

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. Otto Parets Spic-N-Span Cleaners 6707 Taft Street Hollywood, Florida 33024

Dear Mr. Parets:

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 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

Mathy Krief

/DD

cc: Mr. Ewart Anderson, Dade County

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

· 	Spic-N-Span Clemers	
	#3. facility should be Classified as "NEW small area source".	
	#4. Check "Refriguated Condense.	
	** For Recording-Keeping Info' (5) Startup Stutdown and	_
	** For Recording-Keeping Info' (5) Startup, Sturtdown, and Malfunction plan, Should be charked.	_
	Spoke with Mrs. PARETS 8/22/96	_
		_
		_
		_
		_

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):			
	SPIC-N-SPAN BLEANERS			
2.	2. Site Name (For example, plant name or number):			
	SPIC - N- SPAN CLEANERS			
3.	Hazardous Waste Generator Identification Number:			
	FLD 084123256			
4.	Facility Location:			
	Street Address: 6707 TAFT 3T. City: HOLLYWOOD FL County: BROWARD Zip Code: 33024			
ļ				
,5.	Facility Identification Number (DEP Use): $01/2223$			
	Posnovsible Official			
	Responsible Official			
6.	Name and Title of Responsible Official:			
	OTTO PARETS			
7.	Responsible Official Mailing Address: 6707 TAFT ST			
	Organization/Firm: Street Address:			
	City: HOLLY WOOD FL County: BlowARD Zip Code: 33024			
0	,			
8.	Responsible Official Telephone Number: Telephone: (954) 987 - 8840 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: Zip Code:			
11.	Facility Contact Telephone Number:			
	Telephone: () - Fax: () -			
1	DECFIVED			
	D L / F I V F D			

AUG 1 9 1996

Bureau of Air Monitoring & Mobile Sources

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

Page 13 of 16

Facility Information

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device	,	Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		* .							
(1) w/ ref. condenser	121	15-APRIL-94	15-APRIL-94						
(2) w/ carbon adsorber	#1	15-APRIL-94							
(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				l					
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi urce [X]	cation only.) Ne	w sn	nitions found nall area sour rge area sour	ce []	3) of	Part II?	
Existing large are	-4 501		110		De area sour		I		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

(Indicate with an "X".)	s pursuant to section (3) 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 nd 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 re than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration mo	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)

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)						
ıДı	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will pro	mptly notify the Department of any changes to the information contained in this notification. 8/16/96 Date					

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Spic - N- Span Cleaners DATE: 04/11/97
FACILITY NAME: Spic - N- Span (Leaners DATE: 04/11/97 FACILITY LOCATION: 6707 Taft Street Holly word, Fl. 33024
Annual Reporting Period: April 11 1997 TO April 11 1998
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: Bureau of Air Monitoring
& Mobile Sources
#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: fromto
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 rolling averages of 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: Offo Pare's 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.

INSPECTION SUMMARY REPORT

1 BD010490

TYPE OF INSPECTION: ANNUAL X COM	IPLAINT/DISCOVERY . RE-INSPECTION
TIME IN:TIME OUT:	AIRS ID#: 0112223
TYPE OF FACILITY: Dry Cleaning -	Perc
FACILITY NAME: Spic - N - Span Cle	an ers DATE: 04/11/97
FACILITY LOCATION: 6707 Talt Street	Hollywood, Florida 33024
FACILITY LOCATION: 6707 Tall Street,	1/0/19 00000 1100000 33029
	(121 22 212
RESPONSIBLE OFFICIAL: OTTO PARE 15	PHONE NUMBER: (954) 987-8840
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated the compliance requirements.	ative Code (F.A.C.).
discrepancies were noted:	nod dering and inspection, are renowing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	10220 (01 11011111111111111111111111111
, ,	
Facility 1s in compliance	
	-
•	
·	
·	
COMMENTS:	
en e	
The Annual Compliance Certification form has been properly certif	ied and submitted to the inspector. YES 🔀 NO
DATE OF NEXT INSPECTION: 04/11/92	P
——————————————————————————————————————	proximate)
INSPECTION CONDUCTED BY: OCTAVIAN	OPRIS
	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (954) 519-1420
- Ip	
ν Page $\frac{2}{2}$	$\frac{2}{2}$ of $\frac{2}{2}$. Revised 10/96

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

RECEIVED AIRS ID#0112223 SPIC-N-SPAN CLEANERS OTTO PARETS 6707 TAFT STREET HOLLYWOOD FL 33024 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. \square NO 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. RESPONSIBLE OFFICIAL: OTTO PARETS Signature

^{*}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.

DE91 AANITARTE COLA	MARTHA LIDIZCOARY WENNESCHON
TIME IN: 11:00 TIME OUT: 12	:00 AIRSID#: 01/22 23
YPE OF FACILITY: Duy Cleaning -	Perc
ACILITY NAME: SMC-N-Smad C.	leavers DATE: 04/06/98
ACILITY LOCATION: 6707 Tall She	et.
11	u'da 33024
RESPONSIBLE OFFICIAL: OTTO PARETS	PHONE NUMBER: (954) 987-8840
Based on the results of the compliance requirements evalu- compliance with DEP Rule 62-213.300, Florida Administ	raced during this inspection, the facility is found to be in
Based on the results of the compliance requirements evaludiscrepancies were noted:	vaced during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
Facility is in Couplionce	P
	BUILDING TO L
	RIFER MAY CILL SOLITOR SOLITOR
	C. Original Control of the Control o
	· .
COMMENTS:	
The Annual Compliance Centification form has been property cent	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: Africa	1999 .pproximate)
INSPECTION CONDUCTED BY: OCTAVIA	
(NSPECTOR'S SIGNATURE:	PHONE NUMBER (957/519-1420
Page_	2 of 2. Revised 10/9

j

COMPLAINTIDISCOVERY

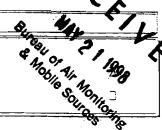
RE-INSPECTION

ARS ID#: 0//2223 DATE: 04/06/98 TIME	: N: 1/200 TIME OUT: 12200
FACILITY NAME: Spic - N - Span	Cleoners
FACILITY LOCATION: 6707 Tald. She	
Hollywood, Flow	
RESPONSIBLE OFFICIAL: OTTO PARETS	-
CONTACT MAME:	980NE:

MOJTACJETTON 3 TRAS

(check appropriate box)

- 1. New facility notified DARM II) days offer to startuo
- 1. Facility failed to notify DARM to use general permit

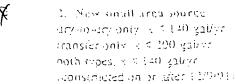


PART U: CLASSIFICATION

is noted and amorphous no boscolor villors (check appropriate 50%)

- той поисойшог об 🖸
- □ Drop (tore/out of business/secroteum

1. Existing infall area source. actionality only in (141) gainer rainsfordney is 4 100 gal/yr. אינות לאספט איני באו לאוואני constructed before 12/9/11.



- つ ことtisting large area marce : THINK OF CENE OF MINE WINE WITH Transfer only 200 & C & 1 300 gabir. 2000 orpes. 40 <u>3 k 5</u> (300 gal/yr.) constructed before (1799) -
- the New Jacge area mores. itang 100 (Sidis (44) iking katanganan transfer mis 200 & x 5 1 300 galine 7000 (vibes, 140) { < 3 1,300 300 vic Constructed on or later 12 and to
- 5. This is a correct facilities massification.
- □ \(\) Digun not determine

If no please their the liberoon we have fleation.

- 🗅 👉 facility quanties for a general permit is number ______ 200% o
- chapter exceeds tooks timited find its not attistions (or a sequence details
- The fourth transfer of perentionsethylenk, perent purchased within the preceding 1.1 months by this are itsuning figures was 65 gailens

	the responsible official of the dry cleaning facility: heck appropriate boxes)	BEST AVAILABLE COPY
ι.	Storing perchloroethylene in tightly sealed and impervious containers?	MA CH CMY
2.	Examining the containers for leakage?	אאבי אבי אַלע
j.	Closing and securing machine doors except during loading/unloading?	As 30
±.	Oraining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	EY DN DNA
5.	peds according to the maintracenter, a theoritications;	אואל מכ צב

PART IV: PROCESS VENT CONTROLS

In Part ((+A):

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

If classification I has been checked, the machine should be equipped with I reinigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerited condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been a constalled prior to September 12, [99]

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

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

	Equipped all machines with the appropriate rent controls?	BY BN
:	Equipped directionary machines with a closed dopp eapor realities, instead.	DY DN DMA.
	Educoped the condenser with a diverser value to method will be directed lively training to condenser appropriate four.	BY BMIBMA
1	Measured and recorded the temperature of the outlet exhibits stream or a refrigerated tongenser on a weekly/bi-weekly pasis?	אב 'עב
::	Produced or liaguisted (ne equipment within 14 hours of the exhaust temperature of the tongenser encoded 45" F"	37 38 3M4
; 7	entering wat we coolsal and seen completely charged. Ondinesed til semberaate monitoling after the spotconiate coolidown penad and after	ay an

1	Has the responsible official of an existing large or new large area source also:	BEST AVAILABLE COPY
l.	Measured and recorded the exhaust temperature on the outlet side of the condenser loc	ated
	on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	אבי צבי
2.	Measured and recorded the washer exhaust temperature at the condenser	
	iniet and outlet weekly?	DY DW DWA
	(3 the temperature differential equal to or greater than 20° F?	OX OM OMA
3	Measured and recorded the pero concentration in the exhaust stream weekly	:
-	at the end of the final drying cycle while the machine is venting to the adsorber.	:
	पं machines यह equipped आणे ३ carbon adsorber?	AND NE YE
	(s the perc concentration equal to or less than 100 ppm?	AME ME YE
1	Assured that the sampling port on the carbon adsorber exhaust for measuring pero concentrations is at least 3 duct diameters downstream of any bend, contraction, or expansion; is at least 1 duct diameters upstream from any bend, contraction.	
	or expansion; and downstream from no other inter?	AME ME YE
;	Equipped transfer machines (aryers, reclaimers, and washers) आर्था (ndividual condenser cons)	74 74 74 .
	Solidarisat Solis	JA DW JWY
ő	Routed aurillow to the carbon adsorber (titused) at all times?	AWE NO YE

PARTY RECORDRESSING REQUIREMENTS	
Bas the responsible official (check appropriate boxes)	
1. Maintained receipts for percipurchased?	MA DN
2. Maintained rolling monthly total of percisonsumption?	A A 391
> Maintained leak detection inspection and repair reports for the following.	
i documentation of leaks repaired with 14 hrs 16rs	AA DW DWY
o documentation of parts ordered to repair leak and leak repaired with 1 days and parts installed with 3 days of receipt."	A A. 30. 3247
4. Manatained calibration data? the coolingule most require instrument	DY DN Y ma
i Maintained axhaust aut monitoring data on perc concentrations."	DY DY KYA
் அள்ளைக்கு states surregond/majginetion plan ,	⊈ে এল
- Minutained designous abouts ,	Mar dn dna
Problem tomasteed*	⊼ 4. 38. 384
	DA DA RMY

			1000000	
	ruzbecaou.	BEST A	VAILABLE COPY	5 % 0%
2.	Has the facility maintained a leak log?	524. 11		AA GA
ĵ.	Does the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	AN DN DNY	Muck cookers	AWE ND Y Q .
	Door gaskets and seating	אואט אם אף	Salls	MY ON ONA
	Filter gaskets and seating	לאר שמי שאוא	Exhaust dampers	OK ON KWA
	Pumps .	政内 GA GSA	Diverter valves	AND NE YE
	Solvent tanks and containers	QA UM UMY	Carindge ülter housings	OK ON DAMY
	Mater separators	RA DA DAY		٠.
÷	Which method of detection is used by d	ne responsible odicial"		
	Visual examination (condensed so	olvent on extenor surfaces)		C
	Physical detection (वातीवण (सीर की	rough gaskers)		C/
	Odor (nouceable percipidor)			₩
	Use of direct reading instrumenta	idon (FD/P(D/calonmetho	(uoes)	
	Hailogen leak detector			I NIA
	ון מצוווא וויהבנ-נכשוווא ועצנר	umentation, is the equipm	nenC	X 867.4
	a. Chonole of detecting	beic wabou spudentiations .	u i tanka o(0 - 900 bbw ,	אב צבי
	5 - Casionalea against 1 s (PD/FD only)"	egandard gas prior to the m	ter each use	אב צב
	a linguested for leaks ur	ud powionz práuz primerni pu	Liveskly pasis '	אב צב
	d - Klebe in a illean and s	ecure area when nor in use	1	אם צם
	s. Manified for accuracy	אין איני פונים איני אל פונים איני אל פונים איני איני	s realoramente paixis.	DY DW

OCTAVIAN OPRIS

04/06/98 Date of Inspection

· 101/22/23

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Spic - N-Span Cleaners DATE: 04/06/98
FACILITY LOCATION: 6707 Taff. Sheet
Holly wood, F1.33024
Annual Reporting Period: Amil 1997 TO Amil 1998
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. XYES
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting priod 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 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: OTTO PARETS Name (Please Print) Signature Signature

^{*}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.

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	SPIC-N-SPAN O OTTO PARET 6707 TAFT STI HOLLYWOOD	S REET	Burea	CEIVED N 2 6 1999
	Do N	OT Remove Label		Air Monitoring
Annual Reporting Period:	Jan 20	1997 то	Jan 20	1998
Based on each term or condition 62-213.300, Florida Administrat				EP Rule
If NO, complete the following:				
#1. Term or condition of the gen	neral permit that has not been in	continuous compliance o	luring the reporting perio	od stated above:
Exact period of non-compliance:	from	to	- B	70
Action(s) taken to achieve comp	liance:		0	<u> </u>
Method used to demonstrate con	npliance:		of P	N E
#2. Term or condition of the ger	neral permit that has not been in	continuous compliance d	le Solution during the reporting price	od seed alpera:
Exact period of non-compliance:	from	to		
Action(s) taken to achieve compl	iance:	·		
Method used to demonstrate com	pliance:			<u>·</u>
As the responsible official, I hereby notification are true, accurate and does not exceed 2,100 gallons per y	complete. Further, my annual con	sumption of perchloroethy	vlene solvent, based upon p	ourchase receipts,
responsible official: _	OTTO PARETS Name (Please Print)	<i>Dh\\</i> s	ignature	1 50 98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V	IYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST	EIVED
TYPE OF INSPECTION: ANNUAL RE-INSPECTION:	INSPECTION CHECKLIST JUN COMPLAINT/DISCOVERY eau of Mobile	ir Monitoring
AIRS ID#: 0112223 DATE: 5-4-9	G TIME IN: 2:00 TIME OUT: 2:30	
FACILITY NAME: / SPIC-N-SPAN		
FACILITY LOCATION: 6707 TAP	T. St. HOLLYWOOD, FL. 33024	<u>-</u>
RESPONSIBLE OFFICIAL: OTTO PA	RETS PHONE: 987-8840	_
CONTACT NAME:	PHONE:	
PART I: NOTIFICATION		
(check appropriate box)		
1. New facility notified DARM 30 days prior to sta	rtup 🖫	·
2. Facility failed to notify DARM to use general pe	rmit \square	
PART II: CLASSIFICATION		
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum	n
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	
	ation: neral permit as number above nits and is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) pu facility was gallons.	irchased within the preceding 12 months by this dry clean	ing

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? MY DN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN WN/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) MD AM 1. Equipped all machines with the appropriate vent controls? DY 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 ZY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY 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?	ΩY	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	□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?	ΠV	ПΝ	□N/A
	* **			□N/A
4.	Is the perc concentration equal to or less than 100 ppm? 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,		UN	UN/A
	or expansion; and downstream from no other inlet?	\Box Y	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

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

P	ART VI: LEAK DETECTION AND R	EPAIRS		
1.	Does the responsible official conduct a	weekly (for small sources,	bi-weekly) leak detection as	nd repair
1	inspection?			UTY ON
2.	Has the facility maintained a leak log?		,	var Ý □n
3.	Does the responsible official check the f	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	⊠Y □N □N/A
	Filter gaskets and seating	OTY ON ON/A	Exhaust dampers	MY ON ON/A
	Pumps	MY ON ON/A	Diverter valves	MY ON ON/A
	Solvent tanks and containers	OXY ON ON/A	Cartridge filter housings	אומם מם צים
	Water separators	OY ON ON/A		
4.	Which method of detection is used by th	ne responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces)		র্
	Physical detection (airflow felt thr	ough gaskets)		र्घ
	Odor (noticeable perc odor)			র্ভ .
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			۵
	Halogen leak detector			
	If using direct-reading instru	mentation, is the equipm	ent:	™N/A
	a. Capable of detecting p	erc vapor concentrations is	n a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	tandard 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 l	by use of duplicate samples	(calorimetric only)?	OY ON
				
	1		- · · ·	
_	Inspector's Name (Please Prin	r)	<u>5-4-99</u> Date of Inspe	ction
		···)	Date of Hispe	
	Int Pen noth		APON 1	1000
_	Inspector's Signature		Approximate Date of 3	Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

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H

0112223

ACILITY NAME: 5PIC-N-5PAN . DATE: 5-4-9	9
ACILITY LOCATION: 6707 TAFT ST. HOLLYWOOD, FL 33024	
nnual Reporting Period: APRIL 10 1998 TO MAY 5 19	99
ased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
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	re:
xact period of non-compliance: from	
ction(s) taken to achieve compliance:	
lethod 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.	/e;
xact period of non-compliance: from	
ction(s) taken to achieve compliance:	.
ethod used to demonstrate compliance:	
•	
s the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statemen ade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, base con purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer of signature. ESPONSIBLE OFFICIAL: Name (Please Print) Signature Date	d

*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 ____.

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TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

/'	TYPE	OF	INSPE	CTION
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ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

H	
AIRS ID#: 0112223 DATE: 518/0	
FACILITY NAME: SPIC-N-SPA	N B M
FACILITY LOCATION: 6707 TI	AFT STREET PROPERTY OF THE PARTY OF THE PART
RESPONSIBLE OFFICIAL: OTO	FARETS PHONE: (958) \$8 78 78
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	· A a a A a A a
(check appropriate box)	he en artup access
	neen
New facility notified DARM 30 days prior to sta	access
2. Facility failed to notify DARM to use general po	ermit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	
(check appropriate box)	,
A. 1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
•	
3. Existing large area source	4. New large area source
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
dry-to-dry only, $140 \le x \le 2{,}100$ gal/yr transfer only, $200 \le x \le 1{,}800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
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	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
dry-to-dry only, $140 \le x \le 2{,}100$ gal/yr transfer only, $200 \le x \le 1{,}800$ gal/yr	dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr
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	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
 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 classific 	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 $12/9/91$) Can not determine cation:
 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) This is a correct facility classification If no, please check the appropriate classific facility qualified for a general property of the property of the	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 $12/9/91$) Can not determine cation: neral permit as number above
 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) This is a correct facility classification If no, please check the appropriate classific facility qualified for a general property of the property of the	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 $12/9/91$) Can not determine cation:

DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN DN/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? OND YKO 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DINA 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) DY DN 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 DY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DV DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DYY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ĖΥ DΝ verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

B	. Has the responsible official of an existing large or new large area source also:			•
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ĽΟΥ	□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?	ΩY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	□N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ו אם	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ו אם	⊃N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ו אם	⊃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?	MD ŠĒ			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	ey on on/a			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON DAN/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONANA			
6. Maintained startup/shutdown/malfunction plan?	DY ON			
7. Maintained deviation reports?	OY ON BANA			
Problem corrected?	אואים אם צים A			
8. Maintained compliance plan, if applicable?	OY ON ON/A			

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
,	inspection?			ØÝ	ПN
2.	Has the facility maintained a leak log?			T Y	□N
3.	Does the responsible official check the	following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ďγ	ON ON/A
	Door gaskets and seating	RA ON ONY	Stills	CETY !	ON ON/A
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	œ'y ≀	ON ON/A
	Pumps	OY ON ON/A	Diverter valves	OXY I	ON ON/A
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y (□N ŒN/A
	Water separators	OY ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surfac	es)		
	Physical detection (airflow felt th	rough gaskets)	•		
	Odor (noticeable perc odor)				
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector				
*				o ,	
If using direct-reading instrumentation, is the equipment:			QN/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				OY (ИС
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				אכ
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?		אכ
d. Kept in a clean and secure area when not in use?					אכ
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?				אכ
	4				
	APT PELLIETTA		5/8/00		
	Inspector's Name (Please Prin	t)	Date of Inspec	tion	
	()(),				
	Let Keut		My 20	<u></u>	
	Inspector's Signature		Approximate Date of N	icxt Ins	pection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ACC

FACILITY NAME: SPIC-N-SPAN CLEANERS DATE: 5-8-2000					
FACILITY LOCATION: 6707 TAFT ST. HOLLYWOOD FL. 33024					
Annual Reporting Period: May 4 1999 TO May 8 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					
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.

O 1H9/8 HH1 O1	
SENDER: COMPLET TA RESURE STORE	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
10 AIRS ID # 0112223001AG	
OTTO PARETS	- IJIM 4 4 000
SPIC-N-SPAN CLEANERS	JUN 1 1 200
	JUN 1 1 200
SPIC-N-SPAN CLEANERS	3. Service Type 3. Service Type A Certificative and of Express Mail Registered Mod Return Receipt Remerchandise C. Burces
SPIC-N-SPAN CLEANERS 6707 TAFT STREET	3. Service Type 3. Service Type CertBur Mail OF Express Mail Registered Mool Return Receipt 108 Merchandise Insured Mail 4. Restricted Delivery? (Extra Fee)
SPIC-N-SPAN CLEANERS 6707 TAFT STREET	CertBert Mail of Arroress Mail Registered Mobile Return Receipt for Merchandise Insured Mail

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
9648				
4129	Postage Certified Fee	\$		
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Postmark Her o	
2000 0600	Stree SPIC-N-SPAN CLEANERS City, 6707 TAFT STREET HOLLYWOOD FL 33024			
	PS Fo.		Instructions	

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TION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING
401745

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

TOTAL AMOUNT DUE: \$50.00

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SPIC-N-SPAN CLEANERS OTTO PARETS 6707 TAFT STREET HOLLYWOOD FL 33024 FOR GOVERNMENT USE ONLY Org: 37550101000 EO: A1 O1 Obj.: 002273

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AIRS ID # 0112223 SPIC-N-SPAN CLEANERS OTTO PARETS 6707 TAFT STREET HOLLYWOOD FL 33024 Bureau of A MACE/VED

Bureau of A MODEC

Bureau of A MODEC

FOR GOVERNMENT USE ONLY

Ord: \$550100000 EQ \$1

Full: 20-2-035001

Ohly \$12273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300638

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

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AIRS ID#0112223

SPIC-N-SPAN CLEANERS OTTO PARETS 6707 TAFT STREET HOLLYWOOD FL 33024 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Z 333 613 180

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided.

AIRS ID 0112323

ELLIOTT KUSHNER ELLIOTT KUSHNER 7431 NW 57TH STREET TAMARAC FL 33319

	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
2	Restricted Delivery Fee		
April 1995	Return Receipt Showing to Whom & Date Delivered		
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address		
3	TOTAL Postage & Fees	\$	
15 rom 3800	Postmark or Date		
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6707 TAFT STREET HOLLYWOOD FL 33024 MAIL ROOM

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

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259932

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 - 6. 07
TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0112223

OTTO PARETS 6707 TAFT STREET HOLLYWOOD FL 33024

SPIC-N-SPAN

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

Оыј.: 002273