

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 6, 1996

Mr. Jeffrey Szulman Dryclean USA 5528 West Sample Road Margate, Florida 33073

Dear Mr. Szulman:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 14, 1996.

Please note that in November 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 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

lotty levets

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

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

#0112211

•
Dryclean USA
-spoke With Jeffrey Szulman-8/28/96
p.13 6. need title-President
·
P.15 4. incorrect, mark out "X" and initial 5.(c) not required, mark out "X" and initial
and initial

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.							
	Site Name (For example, plant name or number):						
2.	Site Name (For example, plant name or number):						
	Dry clean USA Hazardous Waste Generator Identification Number:						
3.	Hazardous Waste Generator Identification Number:						
	Site ID#5858950 Lic# HM02599-96 Facility Location: Street Address: 55 28 W. Sample Rd.						
4.	Facility Location: Street Address: 55 28 W. Sample Rd.						
	Street Address: 55 28 W. SAMPRE City: MARGATE County: Brown 1 Zip Code: 33073 Facility Identification Number (DEP Use):						
5.	Facility Identification Number (DEP Use): $QU221$						
	Responsible Official						
6	Name and (Title of Responsible Official:						
	Jeffrey Szulman Responsible Official Mailing Address:						
7.	Organization/Firm:						
	Street Address: 5528 W. SAMPLE City: MAY 947 E County: Zip Code: 33073						
8.	Responsible Official Telephone Number: Telephone: (954)975-8482 Fax: () -						
•	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
	NA						
10.	Facility Contact Address:						
	Street Address:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						
	RECEIVED						
	N L C E I V E. D						

AUG 1 4 1996

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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	; ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Da Co De Ins
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	0.
Dry-to-Dry Unit	19898			MA.	Taran Maria		· · · · ·		
(1) w/ ref. condenser	1	8/86				2 .			Π
(2) w/ carbon adsorber		1				<i>*</i> .			Γ
(3) w/ no controls	<u> </u>					:		**	
Washer Unit	in the second				or the second to the	現の難した。	77. 17.		44
(4) w/ ref. condenser						1 .			Ι
(5) w/ carbon adsorber	1								Т
(6) w/ no controls					•	l			
Dryer Unit				rib ni		HANGARIN A		的中文的理由	E-1
(7) w/ ref. condenser						7 :			
(8) w/ carbon adsorber		:	, ,	,				,	
(9) w/ no controls									
Reclaimer Unit	1000			[447-4		7年44万藏	
(10) w/ ref. condenser						_	· ·		Γ
(11) w/carbon adsorber									Г
(12) w/ no controls		,							Г
									•
(b) Control devices are(c) No control devices	•			Ľ					
	quant gallo	equired to be ity of perchlo ons ow many? [_	oroethylene (perc)				•	
(c) No control devices 2.(a) What was the total (12.0 (b) If less than 12 mont	quant gallo ths, he s than	equired to be ity of perchlo ons ow many? [_ 12 months:	oroethylene (] months New owner:	perc)	_] New store	: [] Did	not k	eep records:	
(c) No control devices 2.(a) What was the total of the least than 12 mont check why it is less 3. What is the facility's so	quant gallo	equired to be ity of perchlons ow many? [oroethylene (] months New owner:	perc)	_] New store	: Did d in section (not k	eep records:	

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
© Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:					
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
ĽŽį	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility according in the facility according in the facility according in the facility according to the facility, based on information and belief formed after reasonable inquiry, that the facility 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.				

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL [COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: /:00	TIME OUT:22	00AIRS ID#:	22//
TYPE OF FACILITY: Pry	cleaner	\$	
FACILITY NAME: Dry		<u></u>	DATE: 10 -14-97
FACILITY LOCATION: 5	528 W Sample A	Road	
	argate Fl 3307	3	
RESPONSIBLE OFFICIAL:_	Jeffrey Szulman	PHONE NUMBER:	975-8482
	f the compliance requirements ex Rule 62-213.300, Florida Admir	valuated during this inspection, the facil nistrative Code (F.A.C.).	ity is round to be in
Based on the results o discrepancies were no	•	valuated during this inspection, the follo	owing compliance
COMPLIANCE REQ	UIREMENT/PROBLEM	FOLLOW-UP ACTION	ON REQUIRED
		,	
	 		_
	<u>·</u>		
•			
COMMENTS:			
	•		
The Annual Compliance Comit	ionion form has been acceptable	anifold and submitted to the income	VECTO NOT
DATE OF NEXT INSPECTI	,	certified and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTI	ON: <u>04 75</u>	(Approximate)	_
INSPECTION CONDUCTED	BY: B Thomas		
		(Please Print)	
INSPECTOR'S SIGNATURE	E: Bollinan	PHONE NUMBER:	519-1459

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECT	COMPLAINT/DISCOVERY
يغد	-97 TIME IN: 1:00 TIME OUT: 2:00
FACILITY NAME: Drycleun US	; <u>A</u>
FACILITY LOCATION: <u>5528</u> We	st Sample Road
Margate	F1 33073
	C- 1 PHONE 975-01100
CONTACT NAME: Jeffrey	Szu/man PHONE: 175-8482
D. D. V. V. V. D.	
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to s	tartup .
2. Facility failed to notify DARM to use general p	•
2. Facility failed to flowly DARW to use general p	of the control of the
PART II: CLASSIFICATION	
Facility indicated on notification form that it is (check appropriate box)	: No notification form Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ 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 $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	fication: general permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) facility was 80 gallons.	purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) ZY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DEY ON ON/A 2. Examining the containers for leakage? DZY □N 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/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? D. DN DN/Y 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) DAY ON 1. Equipped all machines with the appropriate vent controls? DAY 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 DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN 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?	ΠY	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	N	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ИП	□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?	ΠX	ΠŅ	□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?	\Box Y	ИП	□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	ВИ	□N/A

PART V: RECORDKEEPI REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for para purchased?	DEY ON
2. Maintained rolling monthly averages of perc consumption?	OZY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ofy 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?	WEY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	OMA NO YOU
5. Maintained exhaust duct monitoring data on perc concentrations?	DEYY □N □N/A
6. Maintained startup/shutdown/malfunction plan?	OEYY □N
7. Maintained deviation reports?	ESY ON ON/A
Problem corrected?	®Y □N □N/A
8. Maintained compliance plan, if applicable?	S Y ON ON/A

PART VI: LEAK DETECTION AN	D REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	: ,		DEY ON			
2. Has the facility maintained a leak le	og?		MY ON			
3. Does the responsible official check	the following areas for leaks?					
Hose connections, fittings, couplings, and valves	t y on on/a	Muck cookers	DowY □N □N/A			
Door gaskets and seating	OY ON ON/A	Stills	OPY □N □N/A			
Filter gaskets and seating	DYY □N □N/A	Exhaust dampers	MY ON ON/A			
Pumps	CEY ON ON/A	Diverter valves	MY ON ON/A			
Solvent tanks and containers	ODY ON ON/A	Cartridge filter housings	MY ON ON/A			
Water separators	Y ON ON/A					
4. Which method of detection is used	by the responsible official?					
Visual examination (condense	ed solvent on exterior surfaces)		a			
Physical detection (airflow fel		G				
Odor (noticeable perc odor)			, 🗷			
Use of direct-reading instrum	entation (FID/PID/calorimetric	tubes)	œ j			
Halogen leak detector		Ø				
If using direct-reading in	If using direct-reading instrumentation, is the equipment:					
a. Capable of detecti	n a range of 0-500 ppm?	OY ON				
b. Calibrated agains (PID/FID only)?	er each use	OY ON				
c. Inspected for leak	a weekly basis?	OY ON				
d. Kept in a clean ar		OY ON				
e. Verified for accur-	acy by use of duplicate samples	(calorimetric only)?	OY ON			

Inspector's Name (Please Print)

Date of Inspection

October 98

Inspector's Signature

Approximate Date of Next Inspection

PER ILOROETHYLENE DRY CL NERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
RE-INSPECTI	ОИ
AIRS ID#: <u>0//22//</u> DATE: <u>10-/4</u>	•97 TIME IN: 1:00 TIME OUT: 2:00
FACILITY NAME: Dryclean US	A
FACILITY LOCATION: 5528 Wes	t Sample Road
Margate	F1 33073
RESPONSIBLE OFFICIAL: <u>Teffrey</u>	Szulman PHONE: 975-8482
CONTACT NAME: Jeffrey	Szu/man PHONE: 975-8482
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to st	аппир
2. Facility failed to notify DARM to use general p	ermit \Box
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (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 $12/9/91$)
5. This is a correct facility classification	□Y □N □Can not determine
	Tication: eneral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) processing facility was 30 gallons.	purchased within the preceding 12 months by this dry cleaning

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?	ZY ON ON/A			
2. Examining the containers for leakage?	DEY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	og√y □n			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	d y □n □n/a			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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?	t Z√y' □N			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	o on on a			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØAr □n □n/a			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	on you			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ODY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ory □n			

)

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?	OY C	IN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY C	IN [DN/A
	Is the temperature differential equal to or greater than 20° F?		IN C	A/NC
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?		IN C	IN/A
	Is the perc concentration equal to or less than 100 ppm?		N [2N/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?		IN C	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY C	וא כ	DN/A
6.	Routed airflow to the earbon adsorber (if used) at all times?	OY C	א כ	⊃N/A

PART V: RECORDKEEP! REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for part purchased?	DETY ON
2. Maintained rolling monthly averages of perc consumption?	OXY □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	12 Y on on∕a
4. Maintained calibration data? (for applicable direct reading instruments)	OPY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OPY □N □N/A
6. Maintained startup/shutdown/malfunction plan?	OPÝ □N
7. Maintained deviation reports?	ety on on/a
Problem corrected?	©YY □N □N/A
8. Maintained compliance plan, if applicable?	לאי בא באים אים אים אים אים אים אים אים אים אים

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a	weekly (for	small sources,	bi-weekly) leak detection ar	nd repair			
	inspection?				© Y	ПΝ		
2.	Has the facility maintained a leak log?	ජ Y	ПΝ					
3.	Does the responsible official check the	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	© Ý □N	□N/A	Muck cookers	OMY □N	I □N/A		
	Door gaskets and seating	o√y on	□N/A	Stills	G YY □N	I □N/A		
	Filter gaskets and seating	oy on	□N/A	Exhaust dampers	CRY ON	I DN/A		
	Pumps	BY ON	□N/A	Diverter valves	BY ON	I 🗆 N/A		
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	MA DN	I □N/A		
	Water scparators	Y DN	□N/A					
4.	Which method of detection is used by the	he responsil	ble official?					
	Visual examination (condensed so	olvent on ex	tterior surfaces)		3			
	Physical detection (airflow felt thi	ough gaske	ets)		3			
	Odor (noticeable perc odor)		2					
	Use of direct-reading instrumenta	tion (FID/P	ID/calorimetric	tubes)				
	Halogen leak detector				Ø			
	If using direct-reading instr	umentation	, is the equipm	ent:	□N/A			
	a. Capable of detecting p	oerc vapor o	concentrations is	n a range of 0-500 ppm?	OY ON	1		
	b. Calibrated against a s (PID/FID only)?	tandard gas	prior to and aft	ter each use		1		
	c. Inspected for leaks an	d obvious s	igns of wear on	a weekly basis?	OY ON	1		
	d. Kept in a clean and se	cure area v	vhen not in use?	•	OY ON	1		
	e. Verified for accuracy	by use of di	aplicate samples	(calorimetric only)?	DY DN	j		
	J homus Inspector's Name (Please Prin	,		10-14-97 Date of Inspe				
	Inspector's Name (Please Prin	it)		Date of Inspe	ction			
	of Thung			October 9	8			
	Increactor's Signature			Approximate Date of 3	Next Inche	ection		

261791

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.

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

FEB 27 97

Do NOT Remove Label

AIRS ID# 0112211

JAES INC JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

BEST AVAILABLE COPY INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: / WAL D COMPLA	AINI/DISCO . RY RE-INSPECTION
TIME IN:	AIRS ID#:
TYPE OF FACILITY: Pryclesner	i.e.
FACILITY NAME: Dry clean USA	DATE: 10 -14-97
FACILITY LOCATION: 5528 W Sample Road	
Margate Fl 33073	
RESPONSIBLE OFFICIAL: Jeffrey Szulman	PHONE NUMBER: 975 - 8482
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administrative	
Based on the results of the compliance requirements evaluated discrepancies were noted:	during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	-
·	
COMMENTS:	
•	
The Annual Compliance Certification form has been properly certified	and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 0 4 98	
— — — — · · · ·	ximate)
INSPECTION CONDUCTED BY: Knows (Please	Print)
INSPECTOR'S SIGNATURE: Allumn	PHONE NUMBER: 519 - 145 9
Pageo	f Revised 10.

AIRS	ID#:	0/12211
,		

() (Revised 10/10/96

DRY CLL. NER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry Clean USA		DATE: <u>10-14-97</u>
FACILITY LOCATION: 5528 West Sample Road		
Margate Fl 33073		
Annual Reporting Period: 6ct 1996	то	oct 1997
Based on each term or condition of the Title V general air permit, my facility 62-213.300, Florida Administrative Code (F.A.C.), during the period covered		
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in continuous of	compliance during	the reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in continuous of	compliance during	the reporting period stated above:
		RECEIVED
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		NOV 1 2 1997
Method used to demonstrate compliance:	•	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information and belief made in this notification are true, accurate and complete. Further, my annual upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print)	al consumption of	perchloroethylene solvent, based dry facilities or 1,800 gallons per

^{*}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.

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: Dry	Clean USA		:		DATE	: <u>10-14-97</u>
FACILITY LOCATION: _	5528 We	st Sample	Road			
				-		
·			97			
Annual Reporting Period:	66/		19 <u>76</u>	TO _	00/	19 .Y.Z
Based on each term or condit 62-213.300, Florida Adminis					\perp_{I}	EP Rule
If NO, complete the following	g:					
#1. Term or condition of the	general permit that	has not been in o	continuous (complianc	æ during the reporting per	iod stated above:
Exact period of non-complian	nce: from			t		
Action(s) taken to achieve co	ompliance:					
Method used to demonstrate	compliance:					
#2. Term or condition of the	general permit that	t has not been in	continuous	complian	≈ during the reporting per	iod stated above:
Exact period of non-complia	nce: from			to		
Action(s) taken to achieve co	ompliance:					
Method used to demonstrate	compliance:			-		
As the responsible official, I made in this notification are upon rolling averages of pur year for transfer or combina RESPONSIBLE OFFICIA	true, accurate and chase receipts, doe. tion facilities.	complete. Furthers not exceed 2,10	er, my annu	al consun	ption of perchloroethylen	e solvent, based

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

NOV 1 2 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT ズ ANNUAL COMPLIANCE CERTIFICATION FORM Bureau of Air Monitoring AIRS ID#011221 JAES INC JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073 Do NOT Remove Label Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:

Solve So Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reosonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL

^{*}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.

DRY CLEANER AIR QUALITY GENERAL PERMIT

ANNUAL COMPLIANCE CERTIFICATION FORM

JAES INC
JEFFREY SZULMAN
5528 WEST SAMPLE ROAD
MARGATE FL 33073

Do NOT Remove Label

Annual Reporting Period:

19
TO
19

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

*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.

RESPONSIBLE OFFICIAL



303653 🗸

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

FE9 25 93

Do NOT Remove Label

AIRS 1D#0112211

JAES INC
JEFFREY SZULMAN
5528 WEST SAMPLE ROAD
MARGATE FL 33073

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001

Obj.: 002273

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 card to you.	that we can return this	I also wish to receive the following services (for an extra fee):
Attach this form to the front of the mailpiece, or on the back permit.	if space does not	1. Addressee's Address
■Write "Return Receipt Requested" on the mailpiece below th		2. Restricted Delivery
The Return Receipt will show to whom the article was delive delivered.	ered and the date	Consult postmaster for fee.
3. Article Addressed to:	4a. Article N	umber 3,3,6,13,206
JAES INC AIRS ID 011221	4b. Service	
JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073	☐ Registere	ed Certified
MARGATE PL 330/3	☐ Return Red	ceipt for, Merchandise COD
. *	7. Date of De	elivery 1 2
5. Received By: (Print Name)	8. Addressee and fee is	e's Æddress (Önly if requested paid)
6. Signature: (Addressee or Agent)		
PS Form 3811 , December 1994	102595-97-B-0179	Domestic Return Receipt

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 0112211 JAES INC JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

039:988

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

MAIL ROOM

Do NOT Remove Label

AIRS ID # 0112211

DRYCLEAN USA JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

BEST AVAILABLE COPY

PERCE DROETHYLENE DRY CLEA ERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY
AIRS ID#: 011221/ DATE: 10-14- FACILITY NAME: DRYCLEAU USA	98 TIME IN: //:00 TIME OUT: //:30
facility location: 5528 W S	AMPLE RO. MARGATE FL 33073
RESPONSIBLE OFFICIAL: JEFFREY	SZULMAN PHONE: 975-8482 P
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	70° 5
(check appropriate box)	S N J
1. New facility notified DARM 30 days prior to star	rtup Verificia .
2. Facility failed to notify DARM to use general per	mit d' %
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ 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 $12/9/91$)
5. This is a correct facility classification **NEW MACHINE INSTALLED If no, please check the appropriate classific facility qualified for a general seconds above limits.	DY DN DCan not determine IN MAY 1998. Cation: neral permit as number 2 above nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) put facility was 90 gallons.	urchased within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? GY ON ONA 2. Examining the containers for leakage? QY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at GY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber MY ON ONIA 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) MY DN 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 AYAO NO YE condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD YE condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the AVAC NO YE 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?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY OM O	N/A
	Is the temperature differential equal to or greater than 20° F?	ם אם צם	IN/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?	ם אם צם	IN/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON O	IN/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?	ם אם אם	IN/A
5 .	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ם אם צם	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ם אם צם	IN/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	OY ON						
2. Maintained rolling monthly total of perc consumption?	MO AM						
3. Maintained leak detection inspection and repair reports for the following:							
a. documentation of leaks repaired w/in 24 hrs? or;	MY 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?	DY ON ONIA						
4. Maintained calibration data? (for applicable direct reading instruments)	AVY DN DYVA						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON WAYA						
6. Maintained startup/shutdown/malfunction plan?	WY ON						
7. Maintained deviation reports?	MY ON ONIA						
Problem corrected?	OY ON WIA						
8. Maintained compliance plan, if applicable?	OY ON SONA						

O	Δ	TQ	$\mathbf{v}\mathbf{r}$	TEAT	KDE	TROT	ION A	ND	REPAIRS
r	м	. K. I	V 1:	LLCA	N DE	IEUI	IUII A		REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY ON		
2.	Has the facility maintained a leak log?	٠.		GETY ON .		
3.	Does the responsible official check the	following areas for leaks	?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	dy oñ on/a		
	Door gaskets and seating	GY ON ON/A	Stills	OY ON ON/A		
	Filter gaskets and seating	dy on ona	Exhaust dampers	MY ON ON/A		
	Pumps	WY ON ONA	Diverter valves	אומם מם צם		
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	אומם מם צם		
	Water separators	DY ON ON/A		1		
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed s	olvent on exterior surfac	es)	Q		
	Physical detection (airflow felt th	rough gaskets)		ਰ ੍ਰ		
	Odor (noticeable perc odor)					
	Halogen leak detector					
	If using direct-reading insti	umentation, is the equi	pment:	- BANYE		
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks as	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and s	secure area when not in t	ise'?	NO AD		
	e. Verified for accuracy	by use of duplicate sam	oles (calorimetric only)?	ND YD		
	Inspector's Name (Please Pri	nt)	OCT 14 Date of Insperience OCT 199 Approximate Date of	<u> </u>		

AIRS ID#: 0 (1221)	
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ACC

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRYCLEAN USA	:	DATE: 10-14-98
FACILITY LOCATION: <u>5528 W. Sam</u>	PLE RD. MARGATE,	FL. 33073
Annual Reporting Period: CCT 14		OCT 14 1998
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), duri	•	
If NO, complete the following:		
₹1. Term or condition of the general permit that has no	ot been in continuous compliance d	uring the reporting period stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
₹2. Term or condition of the general permit that has no	ot been in continuous compliance d	uring the reporting period stated above:
Exact period of non-compliance: from		
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on in made in this notification are true, accurate and comple upon purchase receipts, does not exceed 2,100 gallons combination facilities. RESPONSIBLE OFFICIAL: Jaffre 20/Name (Please)	te. Further, my annual consumption per year for dry-to dry factivities or	on of perchloroethylene solvent, based 1.800 gallons per year for transfer or
VI-1 (D)	D-i-s)	ignature Date 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.

LEACHLURUETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

BEST AVAILABLE COPY

COMPLIANCE INSPECTION CHECKLIST

TYPE	OF	INSP	ECT	ION:

ANNUAL

9

 \Box

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 01/2211 DATE: 10/4/97 TIME IN: 10:05 TIME OUT: 10:35
FACILITY NAME: DRYCLEAN USA
FACILITY LOCATION: 5528 W. SAMPLE ED. MARCOTE 33073
RESPONSIBLE OFFICIAL: JEFFREY SZULMAN PHONE: 975-8482
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

OC (Bureau of

PART II: CLASSIFICATION

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

- ☐ No notification form
- ☐ Drop store/out of business/peighlam

À.

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, $x \le 140$ gal/yr transfer only, $x \le 200$ gal/yr both types, $x \le 140$ gal/yr (constructed on or after 12/9/91)
- 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (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)
- 5. This is a correct facility classification
- □Y ☑N □Can not determine

* NEW MCHINE IN 1948

If no, please check the appropriate classification:

B/

- facility qualified for a general permit as number 2
- 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 110 gallons.

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? EY DN DN/A Examining the containers for leakage? QY ON 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 ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ON/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) MY ON 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 DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated ENY CIN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ONA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after אם אות 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?	OY C	אכ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?		אכ	□N/A
	Is the temperature differential equal to or greater than 20° F?		N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?		אכ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY C	N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY C	ו אב	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY C	אנ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY C	אב	□N/A

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

PA	RT VI: LEAK DETECTION AND R	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?			MD Y				
2.	Has the facility maintained a leak log?			ofy □n				
3.	Does the responsible official check the f	ollowing areas for leaks?						
	Hose connections, fittings, couplings, and valves	ɗy □n □n/a	Muck cookers	QA ON ON/Y				
	Door gaskets and seating	MY ON ON/A	Stills	ŒÝ □N □N/A				
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØY □N □N/A				
	Pumps	DY ON ON/A	Diverter valves	GY ON ON/A				
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	ØY ON ON/A				
	Water separators	DY ON ONIA						
4.	Which method of detection is used by th	e responsible official?		,				
	Visual examination (condensed so	lvent on exterior surfaces)		o o				
	Physical detection (airflow felt thr	ough gaskets)		र्ख ्				
	Odor (noticeable perc odor)	₫						
	Use of direct-reading instrumental	٥						
	Halogen leak detector							
	If using direct-reading instra	imentation, is the equipm	ient:	ØŃ/A				
	a. Capable of detecting p	OY ON						
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and af	ter each use	OY ON				
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON				
	d. Kept in a clean and se	cure area when not in use?	?	OY ON				
	e. Verified for accuracy b	by use of duplicate samples	s (calorimetric only)?	OY ON				
			**					
	ART PENNETTA		CCT & 18	7??				
_	Inspector's Name (Please Prin	t)	Date of Inspe	ction				
	at East		OCT 200	00				
	Inspector's Signature		Approximate Date of	Navt Inspection				

BEST AVAILABLE COPY ANNUAL COMPLIANCE CERTIFICATION FORM



	L USA	<u>·</u>	DATE:	10/4/99
FACILITY LOCATION: 552	8 W 5A	mae Ro. Ma	RGATE 33073	
Annual Reporting Period:	CT 14	19 <u>98</u> то _	oct 4	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (1				P Rule NO
If NO, complete the following:				
≠1. Term or condition of the general permi	it that has not bee	en in continuous compliand	ee during the reporting perio	d stated above:
Exact period of non-compliance: from	-		0	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	-			
=2. Term or condition of the general permi	t that has not bee	n in continuous complianc	e during the reporting perio	d 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 a upon purchase receipts, does not exceed 2, I combination facilities.	and complete. F	urther, my annual consumi	otion of perchloroethylene s	olvent 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 ____.

PERCHLOROETHYLENE DRY CLEANERS

COMPLIANCE INSPECTION CHECKLIST					
TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	OVERY 🗆	
	RE-INSPECTION				
				<u> </u>	
AIRS 10#: 0112211 1	DATE: 9/21/00	TIME	IN: 10:15 2 TIM	4ε ου (ε) <u>10:</u> 5	\mathcal{O}
۱			& Bu	2 1	
FACILITY NAME:	•		30 g	0/	
FACILITY LOCATION:	5528 W	SAMPLE	Rid. MAG	6 ME 330	<u> 13</u>
			ourc		
RESPONSIBLE OFFICIAL :			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tiji - i	_
RESPONSIBLE OFFICIAL:	JEFFREY D	ZULIMN	_ phone: <u>(954)</u>	<u>\$75-8482</u>	- _
CONTACT NAME:					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	0 days prior to startur)		Ø	
2. Facility failed to notify DARM	I to use general permi	t		٥	
	-				
PART II: CLASSIFICATION					
	- C Ab -4 it ins		☐ No notification for		
Facility indicated on notification (check appropriate box)	1 form that it is:		☐ Drop store/out of b		
A.			-		
1. Existing small area source		New small a		U	
dry-to-dry only, x < 140 gal/yr			x < 140 gal/yr		
transfer only, $x < 200$ gal/yr		ansfer only, x	_ ,		
both types, x < 140 gal/yr		oth types, x <			
(constructed before 12/9/91)	. (0	Olistructeu on	or after 12/9/91)		
3. Existing large area source	. 🗆 4.	New large a	rea source	o .	
dry-to-dry only, $140 \le x \le 2,10$			$140 \le x \le 2,100 \text{ gal/yr}$	_	ļ
transfer only, $200 \le x \le 1,800$			$0.0 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ ga			$\leq x \leq 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)			or after 12/9/91)		
5. This is a correct facility class	sification 🗹	Y ON	□Can not determine		
If no, please check the ap	propriate classificatio	n·			
	qualified for a genera		mber above		
			ible for a general permi	t	
B. The total quantity of perchloro facility was gallons.	ethylene (perc) purch	ased within th	e preceding 12 months	by this dry cleanin	g
Tachity was (AL) pations.					ľ

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 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? 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) DAY LIN 1. Equipped all machines with the appropriate vent controls? OY 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 condenser on a weekly/bi-weckly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ONA 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

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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΈLΥ	□N	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	ПΝ	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПИ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A
		-		

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)	,			
1. Maintained receipts for perc purchased?	DAY ON			
2. Maintained rolling monthly total of perc consumption?	ON DN			
3. Maintained leak detection inspection and repair reports for the following:	,			
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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?	DY ON ON/A			
4. Maintained calibration data? Yor applicable direct reading instruments)	OY ON MANA			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON WON/A			
6. Maintained startup/shutdown/malfunction plan?	DAY DN			
7. Maintained deviation reports?	DY DN BEN/A			
Problem corrected?	DY DN DN/A			
8. Maintained compliance plan, if applicable?	איש אם עם בי			

PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			MD AED		
2. Has the facility maintained a leak log?	DY DN				
3. Does the responsible official check the					
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DAY ON ON'À		
Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A		
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	MY ON ON/A		
Pumps	EY ON ON/A	Diverter valves	MY ON ON/A		
Solvent tanks and containers	DY ON ONA	Cartridge filter housings	OY ON ON/A		
Water separators	CY ON ON/A				
4. Which method of detection is used by t	he responsible official?				
Visual examination (condensed s	olvent on exterior surface	es)	Ø		
Physical detection (airflow felt th	rough gaskets)				
Odor (noticeable perc odor)			₩ (a)		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			©N/A		
a. Capable of detecting p	erc vapor concentration	s in a range of 0-500 ppm?	OY ON		
b. Calibrated against a s (PID/FID only)?	b. Calibrated against a standard gas prior to and after each use				
c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
d. Kept in a clean and se	cure area when not in us	sc?	MD AD		
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	□Y □N		
ART POWETTA		SEP 21 Date of Inspec	2000		
Inspector's Name (Please Prin	t)	Date of Inspec	ction		
SEP 2001					
Inspector's Signature Approximate Date of Next Inspection					

•	Revised 01/18/00



AIRS ID#: 01/2211

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRICLEN USA DATE: 9/21/00
FACILITY LOCATION: 5528 W. SALRE RD. MEGATE 33073
Annual Reporting Period: OCT 4 TO SEP 21 2000
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from to
Exact period of non-compliance: fromtoto
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
· · · · · · · · · · · · · · · · · · ·
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature Date

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

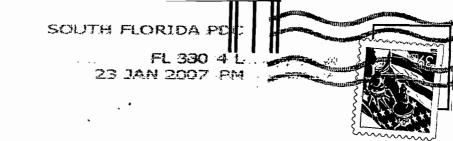
SENDER:

Complete items 1 and/or 2 for additional services. I also wish to receive the ■Complete items 3, 4a, and 4b. following services (for an Print your name and address on the reverse of this form so that we can return this s your RETURN ADDRESS completed on the reverse extra fee): card to you. Service Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address permit.

Write "Return Receipt Requested" on the mailpiece below the article number. 2. A Restricted Delivery The Return Receipt will show to whom the article was delivered and the date ם Consult postmaster for fee. 4a. Article Number 3. Article Addressed to: 660 Return 4b. Service Type AIRS ID # 0112211 DRYCLEAN USA ☑ Certified □ Registered JEFFREY SZULMAN ☐ Express Mail ☐ Insured 5528 WEST SAMPLE ROAD ☐ Return Receipt for Merchandise ☐ COD MARGATE FL 33073 7. Date of Delivery 20 2-13-9 Thank) 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature (Addressee or Agent) Domestic Return Receipt PS Form 3811, December 1994 102595-97-B-0179

Fold at line over top of envelope to

Z 333 660 551 US Postal Service **Receipt for Certified Mail** AIRS ID # 0112211 DRYCLEAN USA JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073 \$ 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 3800 \$ TOTAL Postage & Fees Postmark or Date Form S



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

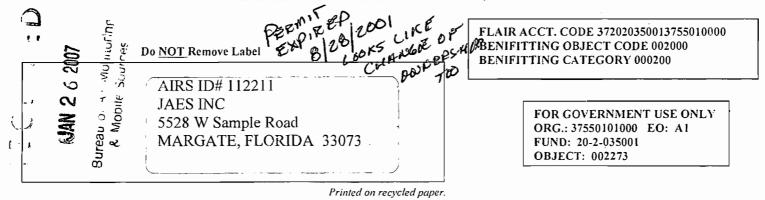
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 467557 JAN25 2017

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

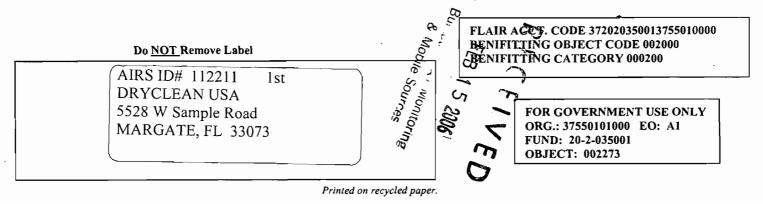
TOTAL AMOUNT DUE: \$50.00



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 458834 FEB13286

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00



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: 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
AIRS ID # 0112211 DRYCLEAN USA JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2. 333 667 2 7	
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 52 FELOMOUR MENTING Please include your AIRS ID# on your check or money order. This number can be found below

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

ID# 112211 JEFFREY SZULMAN DRYCLEAN USA 5528 WEST SAMPLE ROAD MARGATE, FL 33073

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on Four check of money office. This number is located on the mailing labor

TOTAL AMOUNT DUE: \$50.00

& Mobile Sources

Do NOT Remove Label

AIRS ID# 112211 1stC DRYCLEAN USA 5528 W Sample Road MARGATE, FL 33073

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273**

Printed on recycled paper.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

420510 DEC11 2002

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TOTAL AMOUNT DUE: \$50.00

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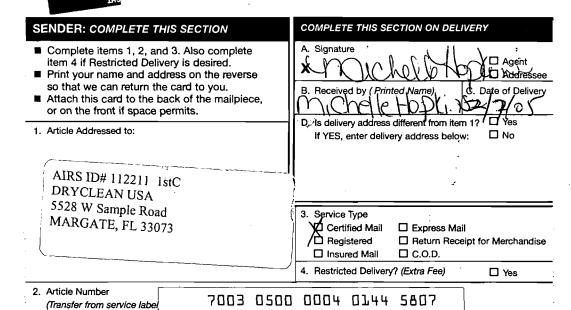
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DRYCLEAN USA JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073

FOR GOVERNMENT USE ONDY

Fund: 20-2-035001 Obj.: 002273

Org.: 37550101000 EO: A1



Domestic Return Receipt

102595-02-M-1540

PS Form 3811, August 2001





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TOTAL AMOUNT DUE: \$50.00

412484 JAN 22882 💢

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AIRS ID # 0112211

DRYCLEAN USA JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073

JAN - 4 2002

FOR COVERNMENT USE ONLY OrgM 0 550 191000 E Fund: 20-2-03500 Ges

Obj.: 002273

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RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00 FEB 24 99

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AIRS ID # 0112211

DRYCLEAN USA JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112211

DRYCLEAN USA JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073

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

Mobile Sources

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Obj.: 002273



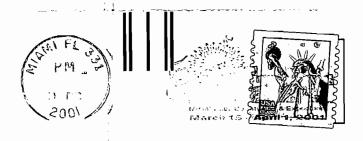
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FLORIDA STATE TREASURY
CONCENTRATION ACCT. #1009069611

Margote FL 33073



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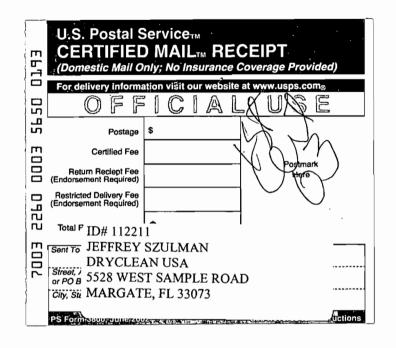
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5528 WEST SAMPLE ROAD MARGATE FL 33073 7000 0600 0026427 9307 2. Article Number (Copy from service label)	3. Service Type Certified Mail
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to	
	AIRS ID#: 0112211 JAES INC JEFFREY SZULMAN 5528 WEST SAMPLE ROAD MARGATE FL 33073	
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
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<u>8</u>	SENDER: Complete items 1 and/or 2 to addition a sorrous. 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 space permit. Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	can return this does not a number.	taiso wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
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ls yc	PS Form 3811 , December 1994		Domestic Return Receip	ī



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. 	A. Signature X Agent Agent Agent C. Date of Pelivery D. Is delivery address different from item 12 ves
Article Addressed to:	D. Is delivery address different from item 1?
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MARGATE, FL 33073	3. Septice Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003 221	0 0003 5F20 0743
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540

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	PS Form 3800. February 2	000 s	ee Reverse for Instructions			

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 SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION AIR MONITORING
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 179 \Box

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Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Tota AIRS ID # 0112211 Recip. DRYCLEAN USA JEFFREY SZULMAN Street, 5528 WEST SAMPLE ROAD MARGATE FL 33073 City, \$	4591	ர் அ							
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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.	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is Address different from item 1? Yes				
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your RETURN ADDRESS completed on the reverse side?	SENDER: Complete iterns 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.			I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Number Type red		
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PS Form 3800,

TOTAL Postage & Fees

Postmark or Date

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