry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ s (constructed before $12/9/91$) 5. This is a correct facility classical constructed before $12/9/91$)	dry trai bot (co ce 4. 100 gal/yr 0 gal/yr gal/yr cco assification	to-dry only, asfer only, x h types, x < nstructed on New large a to-dry only, asfer only, 20 h types, 140 nstructed on	x < 140 gal/yr < 200 gal/yr 140 gal/yr or after $12/9/91$) Prea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)		
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$) 3. Existing large area sourdry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$) 5. This is a correct facility classified in the please check the	yr dry trai bot (co ce 4. 100 gal/yr dry 0 gal/yr trai gal/yr bot (co assification	-to-dry only, asfer only, x h types, x < nstructed on New large a -to-dry only, asfer only, 20 h types, 140 nstructed on	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Prea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine		
transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sourd dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility classified the source of the	train bot (concerning to the concerning to the c	-to-dry only, asfer only, x h types, x < nstructed on New large a 1-to-dry only, asfer only, 20 h types, 140 nstructed on New large a	$x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Prea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine		

Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Challed B. Closing and Securing Machine doors except during loading/unloading? DY DN DN/A DY DN DN/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? 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 DY DN BYN/A 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 ZY DN DN/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	√ ZY	N□	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	œ√y	N	□N/A
	Is the temperature differential equal to or greater than 20° F?	₽ Y	ПN	□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,			1
	if machines are equipped with a carbon adsorber?	\Box Y	ΠИ	, ZN/A
	ls the perc concentration equal to or less than 100 ppm?	\Box Y	ПN	DN/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	ПΝ	∆ M/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	□Y	ПN	⊠ N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	ĎN/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: Y ON ON/A 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 EN ON ON/A and parts installed w/in 5 days of receipt? DY ON ON/A 4. Maintained calibration data? (for applicable direct reading instruments) MY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? trouble 5 hooting quide DY QN ON ON/A 7. Maintained deviation reports? DY ON DAN/A Problem corrected? NA NO NO 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? ΠN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, OY ON ON/A DY ON ON/A Muck cookers couplings, and valves DY ON ON/A Stills ON ON/A Door gaskets and seating DY ON ON/A Filter gaskets and seating Exhaust dampers DY DN DN/A TY ON ON/A Diverter valves DY DN DN/A Pumps DY DN DN/A ŪY □N □N/A Solvent tanks and containers Cartridge filter housings ΦY □N □N/A Water separators 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) 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? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN Inspector's Name (Please Print) Date of Inspection Inspector's Signature Approximate Date of Next Inspection

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Safetyfleen - hazarders waete

good record keeping

pan, andersor OK

no perc on spotting board.

has manual.

has Zeno waste macheni for coolenemente water

God responsible work + manager.

IN COMPLIANCE

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

tuppers

Revised 10/96

TYPE OF INSPECTION:	ANNUAL 🔀	СОМР	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 10:15	TIME OUT:	11:15	AIRS ID#: //	70038
TYPE OF FACILITY:	Dry dean USA	,#	11509	
FACILITY NAME:	n "1			DATE: 10/27/98
FACILITY LOCATION:	1425 Tuskan	vula	load.	· / L ·
	Wirklyngs	I I	. 32708	
RESPONSIBLE OFFICIAL:_	Pablo Sopulv	eda	PHONE NUMBER	: 407 6952552
	of the compliance requirement Rule 62-213.300, Florida A		ed during this inspection, the factive Code (F.A.C.).	cility is found to be in
Based on the results of discrepancies were no	•	nts evaluate	ed during this inspection, the fo	llowing compliance
COMPLIANCE REC	QUIREMENT/PROBL	EM	FOLLOW-UP ACT	ION REQUIRED
				Pr
				Burgue O. K.
				Dille Source CO
				S TIME
COMMENTS: GODD, (SP	onaible facil	ily.	- incomplic	ance.
The Annual Compliance Certif	ication form has been prope	rly certifie	d and submitted to the inspector	YES NO
DATE OF NEXT INSPECTI	ON:	100	7) roximate)	
INSPECTION CONDUCTED	D BY:	DIA	(QuetsH)	
INSPECTOR'S SIGNATUR	E:		PHONE NUMBER	: 893-3333

Page___of__

RERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TAPEOFINSPECTION:	ANNUAL	K ·	COMPLAINT/DISCOVERY	
	RE-INSPECTION			
	第三届 Sain Alband Magaille			

RE-INSPECTION U					
RICLEA Clean Horos	Phone: (30 5) 385 8392 Fax: (305) 385 6792	17 TIME IN: 9:10 TIME OUT: 9:40 N US A TUSKAUNULA RA- 179, FL 32708 Otto PHONE: 407-695-25 PHONE:	-		
וֹ ו	PARTI: NUTIFICATION	<u> </u>	=		
	(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe				
;	Mark And Congress				
	PART II: CLASSIFICATION				
	Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	□ No notification form □ 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 (constructed on or after 12/9/91)			
	3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)			
		cation: neral permit as number above nits and is not eligible for a general permit			

ATRS ID#:

Revised 09/15/97 Add

1170088 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRY CL	can USB		DATE: 10-27	98
FACILITY LOCATION: 1925 7	uskawilla R	ld. #129		
Wenter Springs	FC 32	708		
Annual Reporting Period:	SOV 1	97 TO	oct.	53
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in conti	inuous compliance during th	he reporting period stated abo	ove:
Exact period of non-compliance: from		to	The Mark	
Action(s) taken to achieve compliance:	·		Joseph J. Z.	<u>-</u>
Method used to demonstrate compliance:			Sulvania de	0
#2. Term or condition of the general permit	t that has not been in cont	inuous compliance during t	he reporting period stated ab	ove:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities. RESPONSIBLE OFFICIAL: No.	and complete. Further, n	ny annual consumption of p	perchloroethylene solvent, ba gallons per year for transfe	sed

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

Page _____ of ____.

<u>.</u>:

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ANDER NO YOU 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN XNA 2. Examining the containers for leakage? Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? ON ON/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the □N □N/A 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? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	-
I. 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?	Ж Х □и
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DN ON/A
Is the temperature differential equal to or greater than 20° F?	אוחם חם איא
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON PANA
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,	\ a
or expansion; and downstream from no other inlet?	DY DN DNA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY DN XN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	אונס אם צם

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

			<u></u>
PART VI: LEAK DETECTION AND	REPAIRS		
1. Does the responsible official conduct a	weekly (for small source	s, bi-weekly) leak detection a	and repair
inspection?			ио и
2. Has the facility maintained a leak log?	•		Ø¥ □N
3. Does the responsible official check the	following areas for leaks	?	
Hose connections, fittings, couplings, and valves	אוחם חם ציף.	Muck cookers	ФY ON ON/A
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A
Filter gaskets and seating	OY ON ON/A	Exhaust dampers	אומם מם צם
Pumps	DY ON ON/A	Diverter valves	אומם מם צם
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	S PA ON ON/A
Water separators	QY ON ON/A	·	
4. Which method of detection is used by	the responsible official?	•	\ /
Visual examination (condensed s	solvent on exterior surface	es)	∡
Physical detection (airflow felt the	rough gaskets)		M X
Odor (noticeable perc odor)			X
Use of direct-reading instrument	ation (FID/PID/calorimet	ric tubes)	A.
Halogen leak detector			×
If using direct-reading inst	rumentation, is the equip	pment:	□N/A
a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	XY □N
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	Д □и
c. Inspected for leaks a	XTY DN		

Inspector's Name (Please Print)

Date of Inspection

Approximate Date of Next Inspection

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

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

ADDITIONAL SITE INFORMATION:				
Vory good facility. Bood Record Resperg				
Maria Anna de Como de				
e de la companya de l	·			
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•	·			
	•			
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•				
	,			
	·			
·				

10/21/97 Entered in ARMS 10/21/97

INSPECTION REPORT FORM AIR POLLUTION EMISSION SOURCES

FACILITY:	DISTRICT:	COUNTY:
Dry Clean USA	Central	Seminole
ADDRESS:	CONTACT:	
	•	
1425 Tuskawilla Road #129, Winter Springs 32708	Elisa Cotto	
APIS #:	PERMIT #:	
1170088	1170088	
SOURCE DESCRIPTION:		
Dry Cleaning Facility		
INSPECTION DATE:	Audit Type:	Compliance Status:
Oct. 21, 1997	N/A	In Compliance
COMMENTS:		
perc purchases and rolling averages were kept in Using the inspection checklist, it was seen that the manager could not find the air permit. She was safe place. She was also told to make sure that it is safe place.	his facility maintained everyth advised to look for it as soon	ing thoroughly. The facility as possible, and put it in a
INSPECTOR(S) NAME(S):		
S. Qureshi, $\mathcal{E} - \overline{I}$		
SIGNATURE(S):		Date:
		Oct. 21, 1997

PERCHLOROETHYLENE DRY CLEAN

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

X

RE-INSPECTION

SOLKO JA	
AIRS ID#: 1170088 DATE: 10-4-49 TIME IN: 11:00 un TIME OUT:	11:30m
FACILITY NAME: Dry Clean USA	
FACILITY LOCATION: 1425 Tuskawilla Rd. #129	
Winter Springs, FL 32708	
RESPONSIBLE OFFICIAL: REAL FLAGE PHONE: (497) 349-9	2552 443
CONTACT NAME: Antonia Alonso PHONE: (407) 695-2	552
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/pet	roleum
À.	
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/yr	•
transfer only, $x < 200$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr both types, $x < 140$ 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)	
3. Existing large area source 4. New large area source ☐ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	
transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	
both types, $140 \le x \le 1,800$ 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	
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 facility was 351 gallons.	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN ANA 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at 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? □Y □N ØN/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? 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 DY DN XXINA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated √Y □N condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the ON ON/A 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?	X	NO	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Ky	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	X	ND	□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?	ΟY	ПΝ	ZN/A
	Is the perc concentration equal to or less than 100 ppm?	ΟY	מם	SEN/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,			
ŀ	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	M N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	Ø N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	G N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	NO Y		
2. Maintained rolling monthly averages of perc consumption?	DY ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	מאם אם אַלם		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	oy on Zin a		
4. Maintained calibration data? (for applicable direct reading instruments)	oy on A n/a		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ≯ ₹N/A		
6. Maintained startup/shutdown/malfunction plan?	√ Y □N		
7. Maintained deviation reports?	AY ON ONA		
Problem corrected?	OY ON ₹∄ NA		
8. Maintained compliance plan, if applicable?	Ay on on/a		

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
in	spection?				DE Y	C	אנ
2. H	as the facility maintained a leak log?				YEY	C	אנ
3. Do	oes the responsible official check the	following areas i	for leaks?				
	Hose connections, fittings, couplings, and valves	AAY ON ON	ī/A	Muck cookers	PY	ΠN	□N/A
	Door gaskets and seating	אם אם צא	I/A	Stills	≱Y	ΠN	□N/A
	Filter gaskets and seating	אם אם אם	I/A	Exhaust dampers	Ø Y	ПИ	□N/A
	Pumps	אם אם צא	!/A	Diverter valves	\mathcal{A}^{Y}	ΠN	□N/A
	Solvent tanks and containers	A DN DN	7/A	Cartridge filter housings	XY	ИΠ	□N/A
	Water separators	אם אם אאָ	//A	·			
4. W	hich method of detection is used by th	ne responsible of	ficial?				
	Visual examination (condensed so	olvent on exterio	r surfaces)		Ø		
Physical detection (airflow felt through gaskets)				Œ		ļ	
Odor (noticeable perc odor)			/				
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			ubes)			ĺ	
Halogen leak detector							
If using direct-reading instrumentation, is the equipment:				ON	A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				ΠY	Πи		
	b. Calibrated against a st (PID/FID only)?	tandard gas prio	r to and after	r each use	ΩY	ПN	
c. Inspected for leaks and obvious signs of wear on a weekly basis?				ΩY	ПΝ		
d. Kept in a clean and secure area when not in use?				\Box Y	ΠN		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			ΠY	ПN			

Randall Cunningham	10-4-99
Inspector's Name (Please Print)	Date of Inspection
Adult Th	10-00
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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Revised 09/15/97

ATRS ID#.

11700 88

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: Dry Clean	USA			D.	ATE:
FACILITY LOCATION: 1425 7	Uskamilla	Rd. #1	29		
Winter	Springs, FL	3270	8		
Annual Reporting Period: 0 c f a	ber	19.44	то _	October	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F				<u> </u>	ith DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permi	that has not been in	n continuous o	complian	ce during the reporting	g period stated above:
Exact period of non-compliance: from				to	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
#2. Term or condition of the general permi	t that has not been is	n continuous (complian	ce during the reporting	g period stated above:
Exact period of non-compliance: from			, to)	
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:					
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities. RESPONSIBLE OFFICIAL. Na	and complete. Furt 100 gallons per year	ther, my annu	al consui	nption of perchloroeth	ylene solvent, based

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

Page ____ of ____.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DI	SCOVERY [RE-INSPECTION
TIME IN: 1/10 am	TIME OUT:	!31 am_	AIRS ID#:1	70088
TYPE OF FACILITY:	ory Cleaner		·	
FACILITY NAME:	14 Clean USA	<u> </u>		DATE: 10 -4-99
FACILITY LOCATION:	1425 Tushawilla 1			
	winter Springs,			
RESPONSIBLE OFFICIAL:	De Ke	ne flores	_PHONE NUMBER:_	1407) 695-2552
\ <u>\</u>	of the compliance requirements of Rule 62-213.300, Florida Adm	-	•	ity is found to be in
Based on the results discrepancies were n	of the compliance requirements of the compliance requirement of the compliance requirements of the compliance requirement of th	evaluated during th	nis inspection, the follo	owing compliance
COMPLIANCE RE	QUIREMENT/PROBLE	M FOI	LLOW-UP ACTION	ON REQUIRED
<u> </u>	-		-	
				_
COMMENTS:		<u></u>		
In (ompliance	<i>e</i>		
The Annual Compliance Cert	ification form has been properly	certified and subm	itted to the inspector.	YES NO
DATE OF NEXT INSPECT	A ()	2000		, — —
		(Approximate)		
INSPECTION CONDUCTE	DBY: Randa	// Cuni	1,19har	<u>~ </u>
INSPECTOR'S SIGNATUR	RE: Potall C	(Please Print)	PHONE NUMBER:_	(407) 843-3333
	-	.geof		Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

ARMS	UPDATED
DATE	10-3-00
BY	Re

YPE OF INSPECTION:

ANNUAL (INS1, INS2)

RE-INSPECTION (FUI) □

COMPLAINT/DISCOVERY (CI) -

University Boun in Publix AIRS ID#: 170088 DATE: TIME IN: TIME OUT: FACILITY NAME: Dry Clean USA FACILITY LOCATION: 1425 Tuska willa Rd. #129 Winter Springs, FL 32708 RESPONSIBLE OFFICIAL: Rene Flores PHONE: 407 -249-9883 CONTACT NAME: An tunio Alunso PHONE: 407 -695 -2552

PART I: NOTIFICATION				
(check appropriate box)		Facility Compliance Status:	IN	X
1. New facility notified DARM 30 days prior to startup	, a	(ARMS Data)	MNC	
2. Facility failed to notify DARM to use general permit			SNC	

PART II: CLASSIFICATION No notification form Facility indicated on notification form that it is: Drop store out of business/petroleum (check appropriate box) has of June 2000 2. New small area source 1. Existing small area source Bureau of Air Monitoring & Mobile Sources dry-to-dry only, x < 140 gal/yrdry-to-dry only, x < 140 gal/yrtransfer only, x < 200 gal/yrtransfer only, x < 200 gal/yr both types, x < 140 gal/yrboth types, x < 140 gal/yr(constructed on or after 12/9/91) (constructed before 12/9/91) 4. New large area source 3. Existing 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, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed on or after 12/9/91) (constructed before 12/9/91) $\square N$ □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 253 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? CHY ON ON/A 2. Examining the containers for leakage? MV IN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN 5 NA 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? 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 LY ON ON/A 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 UY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new	w large area source also:
Measured and recorded the exhaust temperature on the o on dry-to-dry, reclaimer, and dryer machines on a weekl	. /
Measured and recorded the washer exhaust temperature a inlet and outlet weekly?	DY ON CON/A
Is the temperature differential equal to or greater th	nan 20° F?
3. Measured and recorded the perc concentration in the exh at the end of the final drying cycle while the machine is vif machines are equipped with a carbon adsorber?	
Is the perc concentration equal to or less than 100 p	opm?
4. Assured that the sampling port on the carbon adsorber experc concentrations is at least 8 duct diameters downstrea or expansion; is at least 2 duct diameters upstream from a or expansion; and downstream from no other inlet?	am of any bend, contraction,
5. Equipped transfer machines (dryers, reclaimers, and was condenser coils?	hers) with individual
6. Routed airflow to the carbon adsorber (if used) at all time	es? OY ON UNIA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
1. Maintained receipts for perc purchased?	œY □N
2. Maintained rolling monthly total of perc consumption?	P ON
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	LY 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?	OY ON ZIN/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON A N/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MAN/A
6. Maintained startup/shutdown/malfunction plan?	dry on
7. Maintained deviation reports?	OY ON ØÑ/A
Problem corrected?	OY ON ØN/A
8. Maintained compliance plan, if applicable?	OY ON MAN/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detec	ction and repair		
inspection?	tery On		
2. Has the facility maintained a leak log?	dy on		
3. Does the responsible official check the following areas for leaks?			
Hose connections, fittings,			
couplings, and valves TY DN DN/A Muck cookers	OY ON ON/A		
Door gaskets and seating	OY ON ON/A		
Filter gaskets and seating TY DN DN/A Exhaust dampers	OY ON ON/A		
Pumps	Y ON ON/A		
Solvent tanks and containers	usings WY ON ON/A		
Water separators □Y □N □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)			
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)			
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:	ZN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 pp	m? □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?	OY ON		
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		

Randall Conningham
Inspector's Name (Please Print)
Made
Inspector's Signature

[U-3-00]

Approximate Date of Next Inspection



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clear	NSA		DATE: 10-3-00
FACILITY LOCATION: 1425 1		#129	
	Springs, FL 3	· .	•
) 1 1 0 3	
Annual Reporting Period: October	1449 20	TO JUNE	20_00
Based on each term or condition of the Title V	general air permit, my facility	y has remained in compli	ance with DEP Rule
62-213.300, Florida Administrative Code (F.A	a.C.), during the period covere	d by this statement.	YES 🗖 NO
If NO, complete the following:			
#1. Term or condition of the general permit the	nat has not been in continuous	compliance during the re	porting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			
Method used to demonstrate compliance:			<u></u> _
#2. Term or condition of the general permit th	aat has not been in continuous	compliance during the re	porting period stated above:
Exact period of non-compliance: from		to	
Action(s) taken to achieve compliance:			·
Method used to demonstrate compliance:	•	·	
	* * *		
As the responsible official, I hereby certify, bain this notification are true, accurate and compurchase receipts, does not exceed 2,100 gallo combination facilities. RESPONSIBLE OFFICIAL:	plete. Further, my annual con	sumption of perchloroeth	ylene solvent, based upon

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 11:50	TIME OUT:12!15	AIRS ID#:	1088
TYPE OF FACILITY: Ory	Cleuning		
FACILITY NAME:	clean USA	11.00	DATE:
FACILITY LOCATION: 14	25 Tushawilla Rd.	#129	
TACIEITI EOCATION.	nier springs, PL 37	-708	
RESPONSIBLE OFFICIAL:		PHONE NUMBER:	
	the compliance requirements evalu	uated during this inspection, the facilit	y is found to be in
Based on the results of discrepancies were note		uated during this inspection, the follow	ving compliance
	UIREMENT/PROBLEM	FOLLOW-UP ACTIO	N REQUIRED
•			
•			
COMMENTS:	apliance -	Now props	Store
		· .	,
	$\Delta I I \Delta$	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO	N:(A	pproximate)	
INSPECTION CONDUCTED	BY: Kandall Cunni	ingham	
INSPECTOR'S SIGNATURE:	PHUIN L	Hease Print) PHONE NUMBER:	407-843-3333
		1 HONE NOMBER	
	Page_	<u>/</u> of	Revised 10/96

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

DRYCLEAN USA USO AIRS ID # 1170088
ANGELO IZQUIERDO
1875 W COMMERCIAL BLVD SUITE 140

FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302656

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#1170088

TUSKAWILLA #11509 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to rec following service extra fee): 1. Address: 2. Restricte Consult postmas	s (for an ee's Address ed Delivery	Receipt Service.
IN ADDRESS completed	3. Article Addressed to: AIRS ID#: 1170088 TUSKAWILLA #11509 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4a. Article N 2 6 4b. Service Registers Express Retum	Type od Mail ceipt for Merchandise	Certified Insured COD	you for using Return Rec
s your RETURN	5. Received By: (Print Name)6. Signature: (Addressee or Agent)X	8. Addressee and fee is	e's Address (Only i paid)	if requested	Thank
. <u>~</u>	PS Form 3811 , December 1994		Domestic Ret	urn Receipt	

P 265 302 459

US Postal Service

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

AIRS ID#: 1170088

TUSKAWILLA #11509 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

	Certified Fee	
	Special Delivery Fee	
D.	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
, Aprı	Return Receipt Showing to Whom, Date, & Addressee's Address	
Lo rom sout	TOTAL Postage & Fees	\$
: נ	Postmark or Date	
٥		
٥		
۱-		

Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)			
Sent to			
Street & Number			
Post Office, State, & ZIP Code			
Postage	\$		
Certified Fee			
Special Delivery Fee			
Restricted Delivery Fee			
Return Receipt Showing to Whom & Date Delivered			
Return Receipt Showing to Whom, Date, & Addressee's Address			
TOTAL Postage & Fees	\$		

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 for card to you. Attach this form to the front of the mailpiece, or on the	n so that we can return this extra fee):	ervices (for an dressee's Address
permit. Write 'Return Receipt Requested' on the mailpiece be The Return Receipt will show to whom the article was delivered.	w the article number.	estricted Delivery stmaster for fee.
AIRS ID 11700 TUSKAWILLA #11509 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4a. Article Number 23336/ 4b. Service Type Registered Express Mail Return Receipt for Merch 7. Date of Delivery	Certified
Received By: (Print Name) Signature: (Addressee or Agent)	8. Addressee's Address' and fee is paid)	(Only if requested

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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

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DRYCLEAN USA
EDDIE RODRIGUEZ

1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00



Do NOT Remove Label

AIRS ID # 1170088

DRYCLEAN USA # 11504
MICHAEL GAGLIANO
1875 W COMMERCIAL BLVD SUITE 140
FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273