

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 19, 1996

Ms. Bernadette Carmelus Payless Quality Cleaners 10016 West McNab Road Tamarac, Florida 33321

Dear Ms. Carmelus:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 19, 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 is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

#0112219

Payless Quality Cl	eaners)
-spoke with the Pres	sident (Smith)—
p.13 4 add zip code - 33 6 add title-Owner	321 Vice-President
p.14 1.(c) mark out "X" and 3. Should be new sma p.15 5.(f) required	d initial U area Source
p.15 5.(f) required	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
	PAYLESS CLEANERS ENPRYLESS PUNLITY CLEANER INC						
2.	Site Name (For example, plant name or number):						
	PAYLESS GUACITY CLESNENS						
3.	Hazardous Waste Generator Identification Number:						
	FLO						
4	Facility Location: 10016 WEST MENTS NO						
	City: TAMANAC County: Browno (Zip Code:)						
5.	Facility Identification Number (DEP Use): 0/1/22/9						
	Responsible Official						
(6)	Name and (Title) of Responsible Official:						
	BENNADETTE CARMECUS						
7.	Responsible Official Mailing Address:						
	Organization/Firm: SAME AT AGIVE!						
	City: County: Zip Code:						
8.	Responsible Official Telephone Number:						
	Telephone: (954) 724-9939 Fax: ()						
	Facility Contact (If different from Responsible Official)						
9.	Name and Title of Facility Contact (For example, plant manager):						
10.	Facility Contact Address:						
	Street Address: City: County:						
	City: County: Zip Code:						
11.	Facility Contact Telephone Number:						
	Telephone: () - Fax: () -						
L							

RECEIVED

AUG 1 9 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device	١	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit	4	Dry 7. 0	ry						
(1) w/ ref. condenser	(1)	11-1-96	11-1-96						
(2) w/ carbon adsorber	,								
(3) w/ no controls	,								
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser						-			
(8) w/ carbon adsorber									
(9) w/ no controls								-	
Reclaimer Unit									_
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed No control devices are required to be installed 2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months? [190] gallons 90 Gracio Znitine Remanding (b) If less than 12 months, how many? [8] months Check why it is less than 12 months: New owner: [1] New store: [1] Did not keep records: [1]									
What is the facility's so (Indicate with an "X". Existing small ar	Selec	t one classifi	cation only.))	initions found		3) of	Part II?	
Existing large are	ea soi	urce []	Ne	w lai	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source Carbon adsorber	Refrigerated condenser []
New small area source Refrigerated condenser	
New large area source Refrigerated condenser []	
	·
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following :
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	and Recordkeeping Information
	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 mor	nitoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

•	Surrender of Existing All Fermings)
Please indica	te 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)
\bowtie	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 fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.
Dea	nost the Paradus

Signature BELDEN6776 CARMEUS

Date

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 16 of 16

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT OMPLIANCE INSPECTION CHECKL.

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	ON O
AIRS ID#: 01/22/19 DATE: 10-17-	97 TIME IN: 1:30 TIME OUT: 2:30
FACILITY LOCATION: 100 16 West	Mc Nob Road
	Carmelus PHONE: 724-9939
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to state 2. Facility failed to notify DARM to use general per	· ·
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	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 before 12/9/91)	(constructed on or after 12/9/91)
ı	(constructed on or after $12/9/91$) 4. New 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 on or after $12/9/91$)
(constructed before $12/9/91$) 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	4. New large area source \square 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) 3. Existing large area source □ dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification facility qualified for a general section of the	4. New 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 on or after $12/9/91$)

PART III: GENERAL CONTRO 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? AY ON ON/A 2. Examining the containers for leakage? MO AM 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ZÝ ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/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)

ì.	Equipped all machines with the appropriate vent controls?	ØÝ	ПΝ	
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØÝ	ПN	□N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΔY	ПΝ	□N/A
∔.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	d y	ПΝ	
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	ØÝ	ПN	□N/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	øÝ	מם	

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?		מם	
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?	ΠY	ПΝ	DN/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	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩX	ΩN	$\square N / \mathbb{N}$
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?	ΩY	מם	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all urnes?	ΟY	ΩИ	
_				
P.	ART V: RECORDKEEPING REQUIREMENTS			
	as the responsible official: heck appropriate boxes)			
1.	Maintained receipts for perc purchased?	ØÝ	ПΝ	
2.	Maintained rolling monthly averages of perc consumption?	PY	ΩN	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	ØÝ	ПΝ	□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?	ØÝ	ПN	□N/A
4.	Maintained calibration data? (for applicable direct reading instruments)	øÝ	ПN	□N/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	ØÝ	ПN	□N/A
6.	Maintained startup/shutdown/malfunction plan?	ØÝ	ПN	
7.	Maintained deviation reports?	ØÝ	ПN	DN/A

ØY ON ONA

DY ON ONIA

Problem corrected?

8. Maintained compliance plan, if applicable?

P.A	ART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible officialduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?	MY ON					
2.	Has the facility maintained a leak log?	MD Y					
3.	Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves $\square Y \square N \square N/A$ Muck cookers	AYON ON/A					
	Door gaskets and seating PY ON ON/A Stills	DÝ ON ON/A					
	Filter gaskets and seating DY ON ON/A Exhaust dampers	אואם אם צמ					
	Pumps	אואם אם צם					
	Solvent tanks and containers DY DN DN/A Cartridge filter housings	ZY ON ON/A					
	Water separators PY ON ON/A						
4.	Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector	Ø					
	If using direct-reading instrumentation, is the equipment:	□N/A					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	OY ON					
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	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?	OY ON					
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	מם עם					
_							

Bob Thomas	10-17-97
Inspector's Name (Please Print)	Date of Inspection
356 Thomas	October 1998
Inspector's Signature	Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNU/ COMPLIANCE CERTIFICATION DRM 01/22/9

FACILITY NAME: Payless	Quality C	leamers		DATE:	10-17-97
FACILITY LOCATION: 10016	West McNab	Road.			
FACILITY LOCATION: 10016	Florida	33321			
Annual Reporting Period: 0			то	october	1997
Based on each term or condition of the T 52-213.300, Florida Administrative Code	•			<u> </u>	P Rule □NO
If NO, complete the following:		•			
#1. Term or condition of the general per	mit that has not been i	n continuous	compliance (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:	·				
#2. Term or condition of the general per	mit that has not been	in continuous	compliance	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 cert made in this notification are true, accurring averages of purchase received year for transfer or combination facilities. RESPONSIBLE OFFICIAL: BET	ate and complete. Fur ots, does not exceed 2, es.	ther, my annu	al consumpt	ion of perchloroethylene	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 _____.

NOV 1 2 1997

Bureau of Air Monitoring & Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261251

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

RECEIVED MAIL ROOM

FEB 24 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112219
PAYLESS QUALITY CLEANERS INC
BERNADETTE CARMELUS
10016 WEST MCNAB ROAD
TAMARAC FL 33321

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Revised 10/96

Fold at line over top of envelope to SENDER: on the reverse side? Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b. I also wish to receive the following services (for an Print your name and address on the reverse of this form so that we can return this extra fee): card to you.

Attach this form to the front of the mailpiece, or on the back if space does not Service 1. Addressee's Address 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 2.

Restricted Delivery Receipt Consult postmaster for fee. 3. Article Addressed to: Article Number RETURN ADDRESS completed Return PAYLESS QUALITY CLEANERS NOLE 4b. Service Type BERNADETTE CARMELUS Certified ☐ Registered using ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD TAMARAC FL 33321 7. Date of Delivery 5. Received By: (Print Name) 8. Addressee's Address (Only if requested and fee is paid) 6. Signature: (Addressee or Agent) is your Domestic Return Receipt PS Form 3811, December 1994

المحددان (العامانية المعاملة

P 265 302 358

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

AIRS ID#: 0112219
PAYLESS QUALITY CLEANERS INC
BERNADETTE CARMELUS
10016 WEST MCNAB ROAD
TAMARAC FL 33321

	Ceruneu ree	1
	Special Delivery Fee	
	Restricted Delivery Fee	
199	Return Receipt Showing to Whorn & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
3	Postmark or Date	
³ S Form 3800 , April 1995	2/14/97	

Consult postmaster for fee. 4a. Article Number 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery
BAddressee's Address (Only if requested and fee is paid)
7.

S jaja Pra SOW US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. AIRS ID 0112219 PAYLESS QUALITY CLEANERS INC BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321 Þ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Form 3800, TOTAL Postage & Fees Postmark or Date S

BEST AVAILABLE COPY

1.4		. /
DRY CLEANER AIR QU	JALITY GENERA	L PERMIT
ANNUAL COMPLIANCE	•	
PAYLESS QUALIT BERNADETTE CA 10016 WEST MCNA TAMARAC FL 3332	RMELUS B ROAD	Bureau of Air Monica Mobile Sound
Do <u>NOT</u>	Remove Label	ir M
Annual Reporting Period: TPN	1997 то	
Based on each term or condition of the Title V general air permit, m 62-213.300, Florida Administrative Code (F.A.C.), during the period	-	N [−] •
If NO, complete the following:		
#1. Term or condition of the general 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 compliance:		
Method used to demonstrate compliance:		· .
#2. Term or condition of the general 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 compliance:	·	
Method used to demonstrate compliance:		
As the responsible official, I hereby certify, based on information and belice notification are true, accurate and complete. Further, my annual consumed does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gal	ption of perchloroethylene so	lvent, based upon purchase receipts,
RESPONSIBLE OFFICIAL: BERNANETE Name (Please Print)	Bernaddle C Signatur	2 Amely 2-1898 E 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.

AIRS ID#: 0/122/9

por *

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

<u>_</u>			
FACILITY NAME: Payless (Judity Cleaner	<u>/) </u>	TE: 12/10/98
FACILITY LOCATION: 10016	west the Nat Roa	w/	
Tawar	ac, Florida 33	321	
Annual Reporting Period:	19 <u>9</u> 7 то	Dec.	19 <u>9</u> 8
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.		<u> </u>	th DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit the	hat has not been in continuous compl	liance during the reporting	period stated above:
Exact period of non-compliance: from		to self	
Action(s) taken to achieve compliance:		JOS P.	
Method used to demonstrate compliance:		Sol Mon	
#2. Term or condition of the general permit t	hat has not been in continuous compl	Riance during the reporting	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, be made in this notification are true, accurate as upon purchase receipts, does not exceed 2,10 combination facilities.	nd complete. Further, my annual cor 0 gallons per year for dry-to dry fac:	nsumption of perchloroeth;	viene solveni, base i
RESPONSIBLE OFFICIAL: BERNA Nam	DETTE (ARMELYS e (Please Print)	Signature	Cornelle 12-10-7

^{*}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.

BEST A	VAILABLE COP
TYPE OF INSPECTION: ANNUAL X COMPLAINT/DISCOVERY RE-INSP	ECTION [
TIME IN: 14:00 TIME OUT: 15:30 AIRS ID#: 01/22/ TYPE OF FACILITY: Due Cleaners - Perc. FACILITY NAME: Pour less Quality Cleaners DATE:	9
FACILITY LOCATION: 100/6 W. Mr. Not Roow Tamanac, Florida 33321	
RESPONSIBLE OFFICIAL: Bernowdette Carmelus PHONE NUMBER: (954) 72	4-9939
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:	nc e
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUI	RED
Facility is in compliance	
-	-
COMMENTS:	
The Annual Compliance Certification form has been properly certified and submitted to the inspector. VEST DATE OF NEXT INSPECTION: One of the inspector.	
INSPECTION CONDUCTED BY: OCTAVIAN OPRIS	
(Please Print) INSPECTOR'S SIGNATURE: PHONE NUMBER: (954)	19-1420
Pag= 2 of 2.	Revised 10 H

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

530

COMPLAINT/DISCOVERY

ANNUAL

TYPE OF INSPECTION:

RE-INSPECTION
AIRS ID#: 0/1/22/9 DATE: 12/10/98 TIME IN: 14:00 TIME OUT: 15:30 FACILITY NAME: Coyless Quolity (leoners FACILITY LOCATION: 100/6 West He. Not Rood Tamara c, F/orida 3332/ RESPONSIBLE OFFICIAL: Bernadette Carmetusphone: (954) 724-9939 CONTACT NAME:
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) A.
1. Existing small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 200 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 (constructed before 12/9/91) (constructed on or after 12/9/91)
3. Existing large area source \Box 4. New large area source \Box dry-to-dry only, $140 \le x \le 2,100$ 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
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? MAY ON ONA 2. Examining the containers for leakage? AWD NO YES 3. Closing and securing machine doors except during loading/unloading? MO YE 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? BOY ON ONA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? AVAL NO YES 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) i. Equipped all machines with the appropriate vent controls? DY ON DY DN DNA 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 OWA 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 condenser exceeded 45° F? DY DN DNA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
Maintained receipts for perc purchased?	ØY □N		
2. Maintained rolling monthly total of perc consumption?	QY OK		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AMD NO YIZ		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ØNY □N □N/A		
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN Ø N/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON MA		
6. Maintained startup/shutdown/malfunction plan?	MD AM		
7. Maintained deviation reports?	OY ON \$MA		
Problem corrected?	ON ON ANY		
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 inspection? ØΥ $\square N$ 2. Has the facility maintained a leak log? YE $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, VY ON ON/A MY ON ONA couplings, and valves Muck cookers MY ON ONIA MY ON ONA Door gaskets and seating Stills Filter gaskets and seating A'ND ND YE Exhaust dampers AKE NO YX MY ON ONA Diverter valves Pumps AND NO YK Solvent tanks and containers MY ON ON/A Cartridge filter housings MY ON ONA Water separators DAY ON ONA 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) 汝 Ø 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: □N/A 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

OCTAVIAN OPRIS	12/10/98
Inspector's Name (Please Print)	Date of Inspection
het.	Dec. 1999
Inspector's Signature	Approximate Date of Next Inspection

c. Inspected for leaks and obvious signs of wear on a weekly basis?

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

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

(PID/FID only)?

NO YE

DY ON

NO YE

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Type of inspection:	ANNUAL RE-INSPECTIO	N	ජ	COMPLAINT/DI	SCOVERY			
RESPONSIBLE OFFICIAL :	amuroc, Fl	33 Sarmel	ns 35(PHONE: _72	4-9939		ρπ <u></u>	
PART I: NOTIFICATION						_		
(check appropriate box)						_		
1. New facility notified DARM	30 days prior to star	tup				œ		
2. Facility failed to notify DAR	M to use general per	mit						
Facility indicated on notificati (check appropriate box)				☐ No notification☐ Drop store/out		petroleun	n	
	ce 100 gal/yr gal/yr gal/yr	dry-to-d transfer both typ (construction). New dry-to-d transfer both typ (construction): eral permittion:	ry only, only, x es, x < 1 cted on elarge arry only, only, 20 es, 140 cted on elarge arry only, and the arry only arry only, arry on		r ine ove	Bureau of Air Monitoring & Mobile Sources	JAN 6 2001	RECEIVED
B. The total quantity of perchlo facility was [20] gallons.		rchased v	vithin th	e preceding 12 mon	nths by this o	iry clean	ing	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DRY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 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 MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? 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? DY DN DY DN DN/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 condenser upon opening the door? DY ON ON/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? OY ON

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?	מם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON ON/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?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
l. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	BY ON
3. Maintained leak detection inspection and repair reports for the following:	No Leaks
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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 DAMA
4. Maintained calibration data? (for applicable direct reading instruments)	ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	NO YO
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY DAY DAY/A
8. Maintained compliance plan, if applicable?	DY ON ON/A

PART VI: LEAK DETECTION AND R	EPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspection?	•		MD V			
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	MY ON ON/A	Muck cookers	OY 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	DY ON ON/A			
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A			
Water scparators	DY ON ON/A					
4. Which method of detection is used by the	e responsible official?	·	,			
Visual examination (condensed so	lvent on exterior surfaces)		a			
Physical detection (airflow felt thr	ough gaskets)					
Odor (noticeable perc odor)	•		₽⁄			
 Use of direct-reading instrumental 						
Halogen leak detector						
If using direct-reading instru	imentation, is the equipm	ent:	□N/A			
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	אם אם			
b. Calibrated against a si (PID/FID only)?	andard gas prior to and aft	er 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 l	y use of duplicate samples	(calorimetric only)?	□Y □N			
Vel - Nolda & S. Sk.		م اهام				
Inspector's Name (Flease Print) Date of Inspection						
Inspector's Name (Flease Prin		12/18/00				
Inspector's Signature		Approximate Date of I	Next Inspection			

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Payless Quality Cleaners	DATE: 12/13/00
FACILITY LOCATION: 10016 M. McMab Rd.	
Tamarac F 33321	
Annual Reporting Period: 2099 T	0 December 2000
Based on each term or condition of the Title V general air permit, my facility has	s remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by	this statement. QYES QNO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous com	pliance 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 comp	pliance during the reporting 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, based on information and belief forms in this notification are true, accurate and complete. Further, my annual consump purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities combination facilities. RESPONSIBLE OFFICIAL: BELLADETE CALMELY Name (Please Print)	ption of perchloroethylene solvent, based upon s or 1,800 gallons per year for transfer or
Maine (Flease Finit)	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.

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

303556

Do NOT Remove Label

AIRS ID 0112219
PAYLESS QUALITY CLEANERS INC
BERNADETTE CARMELUS
10016 WEST MCNAB ROAD
TAMARAC FL 33321

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0369100

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0112219 PAYLESS QUALITY CLEANERS

BERNADETTE CARMELUS 10016 WEST MCNAB ROAD

TAMARAC FL 33321

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0392328

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 # 0112219 PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS

10016 WEST MCNAB ROAD TAMARAC FL 33321

FOR GOVERNMENT USE ONLY

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

Obi.: 002273

ed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spacemit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to:	e does not e number. d the date	2. Restr	essee's Address ricted Delivery master for fee.	3
N ADDRESS completed	AIRS ID # 0112219. PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321	4b. Service 1 Registere Express I	Type ed Mail ceipt for Merchan	Certified Insured dise COD	:
ur RETUB	5. Received By: (Print Name) 6. Signature; (Addressee of Agent)	8. Addressee and fee is		nly if requested	
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	Restricted Delivery Fee				PAYLESS QUAL 10016 WEST MC	NAB ROAD	
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April	Return Receipt Showing to Whom, Date, & Addressee's Address	_			The second section of the section	COOL NEWS TOWN	See Heverse for Instructions
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	Restricted Delivery Fee (Endorsement Required)		
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0600	Recipient PAYLESS	QUALITY CLEANE	
	Street, Ar. 10016 WE	ST MCNAB ROAD	
7000	TAMARA City, State	C FL 33321	
	PS Form 3800, February 2	2000	See Reverse for Instructions

· ·	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
AIRS ID # 0112219 PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321. FEB 2000 0600 06261412745 2. Article Number (Copy from service labell)	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
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 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, 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
or on the front if space permits. 1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID # 0112219 PAYLESS QUALITY CLEANERS	·
BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321	3. Service Type Certified Mail
70000600000044057839	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789
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2000 0000	BERNADI Street, A 10016 WE	QUALITY CLEAN ETTE CARMELUS ST MCNAB ROAD C FL 33321	S

 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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delive C. Signatore Agent D. Is delivery address different from item 17 Yes
AIRS ID # 0112219 YLESS QUALITY CLEANERS RNADETTE CARMELUS 016 WEST:MCNAB ROAD	If YES, enter delivery address below:
MARAC FL 33321	3. Service Type Certified Mail Registered Return Receipt for Merchandis Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)

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199	Return Receipt Showing to Whom & Date Delivered	
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
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on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we 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.	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.
IN ADDRESS completed	PAYLESS QUALITY CIFASERS BERNADETTE CARMELLY 10016 WEST MCNAB ROAD TAMARAC FL 33321	4a. Article N 4b. Service Registere Express I Return Rec	Type ad Certified Mail Insured ceipt for Merchandise COD	you for using Return R
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) Show a still (Agricultum)	8. Addressee and fee is	, , ,	Thank
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ADDRESS completed on the reverse side?			I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
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s your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) School By Addresse of Agent)	8. Addréssee's Address (Only if requested and fee is paid)		
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United States Postal Service



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

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

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

TOTAL

TO

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	Street & Number				
	Post Office, State, & ZIP Code				
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SENDER: COMPLETI	ov DELINERY						
 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. Article Addressed to: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:						
AIRS ID # 0112219 PAYLESS QUALITY CLEANERS BERNADETTE CARMELUS 10016 WEST MCNAB ROAD TAMARAC FL 33321	3. Service Type Structure Type Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.						
2210661 167	4. Restricted Delivery? (Extra Fee) Yes						
2. Article Number (Copy from service label)							
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789							

Jour Land Company

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•

DARWMOBILE SOURCE CONTROL BROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-24000 CCS