

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 23, 1996

Ms. Melissa Kushner One Price Dry Cleaning 2654 East Oakland Park Boulevard Fort Lauderdale, Florida 33306

Dear Ms. Kushner:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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

# #0112230

	One Price Dry Cleaning
D. 14	
	1.(c) mark out "X" and initial 3. should be new small area source
p./5	4 Should be new small area Source
	W/refng. con. 5.(f) required
- ;	
	<del> </del>
<del>!</del>	
	i
	<del>                                     </del>
	<u> </u>

# Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1. Facility C	wner/Company Name (Name of corporation, agency, or individual owner):
	(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	ANCO (DYP
2. Site Name	(For example, plant name or number):
٨٦	2 Hice Dell (leaning
3. Hazardou	s Waste Generator Identification Number:
	LD 000107805
4. Facility L	ocation:
City:	Tlavedale County: Biology Zip Code: 33306
3.55.	ocation: dress: 2654 E. Cakland Park Thanderdale Sroward zip Code: 33306
5. Facility Id	entification Number (DEP Use):
	entification Number (DEP Use): $O/12230$
Halata Halata	表。他们只是是最多的特别的一种,可能是自己的是否的表示。他们的"这个种种"的一种,这个人也是不可能的。他们也是是是这种的一种的一个人的一种种的是一个人的。 第一个
	Responsible Official
6. Name and	Title of Responsible Official:
$ \mathcal{M} $	LICED Id I DAN EN COLON
7. Responsib	le Official Mailing Address:
Organizat	on/Firm: 2 (set ) E Palliand PL-DIUU
Street Add	
City:	Ires Thaudhallounty: Broward zip Code: 3330 6
	le Official Telephone Number:
Telephone	: (954) 565-3665 Fax: ( ) (-) F
	Facility Contact (If different from Responsible Official)
9. Name and	Title of Facility Contact (For example, plant manager):
1	
10. Facility C	ontact Address:
Street Add	ress:
City:	County: Zip Code:
	ontact Telephone Number: : ( ) - Fax: ( ) -
Telephone	: ( ) - Fax: ( ) -
<u> </u>	

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AUG 2 1 1996

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Bureau of Air Monitoring & Mobile Sources

# **Facility Information**

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

		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93		08-DEC-91		#3	02-MAR-92	
Dry-to-Dry Unit									
(1) w/ ref. condenser	(/)	MAR 1953	P) 41. 1753						_
(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									
(Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sn	nall area sour	rce [	3) of	Part II?	
Existing large are	ea sou	irce [	Ne	w la	rge area sour	ce [	J		

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(4) What control technology is require (Indicate with an "X".)	red on machines	pursuant to section (5) of I	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			
	·		
5. A facility which contains non-exto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such un	that all steam and	l hot water generating unit	
All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil col	exclusively by no	atural gas except for perio	ds of natural gas curtailment
All steam and hot water generating water such units on-site	units exempt		
Equipme	nt Monitoring a	nd Recordkeeping Infori	nation
Check all logs which are required to	be kept on-site i	n accordance with the requ	
(a) Purchase receipts and solvent pu	rchases		$\times$ 1
(b) Leak detection inspection and re	pair		$\propto$
(c) Refrigerated condenser temperat	ure monitoring		$\preceq$
(d) Carbon adsorber exhaust perc co	oncentration mon	itoring	
(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 indicat	e with an "X" the appropriate selection:						
	[ I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
No air permits currently exist for the operation of the facility indicated in this notification form.							
	Responsible Official Certification						
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.						
I will promptly notify the Department of any changes to the information contained in this notification.							
<u> </u>	USA CON Date						



# Department of Environmental Protection

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

July 3, 2001

David B. Struhs Secretary

Ms. Melissa Kushner One Price Dry Cleaning 2654 East Oakland Park Boulevard Fort Lauderdale, Florida 33306

Dear Ms. Kushner:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on July 2.

In reviewing your submittal, it was noted that One Price Dry Cleaning elected to surrender its existing Title V air general permit (AIRS ID 0112230). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring and Mobile Sources

SB/

Enclosure

cc: Mr. Jarrett Mack, Broward County

"More Protection, Less Process"

Printed on recycled paper.

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM ECEIVED

AIRS ID#0112230

	OAKLAND AVENUE UDERDALE FL 33306		1	& Mobile Sources
				)
	Do NOT Remove I	Label		
San	1999	то _	DIC 31	19
-			<u> </u>	
eneral permit that ha	s not been in continuous co	omplianc	e during the reporti	ing period stated above:
e: from		tı	0	<u> </u>
pliance:				E FE
ompliance:				VED 20014 7 93
eneral permit that has	s not been in continuous co	ompliance	e during the reporti	ng period stated above:
e: from		to_		
pliance:				1.0 13
mpliance:	<u> </u>			
a complete. L'urther, n	ny annual consumption of pe	erchloroet	thvlene solvent. basei	d unon nurchase receints.
	on of the Title V generative Code (F.A.C.), seneral permit that have: from spliance: eneral permit that have: from spliance: eneral permit that have: from spliance: mpliance: mpliance: by certify, based on infinite complete. Further, have a series of the complete of the	Do NOT Remove I  In the Title V general air permit, my facility rative Code (F.A.C.), during the period covered general permit that has not been in continuous compliance:  Description of primary that has not been in continuous compliance:  Description of primary that has not been in continuous compliance:  Description of primary that has not belief formed at complete. Further, my annual consumption of primary annual consum	Do NOT Remove Label  19 TO  on of the Title V general air permit, my facility has remainative Code (F.A.C.), during the period covered by this strength of the transfer of the	Do NOT Remove Label  19 TO JC 3  on of the Title V general air permit, my facility has remained in compliance rative Code (F.A.C.), during the period covered by this statement. YES  eneral permit that has not been in continuous compliance during the reportion pliance:  eneral permit that has not been in continuous compliance during the reportion pliance:  eneral permit that has not been in continuous compliance during the reportion pliance:  eneral permit that has not been in continuous compliance during the reportion to pliance:

MELRICH CORP MELISSA KUCHNER

<sup>\*</sup>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 AVAILABLE COPY TYPE OF INSPECTION: COMPLAINT/DISCOVERY REJINSPECTION TYPE OF FACILITY: ONE FACILITY NAME:\_ 2654 FACILITY LOCATION: RESPONSIBLE OFFICIAL: Melissa Kushwer PHONE NUMBER: 763 - 6822 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in 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: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED

COMMENTS:

The Annual Compliance Certification form has been properly, certified and submitted to the inspector.

DATE OF NEXT INSPECTION:

INSPECTION CONDUCTED BY

PHONE NUMBER: 959-5

Page\_\_\_

Revised 10/96

BEST AVAILABLE COPY

# PERCHLOROETHYLENE DRY CLEANERS

TYPE	OF	INSPECTION:
	$\mathbf{v}$	TINK DC TTOTA

AILABLE COPY PEF	RCHLOROETHYLENE DRY CLEANERS  TITLE V GENERAL PERMIT  COMPLIANCE INSPECTION CHECKLIST	•
TYPE OF INSPECTION:	ANNUAL COMPLAINT/DISCOVERY AND COMPLAINT/DISCOVERY COMPLAI	(S)
AIRS ID#: 0//22 3 0 FACILITY NAME:	DATE: 4/27 TIME IN: 1335 TIME OUT: 1420  ONE PRICE DRY CLANING	
FACILITY LOCATION: _  RESPONSIBLE OFFICIAL  CONTACT NAME: MA	Ft. Con L. Mellisa Kushwer PHONE: 763-6822	

PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to startup	0
2. Facility failed to notify DARM to use general permit	۵

PART U: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)  A.	☐ No notification form ☐ Drop store/out of business/petroleum				
l. 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	□N □Can not determine				
If no, please check the appropriate classification:  facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit					
B. The total quantity of perchloroethylene (perc) pu facility was 25 gallons.	urchased within the preceding 12 months by this dry cleaning				

#### PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?

ON ON/A

2. Examining the containers for leakage?

AND NO YE

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

NO YE

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

AVO NO YE

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

GY ON ON/A

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Curbon 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?

NO A

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

AINO NO Y

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

AVAD ND YE

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

NC YE

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

BY ON ON/A

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

ND I

В.	. Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY 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 ONA
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?	A'אם אם צם
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
Ρ.:	ART V: RECORDKEEPING REQUIREMENTS	
l .	as the responsible official: heck appropriate boxes)	
l.	Maintained receipts for perc purchased?	NO NO
2.	Maintained rolling monthly total of perc consumption?	ON .
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or:	AY ON ONIA
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	aks By on on/a
ı	Maintained calibration data? (for applicable disease and as assets)	

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

MY ON ONA

ON ON/A

AVAC NO Y

AINO NO Y

NO YE

# PART VI: LEAK DETECTION AND REPAIRS

1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			DN DN			
2.	Has the facility maintained a leak log?	·	No leaks	ON ON			
3.	Does the responsible official check the	following areas for leaks	?				
	Hose connections, fittings, couplings, and valves	Y ON ONA	Muck cookers	AND NO Y			
	Door gaskets and seating	AND NO Y	Stills	ON ON/A			
	Filter gaskets and seating	AND NO YE	Exhaust dampers	אורם אם צב			
	Pumps	AND ND YE	Diverter valves	ANG NO YE			
	Solvent tanks and containers	BY ON ON/A	Cartridge filter housings	AND NO PE			
	Water separators	ANC NO YE					
4,	Which method of detection is used by the	he responsible official?		•			
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt th						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	tion (FD/PD/calorimet	ric tubes)	Ω .			
	Halogen leak detector			٥			
	If using direct-reading instr	umentation, is the equip	pment:	DN/A			
	a. Capable of detecting p	perc vapor concentration	s in a range of 0-00 ppm?	DY DH			
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and	after each use	אם אם			
	OY ON						
	d. Kept in a clean and so	se?	אם אם				
	e. Verified for accuracy	by use of duplicate samp	oles (calorimetric only)?	OY ON			
		•					

John Coppola	4/27/98
Inspector's Name (Please Print)	Date of Inspection
Wash.	4/99
Inspector's Signature	Approximate Date of Next Inspection

AIRS ID#: 0112230 /ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Ft. La	ndodole		
Annual Reporting Period: 4/27/98	19 <b>98</b> то _	Y	19 <b>9 9</b>
Based on each term or condition of the Title V general air 62-213,300, Florida Administrative Code (F.A.C.), during			DEP Rule
If NO, complete the following:			
#1. Term or condition of the general permit that has not	peen in continuous compliand	e during the reporting p	period stated above:
		& 4	<u>C</u>
Exact period of non-compliance: from			1/
Action(s) taken to achieve compliance:	<u> </u>	100,4	18 1
Method used to demonstrate compliance:		* Se Mon	40
·		Eg C	
#2. Term or condition of the general permit that has not	peen in continuous compliand	e during the reporting p	eriod stated above:
#2. Term or condition of the general permit that has not	peen in continuous compliand	e during the reporting p	eriod stated above:
#2. Term or condition of the general permit that has not to the general permit that has not the general permit that has not to the general permit the general permit that has not to the general permit that has not to the genera	peen in continuous compliand		80 stated above:
			रू eriod stated above:
Exact period of non-compliance: from			seriod stated above:

<sup>\*</sup>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.

ARS D# 0112230 /ACC

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: , ONE PRICE DRY Cleaning DATE: 4/27/98
FACILITY LOCATION: 2654 E. OAKLAND PK. Blud.
Ft. Londordofe
Annual Reporting Period: 4/27/98 1998 TO 4 1999
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:  Melissa Kushner  Name (Please Print)  Signature  Date

<sup>\*</sup>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 RECEIVED CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DI	SCOVERN 1 Bureau of Air	1999 1999
AIRS ID#: 0112235  FACILITY NAME: 01	DATE: 5/19/99		N: 10:00am T	~2. <sup>9</sup> 1.	onitoring OrgeOut
facility location: <u>a</u>	7	Kland	1		
RESPONSIBLE OFFICIAL :	,		PHONE: 763	3-6822	
CONTACT NAME: _Md	lisa Kushera		_ PHONE: _ <del>76</del>	5-6822	
D. D. L. NOTENCE TON					
PART I: NOTIFICATION	·				
(check appropriate box)  1. New facility notified DARM	30 days prior to startup				
Facility failed to notify DAR					٥
PART II: CLASSIFICATIO	N				
Facility indicated on notificat (check appropriate box)	ion form that it is:		☐ No notification☐ Drop store/out		roleum
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	/yr dry tran boti	nsfer only, x h types, x <	x < 140 gal/yr < 200 gal/yr	<b>Þ</b>	
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.80$ both types, $140 \le x \le 1.800$ (constructed before $12/9/91$ )	,100 gal/yr dry 00 gal/yr tran gal/yr bot	nsfer only, 2 h types, 140	trea source $140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )		
5. This is a correct facility of	lassification A	и Пи	□Can not determ	ine ·	
☐ facil	appropriate classification ity qualified for a general ity exceeds above limits a	permit as n			)
B. The total quantity of perchl facility was 100-16 allons		ised within t	he preceding 12 mor	nths by this dry	cleaning

26/1613 Epoky 2 Drums No Floor drains

Revised 9/15.97

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

#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

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

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

l			
1.	Equipped all machines with the appropriate vent controls?	<b>Ş</b> Y	ΩИ
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	<b>7</b> 2(Y	□N □N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ØΥ	אומם אם
4.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ŹY	2 N
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	<b>G</b> Y	אוא 🗷 אם
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	<b>K</b> Y	מם

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?	ΠY	ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□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?	•Y	מם	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩN	□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	70	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MA ON 1. Maintained receipts for perc purchased? ØY ON 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: No loads OY ON MINIA a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days OY ON MANA and parts installed w/in 5 days of receipt? DY DN SNA 4. Maintained calibration data? (for applicable direct reading instruments) AY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? MC YX 6. Maintained startup/shutdown/malfunction plan? OY ON OXYA 7. Maintained deviation reports? DY ON DINA Problem corrected? OY ON STAYA 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?			AN ON	
2. Has the facility maintained a leak log?			àt on	
3. Does the responsible official check the	following areas for	leaks?		
Hose connections, fittings, couplings, and valves	AY ON ONA	Muck cookers	MY ON ON/A	
Door gaskets and seating	TAY ON ON/A	Stills	TAY ON ON/A	
Filter gaskets and seating	אואם אם אפל	Exhaust dampers	ØY □N □N/A	
Pumps	MAND NO AM	Diverter valves	AND NO YOU	
Solvent tanks and containers	אואם אם צקף	Cartridge filter housings	day on ona	
Water separators	DY ON ON/A			
4. Which method of detection is used by	he responsible offic	cial?	,	
Visual examination (condensed s	olvent on exterior	surfaces)		
Physical detection (airflow felt th	rough gaskets)			
Odor (noticeable perc odor)	·		ON(A	
Use of direct-reading instrument	ation (FID/PID/cald	primetric tubes)		
Halogen leak detector				
If using direct-reading instrumentation, is the equipment:			□N/A	
a. Capable of detecting	perc vapor concent	rations in a range of 0-500 ppm?	OY ON	
b. Calibrated against a (PID/FID only)?	standard gas prior	to and after each use	OY ON	
c. Inspected for leaks a	nd obvious signs of	wear on a weekly basis?	OY ON	
d. Kept in a clean and s	ecure area when no	ot in use?	OY ON	
e. Verified for accuracy	by use of duplicate	samples (calorimetric only)?	OY ON	
913abeth F. Susky Juhn Co Inspector's Name (Please Pri	ppola	5 19 94 Date of Inspe		
•	מנ)	Date of Inspe	scuon	
Chalden Bush	<u> </u>	5/19/00		
Inspector's Signature		Approximate Date of	Next Inspection	

Dr. X

Revised 09/15/97

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: One Price Dry Cleaning FACILITY LOCATION: 2654 E. Oakland Okt Blud.	DATE: 5 /19/99
FACILITY LOCATION: 2654 E. Oakland 4Rt Blud.	
Fort Lauderdale, FL	
Annual Reporting Period: 1993 TO	may 19 99
Based on each term or condition of the Title V general air permit, my facility has remained in comp 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 made in this notification are true, accurate and complete. Further, my annual consumption of per upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,300 gallons facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	chloroethyiene solvent, based

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

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/DIS	SCÔVERY	<b>(</b>
	RE-INSPECTION	a		四年 五	M
<u>.</u>				304 1	7
AIRS ID#: <u>0//2230</u> I	DATE: 4/11/00	_ TIME I	n: <u>/3 50</u> ti	ME QUÉ:	1436
FACILITY NAME:	ONE PRICE	e Day	1 Cleaning	_ 1 01	
FACILITY LOCATION:	C / 1		land PARK 1	Blud	
	H. Loude	dale.	<i>F1.</i>		
RESPONSIBLE OFFICIAL:					
CONTACT NAME:	Misa Kasalu	र्ष 	_ PHONE: _ <u>76</u> -	3-682	2
DADE NOTIFICATION				•	
PART I: NOTIFICATION					
(check appropriate box)					_
New facility notified DARM 3					<u> </u>
2. Facility failed to notify DARN	A to use general permit				
<del></del>					
	<u>.</u>				
PART II: CLASSIFICATION	· .				
Facility indicated on notification			□ No notification		
Facility indicated on notificatio (check appropriate box)			☐ No notification☐ Drop store/out o		olcum
Facility indicated on notification	on form that it is:	dew small a			olcum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y	on form that it is:  ce	to-dry only,	☐ Drop store/out of trea source x < 140 gal/yr		olcum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is:  ce	to-dry only, sfer only, x	Drop store/out of trea source  x < 140 gal/yr < 200 gal/yr		olcum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is:  ce	to-dry only, sfer only, x types, x <	Drop store/out of trea source  x < 140 gal/yr < 200 gal/yr 140 gal/yr		oleum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr	on form that it is:  ce	to-dry only, sfer only, x types, x <	Drop store/out of trea source  x < 140 gal/yr < 200 gal/yr		olcum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	on form that it is:  2. Nor dry-trans both (cons	to-dry only, sfer only, x types, x < structed on	☐ Drop store/out of trea source  x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)  rea source	of business/petr	olcum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1	on form that it is:  ce	to-dry only, seer only, x types, x < structed on lew large a to-dry only,	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$	of business/petr	olcum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800	on form that it is:  ce	to-dry only, sefer only, x types, x < structed on lew large a to-dry only, sefer only, 20	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	of business/petr	olcum
Facility indicated on notificatio (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1	on form that it is:  ce	to-dry only, sefer only, x types, x < structed on New large a to-dry only, sefer only, 20 types, 140	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$	of business/petr	olcum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 gaboth types, 140 ≤ x ≤ 1,800 g	on form that it is:  ce	to-dry only, sefer only, x types, x < structed on New large a to-dry only, sefer only, 20 types, 140	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	of business/petr	olcum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 gar (constructed before 12/9/91)  5. This is a correct facility classical desired appropriate to the source of the s	on form that it is:  2. Note 2. Note transport transport (constitution)  2. Note 4. Note (constitution)  3. Second 4. Note (constitution)  4. Note 4. Note (constitution)  5. Second 4. Note (constitution)  6. Second 4. Note (constitution)  6. Second 6. Seco	to-dry only, sefer only, x types, x < structed on lew large a to-dry only, seer only, 20 types, 140 structed on	Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	of business/petr	olcum
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 ga (constructed before 12/9/91)  5. This is a correct facility class of the second property of the seco	on form that it is:  ce	to-dry only, sefer only, x types, x < structed on New large a to-dry only, sefer only, 20 types, 140 structed on	□ Drop store/out of trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determinated the source about the source and the source are source as $x \le 1,800 \text{ gal/yr}$ or after $x \le 1,800 \text{ gal/yr}$ or after $x \le 1,800 \text{ gal/yr}$ or after $x \le 1,800 \text{ gal/yr}$ and $x \le 1,800 \text{ gal/yr}$ or after $x \le 1,800 \text{ gal/yr}$	of business/petr	olcum

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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)

condenser upon opening the door?

condenser exceeded 45°F?

condenser on a weekly/bi-weekly basis?

1. Equipped all machines with the appropriate vent controls?

verifying that the coolant had been completely charged?

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

4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated

5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the

6. Conducted all temperature monitoring after an appropriate cooldown period and after

DY ON ON/A

DY ON DANIA

ON ON/A

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY 0	N
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY 0	N □N/A
	Is the temperature differential equal to or greater than 20° F?		N □N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY O	n □n/a
	Is the perc concentration equal to or less than 100 ppm?	OY O	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?	DY O	N □N/A
		- · •	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY O	N □N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY O	N DN/A

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

# PART VI: LEAK DETECTION AND REPAIRS

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			ON	ПN
2.	Has the facility maintained a leak log?			OY	□N
3.	Does the responsible official check the	following areas for leaks?			
	Hose connections, fittings,	OY ON ON/A	M. d. and a		On On/a
	couplings, and valves		Muck cookers		
	Door gaskets and seating	ØY □N □N/A	Stills	₽Y	□N □N/A
	Filter gaskets and seating	ON ON/A	Exhaust dampers	<b>W</b> Y	□N □N/A
	Pumps	TY ON ON/A	Diverter valves	<b>Z</b> Y	□N .□N/A
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	ΠY	□N □N/A
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	ne responsible official?	•		
	Visual examination (condensed so	olvent on exterior surfaces	)	12	
	Physical detection (airflow felt the	ough gaskets)			
	Odor (noticeable perc odor)			<b>2</b>	/
	Use of direct-reading instrumenta	tion (FID/PID/calorimetri	c tubes)		1/2
	Halogen leak detector			- N	1/A
	If using direct-reading instrumentation, is the equipment:			4	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N			□N	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?			□N	
	c. Inspected for leaks an	d obvious signs of wear or	a weekly basis?	ПY	□N
		cure area when not in use		ΠY	□N
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	ΠY	□и
			·		
	Tala		Hul .		
	Inspector's Name (Please Prin	ppo/h	Date of Inspe	ction	
	Rans ala		4/01		
_	Inspector's Signature		Approximate Date of 1	Next In	spection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM FACILITY LOCATION: \_\_\_\_19<u>99</u> TO Annual Reporting Period: \_\_\_ Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: =1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: =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 uson purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or, combination facilities. RESPONSIBLE OFFICIAL:

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

Page \_\_\_\_\_ of \_\_\_\_.



# THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301001

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#0112230

MELRICH CORP MELISSA KUCHNER 2654 E OAKLAND AVENUE FT LAUDERDALE FL 33306 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

TO THE RIGHT OF RETURNATIONS	
PLACE STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  B. Is delivery address different from den 1?   Yes
1. Article Addressed to:	If YES, eater delivery address below:
10 AIRS ID # 0112230001AG MELISSA KUCHNER ONE PRICE DRY CLEANING	JUN 1 3 2001
FT LAUDERDALE FL 33306	3. Service Type obile Sources  **Confided Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.
•	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 9662	
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

9662				
0026 4129	Certified Fee	\$	Postmark Here	
7000 0600	City. S		230001AG	



#### 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 12-16-000

Do NOT Remove Label

AIRS ID # 0112230 ONE PRICE DRY CLEANING

MELISSA KUCHNER 2654 E OAKLAND AVENUE

FT LAUDERDALE FL 33306

FOR GOVERNMENT-USE ONLY

Org.: 37550101000 EO: A1

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

258397

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

JAN 17 97

# **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID# 0112230

MELRICH CORP MELISSA KUCHNER 2654 E OAKLAND AVENUE FT LAUDERDALE FL 33306 FOR GOVERNMENT USE ONLY

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

Obj.: 002273



a nerej

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

0354326

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 # 0112230

ONE PRICE DRY CLEANING MELISSA KUCHNER ≥2654 E OAKLAND AVENUE FT LAUDERDALE FL 33306

FOR GOVERNMENT USE OF LY

Org.: 37550101001

Fund: 20-2-035001

Obj.: 002273



0389838

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

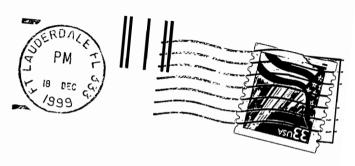
AIRS ID # 0112230

ONE PRICE DRY CLEANING MELISSA KUCHNER 2654 E OAKLAND AVENUE FT LAUDERDALE FL 33306 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: BI

Fund: 20-2-035001 Obj.: 002273

4

Melissa and Richard Kushner 3200 N. Ocean Blvd. Suite 701 Ft. Lauderdale, FL 33308



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

32315-3070

