

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 20, 1996

Mr. Hussain Bedi Dry Clean U.S.A. 3204 West Commercial Boulevard Tamarac, Florida 33309

Dear Mr. Bedi:

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 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.

Dotty Di/1/tz, Chief

Bureau of Air Monitoring

and Mobile Sources

/DD

Mr. Robert Wong, Broward County cc:

#0112248°

P.14 1. (c) Should not be marked

3 new large should be marked

9.15 4. new large r.c. Should be marked

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	•
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	SABIB INC. D/B/A DRY CLEAN U.S.A. Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
3.	Hazardous Waste Generator Identification Number:
	FLD 981627023
4.	FLD 98/627023 Facility Location: 3204 WEST COMMERCIAL BLVD. Street Address:
	City: TAMARAC County: BROWNED Zip Code: 33309
5.	Facility Identification Number (DEP Use): 01/2248
	Responsible Official
6.	Name and Title of Responsible Official:
	HUSSAN BEDI OWNER
7.	Organization/Firm: DRV C/FAM 11.5.A
	Street Address: 3204 Vy CommeRcial 13(Vd)
	Street Address: 3204 W. Commercial Blod. City: TAMBARC County: BROWARD Zip Code: 33309
8.	Responsible Official Telephone Number:
	Telephone: (954) 486 - 2297 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: () -
	Telephone. ()

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AUG 2 6 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	Date		Date	Date		Date	Date
	ļ	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser		09.29.94	10694		1				
(2) w/ carbon adsorber		0,,,,							
(3) w/ no controls									
Washer Unit	- :		14, 14						1
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		. Section				· ·		•	
(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 ar (c) No control devices 2.(a) What was the total [quant gallo	equired to be ity of perchlo ons ow many? [_	installed [_ proethylene (perc)	purchased in				1
				. ~		d in section (-		

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Effective: 6-25-96

(Indicate with an "X".)
Existing large area source Carbon adsorber [] Refrigerated condenser []
New small area source Refrigerated condenser []
New large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(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 select	ion:
	,	permits authorizing operation of the on form; specifically, permit number(s)
	No air permits currently exist for this notification form.	the operation of the facility indicated in
	Responsib	e Official Certification
this notifi statement maintain	cation. I hereby certify, based on in s made in this notification are true, the air pollutant emissions units and	l, as defined in Part II of this form, of the facility addressed in formation and belief formed after reasonable inquiry, that the accurate and complete. Further, I agree to operate and air pollution control equipment described above so as to be eneral permit as set forth in Part II of this notification form.
·	,	changes to the information contained in this notification.
9	ussain Bedi	8.22.96
Signature		Date

AIRS ID#: 0/12248

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Revised 10/10/96

JUL 2 1 1997

DRY CLEANER AIR QUALITY GENERAL PERMIT Bureau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM & Mobile Sources

FACILITY NAME:	DRY	Clean	USA.		DATE: _	6/20/97
FACILITY LOCATION:	32	204 W	USA.	mercus/	Blad	
	TA	NARAC				
	<u> </u>					
Annual Reporting Period:	/une	20	19 <u>9</u> 7 1	o	/cine	19_ 9 _S
Based on each term or condition					+-//	_
62-213.300, Florida Administr	ative Code (F.A.C.), during the	period covered by	this statement.	YES	⊔ио
If NO, complete the following:						
#1. Term or condition of the g	eneral perm	it that has not been	in continuous cor	npliance during t	he reporting period	I stated above:
Exact period of non-complianc	e: from			to		
Action(s) taken to achieve com	pliance:			·		
Method used to demonstrate co	ompliance:					
#2. Term or condition of the g	eneral perm	it that has not been	in continuous cor	npliance during t	he reporting period	i stated above:
Exact period of non-compliance	e: from			to		
Action(s) taken to achieve com	pliance:					
Method used to demonstrate co	mpliance:					· · · · · · · · · · · · · · · · · · ·
Pacellon used to demonstrate of	mprimice.		o			
As the responsible official, I he made in this notification are to upon rolling averages of purch year for transfer or combination RESPONSIBLE OFFICIAL:	ue, accurate ase receipts on facilities.	and complete. Full, does not exceed 2	rther, my annual (,100 gallons per)	consumption of payeer for dry-to dr	erchloroethylene s y facilities or 1,80	olvent, based
ACOROLOGICAL:	N:	ame (Please Print)		Signatur	<u> </u>	Date

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



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT -

JUL 2 1 1997

COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERY

& Mobile Sources

AIRS 1D#: <u>0112248</u>	DATE: 6/20/97 TIME IN: 1535 TIME OUT: 1630
FACILITY NAME:	DRY Clean USA
FACILITY LOCATION: _	3204 W. Commercial Blud.
_	[AMARAC F1 33309

PART I: NOTIFICATION	
(check appropriate box)	
1. Existing facility notified DARM by 9/1/96	
2. New facility notified DARM 30 days prior to startup	. 0
3. Facility failed to notify DARM to use general permit	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	

1. Existing small area source 2. New small area source dry-to-dry only, x<140 gal/yr dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr both types, x<140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, 140<x<2, 100 gal/yr dry-to-dry only, 140<x<2, 100 gal/yr transfer only, 200<x<1,800 gal/yr transfer only, 200<x<1,800 gal/yr both types, 140<x<1,800 gal/yr both types, 140<x<1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) $\square N$ This is a correct facility classification 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) purchased within the preceding 12 months by this dry cleaning facility was 140 gallons.

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)

1.	Equipped all machines with the appropriate vent controls?	מם אם
2	Equipped dry-to-dry machines with a closed-loop vapor venting system?	אואם אם אם
3	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
4	. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	OY ON
5	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ey on
6	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

В.	Has the responsible official of an existing large or new large area source also:			1
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?	ΩΎ	ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Q/Y		
	Is the temperature differential equal to or greater than 20° F?	DY	ИО	
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?	W Y	\(\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\}\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	
	Is the perc concentration equal to or less than 100 ppm?	₽ Ý	□N .′	I
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?	œÝ	NO	
5	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Routed airflow to the carbon adsorber (if used) at all times?	DY OSC	ON DWA	1
6	. Routed airflow to the carbon adsorber (if used) at all times?	DY DY	אואם אם	#
_				길

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	DY ON				
2. Maintained rolling monthly averages of perc consumption?	NO YO				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	מס צם				
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אם עם				
4. Maintained calibration data? (for direct reading instruments only)	A/AED NO YO				
5. Maintained exhaust duct monitoring data on perc concentrations?	NO YO				
6. Maintained startup/shutdown/malfunction plan?	DN DN				
7. Maintained deviation reports?	OY ON ONA				
Problem corrected?	MS DY DN				
8. Maintained compliance plan, if applicable?	. BY ON ON/A				

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	Ū Z Ý	אם

2.	Which method of detection is used by th	e respons	sible offi	cial?		,
	Visual examination (condensed so	lvent on e	exterior	surfaces)		
	Physical detection (airflow felt thro	ough gas	kets)		0	
	Odor (noticeable perc odor)			<i>:</i> .		
	Use of direct-reading instrumentar	tion (FID	/PID/cal	orimetric tubes)		
	If using direct-reading instrume	ntation, i	is the eq	quipment:	/	
	a. Capable of detecting p	erc vapo	r concen	strations in a range of 0-500 ppm?	ΟY C	N
	b. Calibrated against a st (PID/FID only)?	tandard g	as prior	to and after each use		M
	c. Inspected for leaks an	d obvious	signs o	f wear on a weekly basis?	OY C	N
	d. Kept in a clean and se	сше агеа	when r	not in use?	OY C	IN
	e. Verified for accuracy	by use of	duplica	te samples (calorimetric only)?	OY C	N
3.	Has the facility maintained a leak log?			·		N
4.	Does the responsible official check the	following	areas fo	or leaks?		
	Hose connections, fittings, couplings, and valves	DY	ПИ	Muck cookers	ΩY.	ПΝ
	Door gaskets and seating	₽Y	ПΝ	Stills	₽¥	ИО
	Filter gaskets and seating	PY	ПИ	Exhaust dampers	DY	□и
	Pumps	QY	ИП	Diverter valves	ØÝ	ПΝ
	Solvent tanks and containers	ΦÝ	ПИ	Cartridge filter housing	s ØY	ПΝ
	Water separators	ωx	ПИ		·	
_	Name of Responsible Offici) · al		· .	/	
_	Nota Coppola			(/ov	197	
	Inspector's Name (Please Pri	int)		Date of Inst	pection /	

Inspector's Signature

ADDITIONAL CYTE DIFORMATION		
ADDITIONAL SITE INFORMATION:		
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·		
	•	
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TYPE OF INSPECTION: ANNUAL M COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 9:45 TIME OUT: 10-15	AIRS ID#: 042248
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: DRY CLEAN USA	DATE: 7-2-98
FACILITY LOCATION: 3204 W. COMMERCIAL	BLVD. TAMARAC, FL. 33309
RESPONSIBLE OFFICIAL: HUSSAIN BEDI	PHONE NUMBER: (954)486-2297
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
NO LEAK DETECTION LOG NO PERC MONTHLY LOG	RE-INSPECT IN 30 DAYS TO VERIFY THAT LOGS ARE UP TO DATE.
	Pro
	Surgar of the Sources
	OK SOLITOR TO STATE OF THE SOLITOR TOS.
FACILITY IS CLEAN AND MACHINE IS IN	J EXCELLEUT CONOTTION.
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6-9	
(Ap	oproximate)
	UE (DA
INSPECTOR'S SIGNATURE: Outle Litt	PHONE NUMBER: (954) \$519-1428
Page	of . Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTIO	П ис	COMPLAIN	IDISCOVERY	
	RE-INSPECTIO	· ·		e au	6,0
AIRS ID#: 0112248	DATE: 7-2-9	8 TIME	in: <u>9:45</u>	TIME OUR	13.150 10:150
FACILITY NAME: DR	Y CLEAN US	sa	· · · · · · · · · · · · · · · · · · ·		A COLINS
FACILITY LOCATION:	3204 W. CO	<u>mmERCIA</u>	L BLVP.	TAMARAC.	FI. 333 <u>0</u> 9
RESPONSIBLE OFFICIAL	: HUSSAIN	BEOI	PHONE: (754)486-2	297
CONTACT NAME:			PHONE:		
DA OTA NOTATION					
PART I: NOTIFICATION					
(check appropriate box)					<i>~</i>
I. New facility notified DARM	- ,	•			
2. Facility failed to notify DAI	RM to use general per 	rmit 			
PART II: CLASSIFICATIO	NI .				
PARIJE CLASSIFICATIO					
Facility indicated on notificat			☐ No notifica		petroleum
				ition form out of business/p	petroleum
Facility indicated on notificat (check appropriate box)	rce 🗀	transfer only, both types, x <	Drop store, area source y, x < 140 gal/yr x < 200 gal/yr	out of business/p	petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally r	rce	dry-to-dry only transfer only, a both types, x < (constructed of 4. New large dry-to-dry only transfer only, a both types, 140	Drop store, area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after 12/9/91	out of business/p	petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gally transfer only, x < 200 gally to both types, x < 140 gally transfer only, to constructed before 12/9/91 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	rce	dry-to-dry only transfer only, a both types, x < (constructed of 4. New large dry-to-dry only transfer only, a both types, 140	Drop store. area source y, x < 140 gal/yr x < 200 gal/yr 140 gal/yr n or after $12/9/91$ area source y, $140 \le x \le 2.100$ $200 \le x \le 1.800$ gal/ $0 \le x \le 1.800$ gal/	Out of business/p	petroleum
Facility indicated on notificate (check appropriate box) A. 1. Existing small area soundry-to-dry only, x < 140 gallyre both types, x < 140 gallyre (constructed before 12/9/91) 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) 5. This is a correct facility of the facility	rce	dry-to-dry only transfer only, a both types, x < (constructed of 4. New large dry-to-dry only transfer only, a both types, 140 (constructed of VY DN ation:	Drop store. area source y, $x < 140 \text{ gal/yr}$ $x < 200 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ $x < 140 \text{ gal/yr}$ In or after $12/9/91$ area source y, $140 \le x \le 2.100$ $200 \le x \le 1.800$ gal/ or after $12/9/91$ Can not detumber	out of business/p	petroleum

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? ON ON ONIA 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON ONA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) MY DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ONA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MD ARG condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DAY ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	. Has the responsible official of an existing large or new large area source also:	
l.	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?	o√y ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON WON/A
	Is the temperature differential equal to or greater than 20° F?	OY ON DANA
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 DANA
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 WN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON OMÁ/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON WN/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair DIN. QΥ inspection? MN. 2. Has the facility maintained a leak log? QΥ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MY ON ON/A couplings, and valves Muck cookers DY ON ON/A MY ON ON/A Stills Door gaskets and seating BY ON ONIA MY ON ONIA Filter gaskets and seating Exhaust dampers MY ON ON/A MY ON ONA **Pumps** Diverter valves MY ON ON/A OY ON ON/A Cartridge filter housings Solvent tanks and containers MY DN DN/A Water separators 4. Which method of detection is used by the responsible official? ব Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector MNIA If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? □Y □N Approximate Date of Next Inspection Inspector's Signature

AIRS•ID#:	0112248
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Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	· · · · · · · · · · · · · · · · · · ·	
FACILITY NAME: DRY CLEAN USA		DATE: <u>7-2-98</u>
FACILITY LOCATION: 3204 W. COMMERCIA	L BLVP.	
•	•	
TAMARAC , F1. 33309		_
Annual Reporting Period: July 2	1998 TO	19 <u>99</u>
Based on each term or condition of the Title V general air permit, my 62-213.300, Florida Administrative Code (F.A.C.), during the period	· .	\sim
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in cont	inuous compliance during the reporti	ng period stated above:
RECORDINEERING REGUIREMENTS #2, 39 AN	<u>d8 au</u>	
Exact period of non-compliance: from $\frac{\omega/20/97}{}$	to 7/2/98	
Action(s) taken to achieve compliance: RE-WSFECT (N 30	O DAYS TO VERIFY THAT LO	65 ARE UP TO DAT
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in cont.	inuous compliance during the report	g period stated above:
Exact period of non-compliance: from	to Sur	40 612
Action(s) taken to achieve compliance:	thor	015
Method used to demonstrate compliance:	016	Sources oring
		v &
As the responsible official, I hereby certify, based on information and made in this notification are true, accurate and complete. Further, mupon purchase receipts, does not exceed 2,100 gallons per year for dicombination facilities.	ny annual consumption of perchloroet	ry, that the statements hylene solvent, based
made in this notification are true, accurate and complete. Further, mupon purchase receipts, does not exceed 2,100 gallons per year for di	ny annual consumption of perchloroet	ry, that the statements hylene solvent, based er year for transfer or

^{*}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.

	•	_
-		0112248
	m	$\sim \sim 11.22 \mathrm{GeV}$
AIRS	11177	() () / / 7 / 7
,		

Revise

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

					
FACILITY NAME: DRY CLEA	N USA			DAT	TE: <u>7-2-98</u>
FACILITY LOCATION: 3204	W. COMMERC	JAL BL	VD.		
TAMARAC, FI.	33309		κ:		
Annual Reporting Period: 500	1 2	19 98	то	July 2	1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (1)	= -	•		·	DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permi			-		eriod stated above:
Exact period of non-compliance: from	6/20/97				
Action(s) taken to achieve compliance:	RE-INSPECT IN	30 pays	TO VER	IFY THAT LOGS	ARE UP TO DAT
Method used to demonstrate compliance:		_	_		
#2. Term or condition of the general permi	t that has not been in	continuous c	ompliance du	ring the reporting p	griod stated above:
Exact period of non-compliance: from			to	SUT AUG	KI,
Action(s) taken to achieve compliance:	<u></u>	•		Nor W	0/4 6
Method used to demonstrate compliance:				The Sales	String.
As the responsible official, I hereby certify, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities.	and complete. Furthe 100 gallons per year f	er, my annua	l consumption	asonable inquiry, to of perchloroethyle	hat the statements ne solvent, baseà
RESPONSIBLE OFFICIAL: Na	A) a RED) ume (Please Print)		Sig	nature	7. 2-98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

FLD 181 025992

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	· a	COMPLAINT/DIS	COVERY	<u> </u>
AIRS ID#: <u>OII 2249</u> FACILITY NAME:De	<i>j</i> 1	time: USP4	IN: 1/. 40 TH	ме о ит : <u>/</u>	2:05
FACILITY NAME:	[]		cal Blid.	Bu	7
· <u> </u>	amounic,	FL,	33309	& Nobi	AUG
RESPONSIBLE OFFICIAL :	Hussain B	201	_phone:(454)	9865-5	20817 T
CONTACT NAME:			_ PHONE:	Sources	999
PART I: NOTIFICATION					īī T
(check appropriate box)					
1. New facility notified DARM	30 days prior to startu	ip .			
2. Facility failed to notify DAR	•	•			
PART II: CLASSIFICATION	1				
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notification f☐ Drop store/out of		roleum
A. 1. Existing small area sour 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 d u b	ransfer only, x both types, $x < x$, x < 140 gal/yr < 200 gal/yr		
3. Existing large area sour dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	.100 gal/yr d 00 gal/yr t gal/yr b	ransfer only, 2 both types, 140	area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after 12/9/91)	□ YT	
5. This is a correct facility cl	assification	ay on	□Can not determin	e	
	appropriate classificati ty qualified for a gener ty exceeds above limits	ral permit as n			
B. The total quantity of perchlo facility was [20] gallons.		hased within t	he preceding 12 mont	hs by this dry	cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DN/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? □N □N/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □N □N/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) 1. Equipped all machines with the appropriate vent controls? □N □N/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 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 condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В	. Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OM ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ØY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	DY ON	ØN/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? Is the perc concentration equal to or less than 100 ppm?	אם אם	®n/a C≯/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?	ON DN	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	Y ON	ĽľN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	MO Y	□ M /A

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

P	ART VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct a	weekly (for small source	es, bi-weekly) leak detection ar	nd repair	
	inspection?		•	MD ND	
2.	Has the facility maintained a leak log?			Oγ □N	
3.	Does the responsible official check the	following areas for leaks	s?		
	Hose connections, fittings,				
	couplings, and valves	DY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DAX ON ONIA	Diverter valves	DY ON ON/A	
	Solvent tanks and containers	ON ON ON/A	Cartridge filter housings	ZY ON ON/A	
	Water separators	Y ON ON/A			
4.	Which method of detection is used by t	he responsible official?			
	Visual examination (condensed s	olvent on exterior surfac	es)	.tz	
	Physical detection (airflow felt th	rough gaskets)			
	Odor (noticeable perc odor)		•	₽	
	Use of direct-reading instrumenta	ation (FID/PID/calorimet	ric tubes)		
	Halogen leak detector				
	If using direct-reading instr	umentation, is the equi	pment:	ΩA√I/A	
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y □N				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				
	•	nd obvious signs of wear	on a weekly basis?	OY ON	
		ecure area when not in u		מם עם	
		by use of duplicate samp		מם עם	
	,	o) and or caphodic bamp			
	6		-11		
	Mispector's Name (Please) Prin	nt)	Date of Inspe	ction	
	Edwards & Assal		7/2/2		
_	Inspector's Signature		Approximate Date of I	Next Inspection	

BEST AVAILABLE COPY DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Dry-Clean USA:	DATE: 7/7/99
FACILITY LOCATION: 3004 W. Commercial Blyd.	· •
Tamarac, FC 33309	
Annual Reporting Period: July 1993 TO July	19 <u>49</u>
Based on each term or condition of the Title V general air permit, my facility has remained in complian 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 repo	orting 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 repo	orting 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 in made in this notification are true, accurate and complete. Further, my annual consumption of perchlor upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	roethylene solvent, based is per year for transfer or
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.

Page 1 of 1.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

	TITLE V COMPLIANCE	GENERAL PEI	HECKLIST	Ω	LUS
TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO		COMPLAINT/	DISCOKERY SFD	EIVE
AIRS 1D#: 0112248			IN: 3:10pm	TIME OUT	3.36km r Monitoring
FACILITY NAME:	904 W.	Commercial			Sources
RESPONSIBLE OFFICIAL:		Bear	_phone: <u>(9</u> \$	4) 486-1	9297
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	30 days prior to sta	rtup			رق 🗸
2. Facility failed to notify DAR	M to use general pe	rmit			0
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification ☐ Drop store/or		petroleum
1. Existing small area sour 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)		2. New small a dry-to-dry only, transfer only, x both types, x < (constructed on	x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	100 gal/y r 0 gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100 \text{ g}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	/yr	
5. This is a correct facility cla	assification	, OY ON	□Can not deter	mine	
_	y qualified for a ge y exceeds above lin	neral permit as nu nits and is not clig	gible for a general	-	

facility was (1/(n/(1.2c))

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

If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY DN DN/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DN DN/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? D. D-noir expected 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? ON ON/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	DN CIN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON (⊐n/a
	Is the temperature differential equal to or greater than 20° F?	ON ON	⊃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 ON C	
	Is the perc concentration equal to or less than 100 ppm?	DY ON C	⊐N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,		
	or expansion; and downstream from no other inlet?	OY ÓN C	⊐N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON C	⊃n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ON ON C	⊐N/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?	NO AC		
3. Maintained leak detection inspection and repair reports for the following:	No lecits		
a. documentation of leaks repaired w/in 24 hrs? or;	AND NONA		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אוא מו אם אם אם		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON DN/A		
6. Maintained startup/shutdown/malfunction plan?	QY_ON		
7. Maintained deviation reports?	OY ON DAY/A		
Problem corrected?	OY ON DAYA		
8. Maintained compliance plan, if applicable?	ODY ON ON/A		

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY DN DN/A DN DN/A couplings, and valves Muck cookers MY ON ON/A OPY ON ON/A Door gaskets and seating Stills MY ON ON/A OX ON ON/A Filter gaskets and seating Exhaust dampers MY ON ON/A mx □N □N/A Diverter valves Pumps DY ON ON/A □N □N/A Solvent tanks and containers Cartridge filter housings DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector □N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? \square Y \square N c. Inspected for leaks and obvious signs of wear on a weekly basis? OY ON d. Kept in a clean and secure area when not in use? DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? OY ON

Elizabeth F. SUSKY	08/04/00
Inspector's Name (Please Print)	Date of Inspection
Eljake & Dudy	08/04/01
Inspector's Signature	Approximate Date of Next Inspection

AIRS IU#: UII 0040

BEST AVAILABLE COPY

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Day Clean USA	DATE: 08/04/00
FACILITY LOCATION: 3204 W. Commercial Blyd.	· · · · · · · · · · · · · · · · · · ·
IAMOUTAC, FL 33309	
Annual Reporting Period: July 1909	TO Julyang 2000
Based on each term or condition of the Title V general air permit, my facility has 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by	
If NO, complete the following:	,
#1. Term or condition of the general permit that has not been in continuous con	npliance 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 con	npliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief form in this notification are true, accurate and complete. Further, my annual consumpurchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities combination facilities.	nption of perchloroethylene solvent, based upon
RESPONSIBLE OFFICIAL: Audrey Predie Name (Please Print) Mgs. Signature in lieu of course mr. Beo	Signature Date Date

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

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL C	OMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 15 35 TIME OUT: 16	30 AIRS ID#: 01/2248
TYPE OF FACILITY: Pere Way CI	e ANERS.
FACILITY NAME: DRY CHAN	DATE:
FACILITY LOCATION: 3204	W. Commercial Blud
TAMARAC	P(. 33309
RESPONSIBLE OFFICIAL: HUSSein De	1 PHONE NUMBER: 486-2297
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	aluated during this inspection, the facility is found to be in istrative Code (F.A.C.).
Based on the results of the compliance requirements eva discrepancies were noted:	aluated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
,	
COMMENTS: URRY Well	manutamed cair
The Annual Compliance Certification form has been properly ce	rtified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6	/98
	Approximate)
INSPECTION CONDUCTED BY:	
INSPECTOR'S SIGNATURE: Angula	(Please Printy PHONE NUMBER: 5/9-1235
Page	of Poviced 10/0

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112248 SAQIB INC 3204 West Commercial Blvd TAMARAC, FLORIDA 33309

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013753010000

BENIFITTING OBJECT CODE 0002000

BENIFITTING CATEGOR 0002000

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001 OBJECT: 002273



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

3231E83070 B093

 $1, 11, \dots, 1, \dots, 11, \dots$

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

Please include your AIRS ID# on your check or money order. This number is located on the mailing label? (#6

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112248 1st DRY CLEAN USA 3204 West Commercial Blvd TAMARAC, FL 33309 & Mobile Source

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 444532 JAN1 4 2005 Please include your AIRS ID# on your check or money order. This number is located on the mailing label. TOTAL AMOUNT DUE: \$50.00 Sureau or in Monitoring Monitoring

3204 West Commercial Blvd TAMARAC, FL 33309

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

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

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BEST AVAILABLE COPY



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR FROTE EN 1375 MAR11 MAP 1200 MAR11 MAP 1200 MAR11 MAP 1200 MAR11 MAP 1200 MAR 1200 MAR11 MAP 1200 M

AIRS'ID # 112248

HUSSAIN BEDI DRY CLEAN USA 3204 W COMMERCIAL BLVD TAMARAC, FL 33309

FOR GOVERNMENT USE ONLY

(M

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

5173	U.S. Postal Service+: CERTIFIED WAIL: REGEIRT (Damestic Mell Call), No linsurance Coverage Pro	vided)
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	Postage \$ 7 ud	Cont
10	Certifled Fee	Ceri
1000	Return Reciept Fee (Endorsement Required) Postma	
	Restricted Delivery Fee (Endorsement Required)	3
05	AIRS ID # 112248	
	Sem HUSSAIN BEDI	
7003	DRY CLEAN USA STOR 3204 W COMMERCIAL BLVD	
	гіў, TAMARAC, FL 33309	
	rsA	- instructions

SENDER: COMPLETE THI	S SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and item 4 if Restricted Delive Print your name and address that we can return the Attach this card to the bar or on the front if space per Article Addressed to:	ry is desired. ess on the reverse card to you. ck of the mailpiece,	A. Signature X B. Ricceived by (Printed Name) D. Is delivery address different from item 17 Yes If YES, enter delivery address below:
HUSSAIN BEDI DRY CLEAN USA 3204 W COMMERCI TAMARAC, FL 3330		3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandis Insured Mall C.O.D.
		4. Restricted Delivery? (Extra Fee) Yes
. Article Number	7003 09	500 0004 0144 5173



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

BUR. OF AIR MONITORING & MOBILE SOURCES

DEPT. OF ENVIRONMENTAL PROTECTION

MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399 2400

TOTAL

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cted Delivery Fee sement Required)	
ID# 1122	
HUSSAI	N BEDI
DRY CL	EAN USA
Box 3204 W	COMMINITION 12 -
tate, TAMAR	AC, FL 33309
	See Reverse for Instructions
	Postage Certified Fee etum Reciept Fee sement Required) icted Delivery Fee sement Required) iCT D# 1122 THUSSAI

ENJOERGOLA GOLA GENERAL EN SERVICIO EN CONTROL	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Solv Bach: Agent Addressee B. Received by (Printed Name) Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1? Yes \ If YES, enter delivery address below:
ID# 112248 HUSSAIN BEDI DRY CLEAN USA	
3204 W COMMERCIAL BLVD TAMARAC, FL 33309	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Art 7003 2260 0003 5651	0222
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540



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

613

• Sender: Please print your name, address, and ZIP+4 in this box •

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

TOTAL STATION SOURCES



422863 FEB12 2983

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

TOTAL AMOUNT DUE: \$50.00



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AIRS ID#0112248
DRY CLEAN USA
HUSSAIN BEDI
3204 W COMMERCIAL BLVD
TAMARAC FL
33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

	IUS Postal Service GERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provide	d)
5289	OFFICIAL, US	
7027	Postage \$ Certifled Fee	
0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsemen'	
2870	TAMAPAC TO	
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	PS Form 8300, May 2000 3 7 1 1 1 1 1 See Reverse for Instru	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delivery address different from item 12 Yes
1. Article Addressed to: AIRS ID#0112248 DRY CLEAN USA HUSSAIN BEDI 3204 W COMMERCIAL BLVD	D. Is delivery address different from item 1? If YES, enter delivery address below: No
TAMARAC FL 33309	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
10002810000010275289 2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) Yes
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AIRS 1D # 0112248

DRY CLEAN USA HUSSAIN BEDI 3204 W COMMERCIAL BLVD TAMARAC FL 33309 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

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SAQIB INC HUSSAIN BEDI 3204 W COMMERCIAL BLVD TAMARAC FL 33309 FOR GOVERNMENT USE ONLY

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

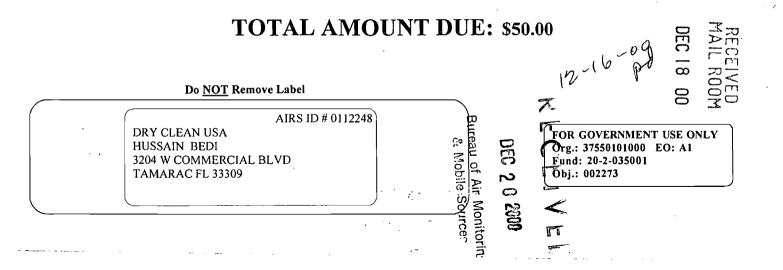
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TAMARACTE 33309	Certified Mail
2. Article Number (Copy from service label) 41299 PS Form 3811, July 1999 Domestic Ref	914

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DRY HUS 3204	Z 333 L US Postal Service Receipt for Cer Y CLEAN USA SSAIN BEDI W COMMERCIAL E MARAC FL 33309	Rified Mail AIRS ID # 0112248
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on the reverse side?	SENDER: Complete items 1 and/or 2 for Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not e number.	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	1
ADDRESS completed	AIRS ID # 0112248 DRY CLEAN USA HUSSAIN BEDI 3204 W COMMERCIAL BLVD TAMARAC FL 33309	4b. Service 1 ☐ Registere ☐ Express I	Type ad	i i i i i i i i i i i i i i i i i i i
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X HUSE a 2-2 PS Form 3811, December 1994	8. Addresses and fee is	e's Address (Only if requested	



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

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

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SAQIB INC HUSSAIN BEDI 3204 W COMMERCIAL BLVD TAMARAC FL 33309

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

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AIRS ID # 0112248

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ADDRESS completed	3. Article Addressed to: AIRS ID 0112248 SAQIB INC HUSSAIN BEDI 2304 W COMMERCIAL BLVD		4a. Article Number 2333-6/3-592 4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery 2-14-94		ou for using Return Receipt Service
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