

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

September 26, 1996

Mr. Gregg Morosini, President Personal Touch Dry Cleaners, Inc. 8455 West Oakland Park Boulevard Sunrise, Florida 33351

Dear Mr. Morosini:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 26, 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

tolly blid

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Robert Wong, Broward County

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

#0112247

	Discount Dry Clean Outlet
	, '
D.14	1.(c) mark out "V" and initial 3. should be new large area source 5.(f) required
	3. Should be new large area source
D15	5.(f) required
	•
<u> </u>	
	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):						
PERSONAL TOUCH DRYCLEANERS INC.						
2. Site Name (For example, plant name or number):						
DISCOUNT DRYCLEAN OUTLET						
3. Hazardous Waste Generator Identification Number:						
FLR 000016857						
4. Facility Location: Street Address: 8455 W. OAKLAND PARK BLVD. City: 5UNRISE County: BROWARD Zip Code: 3335/						
Street Address: 6430 County: 300 7in Code: 300 City: 540 10 15 H						
County Barbon 2 2 3 5 2)						
5 Facility Identification Number (DEP Use): 01.122-47						
Responsible Official						
6. Name and Title of Responsible Official:						
CASTI COMPACSING (DOSS)						
G1666 11161661N1 (11045)						
GREGG MOROSINI (PRES.) 7. Responsible Official Mailing Address: Organization/Firm: PERLSON AL TOUCH DC Street Address: 8-455 W. OAKLAND PARK BLUD-						
Street Address: 8455 W. OAKLAND PARK BLUD.						
City: SUNPLISE County: BROWARD Zip Code: 33351						
8. Responsible Official Telephone Number:						
Telephone: (454) 749 - 1818 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: () -						

RECEIVED

AUG 2 6 1996

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

Bureau of Air Monitoring & Mobile Sources

Facility Information

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit	9	J5 35 37 7	· 海河海县)为11.	Sold.			J.	T CHARL	
(1) w/ ref. condenser	(0)	3/25/96	3/25/96	(\(\rak{\range}\)	3/25/90	3/2-490			
(2) w/ carbon adsorber						7. /			
(3) w/ no controls					- T				
Washer Unit	1.1	i Austi	William Co.	,			8.1	以深以第1代数	"声情多代"
(4) w/ ref. condenser	*					k.			p4
(5) w/ carbon adsorber								•	
(6) w/ no controls						٠		1	
Dryer Unit			建筑和西南西 亚	elvedoj saj Opelj se	经过去类的	机子基性式进行		出版的首便教	atjār il
(7) w/ ref. condenser					•	٠			*
(8) w/ carbon adsorber					,			* .	
(9) w/ no controls									
Reclaimer Unit	-34	Turkija (K.)	Bagarak.			and the rest		海南海西湖	
(10) w/ ref. condenser					4,				
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of	are r	equired to be	installed [_		purchased in	the latest 12	mor	the?	
180+120#	gallo	ons 🕸 in	littal IN	STA	UATION OF	,		uis:	
(b) If less than 12 mont Check why it is less					New store:	Did	not k	eep records:	
			٠.						
(Indicate with an "X".					nitions found	in section (3	5) of :	Part II?	
Existing small ar	ea so	urce []	, Ne	w sm	nall area sour	ce []	I		
Existing large are	ea soi	urce 🔀	Ne	w lar	rge area sourc	xe []	,		

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

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of F	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-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site:	d hot water generating unit	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by no during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required to be kept on-site	in accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchases		
(b) Leak detection inspection and repair		(\succeq)
(c) Refrigerated condenser temperature monitoring		× 1
(d) Carbon adsorber exhaust perc concentration 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	dersigned, 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 pro	mptly notify the Department of any changes to the information contained in this notification.					
1	mar Mar 8/16/91					

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

BEST AVAILABLE COPY

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT MPLIANCE INSPECTION CHECKLIS

	TUAL COMPLAINT/DISCOVERY D NSPECTION D
AIRS ID#: 01122 47 DATE: FACILITY NAME: Personal	10.23.97 TIME IN: 2:00 TIME OUT: 3:00 Touch Pry Cleaners West Outland Park Boulevard e Florida 33351 g Morosini PHONE: 749-1818
FACILITY LOCATION: 8455	West Oskland Park Boulevard
Sunris	e Florida 33351
RESPONSIBLE OFFICIAL: Gree	79 Morosini PHONE: 749-1818
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days	prior to startup
2. Facility failed to notify DARM to use	1
PART II: CLASSIFICATION	
Facility indicated on notification form (check appropriate box)	that it is: □ No notification form □ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 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/transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed before $12/9/91$)	
5. This is a correct facility classificat	ion
	ate classification: ied for a general permit as number above ds above limits and is not eligible for a general permit
B. The total quantity of perchloroethyle facility was 200 gallons.	ne (perc) purchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTI	REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)					
1. Storing perchloroethylene in tight	htly sealed and impervious containers?	ØY ON ON/A			
2. Examining the containers for leakage?					
3. Closing and securing machine doors except during loading/unloading?					
4. Draining cartridge filters in thei least 24 hours prior to disposal?	r housing or in sealed containers for at				
Maintaining solvent-to-carbon rabeds according to the manufactu	atios and steam pressure for carbon adsorber rer's specifications?	OY ON ON/A			

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

A.	Has the responsib	le official	ofali	new	sources	and	existing	large.	area	sources:
(ch	eck appropriate boxe	5)								

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

B. Has the responsible official of an existing large or new large area source also:	
 Measured and recorded the exhaust temperature on the outlet side of the condenser locate on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 	d 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?	AINO NO YO
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?	DY DN DNA
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
 Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? 	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	AND NO YO
PART V: RECORDKEEPING REQUIREMENTS	

í

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	DA DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AVA ON ONA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ØY ON GN/A
4. Maintained calibration data? (for applicable direct reading instruments)	ANAD NO PA
5. Maintained exhaust duct monitoring data on perc concentrations?	AND NO YES
6. Maintained startup/shutdown/malfunction plan?	BY DN
7. Maintained deviation reports?	A/NO NO AZ
Problem corrected?	AND NO YE
8. Maintained compliance plan, if applicable?	AY ON ON/A

PART VI: LEAK DETECTION AND I	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible officia unduct a	1. Does the responsible officia and unduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			ØÝ □N			
2. Has the facility maintained a leak log?			MY ON			
3. Does the responsible official check the	following areas for leaks?					
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ØY ON ON/A			
Door gaskets and seating	DY ON ON/A	Stills	ØY □N □N/A			
Filter gaskets and seating	AY ON ON/A	Exhaust dampers	ØÝ □N □N/A			
Pumps	AY ON ON/A	Diverter valves	ZÝ ON ON/A			
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A			
Water separators	ØY ON ON/A					
4. Which method of detection is used by t						
Visual examination (condensed s	9					
Physical detection (airflow felt th	a					
Odor (noticeable perc odor)			Æ.			
Use of direct-reading instruments	ation (FID/PID/calorimetric	tubes)	Ø			
Halogen leak detector			囡			
If using direct-reading instr	rumentation, is the equipo	nent:	□N/A			
a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON			
b. Calibrated against a (PID/FID only)?	OY ON					
c. Inspected for leaks ar	OY ON					
d. Kept in a clean and s	DY DN					
e. Verified for accuracy	DY DN					
<u> </u>						

Bob Thomas	10-23-97
Inspector's Name (Please Print)	Date of Inspection
Bot Thomas	Ostober 1998
Inspector's Signature	Approximate Date of Next Inspection

ì

BEST AVAILABLE COPY COMPLAINT/DISCOVERY RE-INSPECTION 0112247 2:00 'E OUT: TIME IN: Dry Cleaner TYPE OF FACILITY: FACILITY NAME: Personal Touch Dry Cleaners DATE: 10-23.97 Oukland Park Boulevard West FACILITY LOCATION: 8455 33351 RESPONSIBLE OFFICIAL: Gress Moresin PHONE NUMBER: 749-1818 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. NO DATE OF NEXT INSPECTION: october 198

(Approximate) INSPECTION CONDUCTED BY: Bob Romas
(Please Print) INSPECTOR'S SIGNATURE: BA Thomas PHONE NUMBER: 519-1459

Page ___of___.

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUA' COMPLIANCE CERTIFICATION FACILITY NAME: Persons/ Touch DATE: 10-23-97 FACILITY LOCATION: 8455 West Sunrise Florida 19 96 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 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.

*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.

RECEIVED

RESPONSIBLE OFFICIAL: GREGO MORDSIN

Name (Please Print)

Page _____ of _____.

NOV 1 2 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0112247 PERSONAL TOUCH DRYCLEANERS INC GREGG MOROSINI 8455 W OAKLAND PARK BLVD SUNRISE FL 33351

Do NOT Remove Labe

FEB 3 1998
reau of Air Monitoring
& Mobile Sources

	Do NOT Remove Laber	a D
Annual Reporting Period: JAN	1997 то	DEC 31 ST 1997
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		_
If NO, complete the following:		
#1. Term or condition of the general permit	t that has not been in continuous complia	nce during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:		·
#2. Term or condition of the general permit	that has not been in continuous complia	nce during the reporting period stated above:
Exact period of non-compliance: from	_	to
Action(s) taken to achieve compliance:	· 	
Method used to demonstrate compliance:	<u>:</u>	

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: GIZEGG MOROSINI

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.

	The relative	10 JUM AND		
1	of equiewne to qot new	0 80000 112 000 10 80000 11000	9-1 	,
ADDRESS completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. AIRS ID#: 0112247 PERSONAL TOUCH DRYCLEANERS INC GREGG MOROSINI 8455 W OAKLAND PARK BLVD SUNRISE FL 33351	e can return this e does not e number. d the date 4a Article N 4b. Service 1 Registere Express 1	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. number 302 363 Type	for using Return Receipt Service.
your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addressee and fee is	o's Address (Only if requested paid)	Thank you for using
ls y	PS Form 3811 , December 1994		Domestic Return Receipt	

• .	b SP2 305 3P5
 	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to
GREC 8455	AIRS ID#: 0112247 SONAL TOUCH DRYCLEANERS INC GG MOROSINI W OAKLAND PARK BLVD RISE FL 33351 Certified Fee
	Special Delivery Fee
	Restricted Delivery Fee
1995	Return Receipt Showing to Whom & Date Delivered
April	Return Receipt Showing to Whom, Date, & Addressee's Address
800	TOTAL Postage & Fees \$
PS Form 3800 , April 1995	Postmark or Date 2//4/97

AIRS ID#: 0112297

How *

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Personal Touch Dry Cheaners DATE: 12/11/98 FACILITY LOCATION: 8455 West Oauland Park Blod.
FACILITY LOCATION: 8455 West Oauland Park Blud.
Sumite, Flavider 33351
7, 300.000
Annual Reporting Period: Oct. 1997 TO Dec. 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. YES
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 geriod 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 1,300 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL: CREGO MOROS/NI Name (Please Print)

^{*}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.

			<u></u>	√ BEST AVAIL	ABLE COP
TYPE OF INSPECTION:	ANNUAL 🔀	COMPLAINT/DI	SCOVERY	RE-INSPECT	TION [
TIME IN: 4:30 01.	M. TIME OUT: 11	:30 g. iu.	AIRS ID#:	0112247	
•	y Cleaners	- Perc.			
	1	Dry Cles	aneis	DATE: /2//	11/98
FACILITY LOCATION: 8	455 West	Oakland	Para Blu	id.	
S	enise, Flo.	vida 333	51		
RESPONSIBLE OFFICIAL:	Gregg More	osju!	_PHONE NUMBE	R:(954) 749	-1818
نک	the compliance requirement Rule 62-213,300, Florida A			facility is found to be	in
Based on the results of discrepancies were note	the compliance requiremented:	nts evaluated during th	ris inspection, the f	following compliance	·
COMPLIANCE REQ	UIREMENT/PROBL	EM FOI	LLOW-UP AC	TION REQUIRE	ED
Facility is in	· complian	æ			
-			•		
					
	· ·				
· · · · · · · · · · · · · · · · · · ·					
CO. (1/5):75					
COMMENTS:					
·					
The Annual Compliance Certifi	ication form has been prop	erly certified and subr	ntimed to the inspec	tor. YES	HO.
DATE OF NEXT INSPECTION	on: <i>Da</i>	u. 1999			
	^	(Approximate)			
INSPECTION CONDUCTED) 3Y:	TAVIAN (Please Print)	OPRIS		
INSPECTOR'S SIGNATURE	in the		_PHONE NUMB:	ER: (954) 51	19-1420
	110	Page 2 of 2.		, 	Revise 2 10 049

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL	Œ	COMPLAINT/DISCOVERY	a
	RE-INSPECTION	a		
AIRS ID#: <u>01122 47</u>	DATE: 12/11/98	_ TIME D	N: <u>9:30</u> time out:	11:30
FACILITY NAME: Pers	mod Touch 1) ry (Leoners	
FACILITY LOCATION:	8455 West	Ocikle	and Park. Blud.	
	Survise, F	ovido	33351	
RESPONSIBLE OFFICIAL :	Grego No	wsini	PHONE: (454) 749-	- 18/8
CONTACT NAME:			PHONE:	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			٥
2. Facility failed to notify DAR	M to use general permit			
PART II: CLASSIFICATION	<u> </u>			
Facility indicated on notificati			☐ No notification form	
Facility indicated on notificate (check appropriate box)			☐ No notification form ☐ Drop store/out of business/p	etroleum .
Facility indicated on notificati	ion form that it is:	New small a	☐ Drop store/out of business/p	etroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 galv	ion form that it is: rce	-to-dry only,	☐ Drop store/out of business/p rea source ☐ x < 140 gal/yr	petroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 galvetransfer only, x < 200 gal/yr	ion form that it is: rce	-to-dry only, isfer only, x	☐ Drop store/out of business/p rea source ☐ x < 140 gal/yr < 200 gal/yr	etroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 galv	rce 2. /yr dry	-to-dry only, nsfer only, x h types, x <	☐ Drop store/out of business/p rea source ☐ x < 140 gal/yr < 200 gal/yr	etroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	ion form that it is: ree	-to-dry only, safer only, x h types, x < nstructed on New large a	☐ Drop store/out of business/prea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91) rea source	petroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: rce	-to-dry only, nsfer only, x h types, x < nstructed on New large a -to-dry only,	☐ Drop store/out of business/prea source ☐ $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) rea source ☐ $140 \le x \le 2,100 \text{ gal/yr}$	etroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80	ion form that it is: ree	-to-dry only, asfer only, x in types, x < a structed on New large a -to-dry only, asfer only, 20	☐ Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$	vetroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2	ion form that it is: ree 2. /yr dry tran botl (con ree X 4. 1,100 gal/yr dry 00 gal/yr tran gal/yr bot	-to-dry only, x insfer only, x in types, x < instructed on New large a -to-dry only, asfer only, 20 in types, 140	☐ Drop store/out of business/prea source ☐ $x < 140 \text{ gal/yr}$ < 200 gal/yr 140 gal/yr or after 12/9/91) rea source ☐ $140 \le x \le 2,100 \text{ gal/yr}$	etroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallytransfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is: rce	-to-dry only, x in types, x < nstructed on New large a -to-dry only, asfer only, 20 in types, 140 instructed on nstructed on	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,300 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	etroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of	ion form that it is: rce	to-dry only, asfer only, x h types, x < nstructed on New large a to-dry only, asfer only, 20 h types, 140 nstructed on	Drop store/out of business/prea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	petroleum .
Facility indicated on notificate (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallytransfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sound dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility of the following please check the facility of	ion form that it is: ree	to-dry only, x in types, x < nstructed on New large a to-dry only, insfer only, 20 in types, 140 instructed on Improved on Improved on Improved in the permit as no instructed on Improved in Improved	Drop store/out of business/p rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) \Box Can not determine	etroleum .

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? AVAD ND YE 2. Examining the containers for leakage? MY ON ONA 3. Closing and securing machine doors except during loading/unloading? MD AE 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MY ON ONA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AND NO YE 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) XII DN i. Equipped all machines with the appropriate vent controls? AND NO YES 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 ZIY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? **2**(1. □2. 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? XDY DN DNA 6. Conducted all temperature monitoring after an appropriate cooldown period and after ZAY □N 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?	ØAA ⊡ki
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØY □N □N/A
	Is the temperature differential equal to or greater than 20° F?	AND NO YES
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?	DY ON M NA
	Is the perc concentration equal to or less than 100 ppm?	AMA NO YO
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?	MAY ON ONA
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MANA
6.	Routed airflow to the carbon adsorber (if used) at all times?	אַמאָ מ אם צם

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	MY ON		
2. Maintained rolling monthly total of perc consumption?	M Y □N		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AVA NO YOU		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	MAY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON X INA		
5. Maintained exhaust duct monitoring data on perc concentrations?	AMA NO YO		
6. Maintained startup/shutdowt/malfunction plan? ▼ □ N			
7. Maintained deviation reports?	AM A NO YO		
Problem corrected?	oy on ¥ v×		
3. Maintained compliance plan, if applicable?	OA ON A WY		

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? $\square N$ **A**Y ΩN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ONA couplings, and valves SY ON ONA Muck cookers Door gaskets and seating MY ON ONA Stills MY ON ONA Filter gaskets and seating AMO NO YA Exhaust dampers AME NE YE Diverter valves A'VE NE YE Pumps MAND NO YE Solvent tanks and containers DYY ON ON/A Cartridge filter housings SY ON ONA Water separators AMO NO YK 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) □ Njf Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: ON/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? NO YO b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN KC YC c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? NG YG e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

OCTAVIAN OPRIS	12/11/98
Inspector's Name (Please Print)	Date of Inspection
	Dec. 1999
indeector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V	GENERAL PERMIT
COMPLIANCE	INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	ON	ਰ	COMPLAINT	T/DISCOVERY	
AIRS ID#: 0112 24 7	DATE: 11/22/	99 <u>'</u>	TIME I	n: 2:00	_ TIME OUT: _	2:40
FACILITY NAME:	ERSONAL TO	MCH_	Dou	CLEAVER	5 P	
FACILITY LOCATION:	2455 W. C	JAKLAUI	<u> 7</u>	ARK BLVD	~ C	<u> </u>
		500	JRISE	= FL &3.	338%	<i></i>
RESPONSIBLE OFFICIAL	: Grege	Moros	INI	_ PHONE: Ĝ	54) 748-1818	× ×
CONTACT NAME:				_PHONE:	OSIAIT SUPPLIFORM	
DADEL NORTH CARRON				,	- 6	
(check appropriate box)						
1. New facility notified DARN	A 30 days prior to sta	rlup				(2
2. Facility failed to notify DA		•				
						-
PART II: CLASSIFICATIO	N					
Facility indicated on notification (check appropriate box) A.	tion form that it is:			☐ No notifica☐ Drop store/	tion form out of business/pe	troleum
1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/y both types, x < 140 gal/yr (constructed before 12/9/91	l/yr r	dry-to-dr transfer both type	ry only, only, $x < 1$	rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)		
3. Existing large area sou dry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1.8$ both types, $140 \le x \le 1.800$ (constructed before 12/9/91)	2,100 gal/yr 000 gal/yr gal/yr	dry-to-di transfer both type	ry only, only, 20 cs, 140	rca source $140 \le x \le 2,100$ $00 \le x \le 1,800$ g $00 \le x \le 1,800$ gal/ or after $12/9/91$	al/yr yr	
5. This is a correct facility of	classification		ΠN	□Can not dete	ermine	
	e appropriate classificative qualified for a general tity exceeds above lim	neral perm				
B. The total quantity of perchl facility was 525 gallons	oroethylene (perc) pu ;.	irchased w	vithin th	e preceding 12 i	months by this dry	cleaning

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? EY ON ON/A 2. Examining the containers for leakage? DY DN 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 ØN/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) DAY CIN 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DAY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MO YM verifying that the coolant had been completely charged?

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□ Y	□N	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□n√A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ΠY	ΠN	ĭÍN/A
	Is the perc concentration equal to or less than 100 ppm?			ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	©r√√A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	⊡Ń/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	M/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	ØY □N				
2. Maintained rolling monthly total of perc consumption?	অ্⊼ □и				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	ØY □N □N/A				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	⊠Y □N □N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON (A				
5. Maintained exhaust duct monitoring data on perc concentrations?	□Y □N ŒN/A				
6. Maintained startup/shutdown/malfunction plan?	ĐÝ □N				
7. Maintained deviation reports?	□Y □N ŒŃ/A				
Problem corrected?	DY DN MN/A				
8. Maintained compliance plan, if applicable?	אולט אם עם Y				

PART VI: LEAK DETECTION AND REPAIRS							
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
insp	ection?			d Y □n			
2. Has	the facility maintained a leak log?			ØY □N			
3. Doe	s the responsible official check the	following areas for leaks	5?				
	Hose connections, fittings, couplings, and valves	ɗy on on/a	Muck cookers	CY ON ON/A			
	Door gaskets and seating	ØY □N □N/A	Stills	OY ON ON/A			
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ØÝ □N □N/A			
	Pumps	CÍY ON ON/A	Diverter valves	ɗY □N □N/A			
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	OY ON ON/A			
	Water separators	QrÝ □N □N/A					
4. Whi	ch method of detection is used by the	he responsible official?					
	Visual examination (condensed se	olvent on exterior surface	es)	a			
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?						
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in a clean and secure area when not in use?						
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				OY ON			
	Inspector's Name (Please Prin	it)	Date of Inspe	pection			
Inspector's Signature			Approximate Date of 1	Approximate Date of Next Inspection			

---- V2/13/97

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



FACILITY NAME: PERSOUAL TOUCH	DOY CLEANERS DATE: 11/22/91
	AKLIND PORK BLUD SOURISE FL. 33351
	· · · · · · · · · · · · · · · · · · ·
Annual Reporting Period: Dec ()	1998 TO Nov 22 1999
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), dur	air permit, my facility has remained in compliance with DEP Rule ring the period covered by this statement. WYES NO
If NO, complete the following:	
≠1. Term or condition of the general permit that has no	not been in continuous compliance during the reporting period stated above;
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
•	
made in this notification are true, accurate and comple.	
'This form is made available to you as an aid in order to liscretion of the responsible official to use this form.	to meet your annual compliance certification requirements. It is at the

Page _____ of ___

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

260670

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 17 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 0112247 PERSONAL TOUCH DRYCLEANERS INC GREGG MOROSINI 8455 W OAKLAND PARK BLVD SUNRISE FL 33351 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

BEST AVAILABLE COPY

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

389329

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

RECEIVED

RECEIVED

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112247 DISCOUT DRYCLEAN OUTLET GREGG MOROSINI 8455 W OAKLAND PARK BLVD SUNRISE FL 33351

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

10 AIRS ID # 0112247001AG GREGG MOROSINI DISCOUT DRYCLEAN OUTLET 8455 W OAKLAND PARK BLVD	3. Service Type
SUNRISE FL 33351	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandi ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

	US. Posal s Germais Mail o	MAL REC	EIPT Coverage,Provid	e <i>a</i>)
6214 9200	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here	
7000 0600		DRYCLEAN OUTL KLAND PARK BL	.ET	raturations.

.



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301305

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 29 98

Do NOT Remove Label

AIRS ID#0112247
PERSONAL TOUCH DRYCLEANERS INC
GREGG MOROSINI
8455 W OAKLAND PARK BLVD
SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0353969

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 # 0112247

DISCOUT DRYCLEAN OUTLET GREGG MOROSINI 8455 W OAKLAND PARK BLVD SUNRISE FL 33351

Bureau of Air Monitore Only Org.: 37550101000 EO B Fund: 20-2-035001 Obi:: 002273

Obj.: 002273