

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

October 7, 1996

Mr. Marjon Joiles AmeriClean 7799 Pines Boulevard Pembroke Pines, Florida 33034

Dear Mr. Joiles:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 1996.

Please note that in November of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

/DD

Mr. John Coppola, Broward County

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

#### Perchloroethylene Dry Cleaning Facility Notification

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

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	MIMST
2.	NTM S T Site Name (For example, plant name or number):
	AMERICLEAN
3.	Hazardous Waste Generator Identification Number:
	FLD 0000 14639
4.	Facility Location: Street Address: 7799 PINES BAND
	Facility Location: Street Address: 7799 PINES BAND City: PEMBROKE PINES County: BROWARD Zip Code: FL 33074
:5.	Facility Identification Number (DEP Use): $O/1/2277$
	Responsible Official
6.	Name and Title of Responsible Official:
	MARJON JOILOS PREST.
7.	Responsible Official Mailing Address:  Organization/Firm: Street Address: 7799 FINGS BIND  City: PEMBROKE PINES County: BRWD ARD Zip Code: The 33024
8.	Responsible Official Telephone Number: Telephone: (954) 962 - 9183 Fax: ( ) NONE
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	MARION JOILES m
10.	Facility Contact Address:
	Street Address: 7799 PINGS BLVD City: Pam broke PINES County: BROWARD Zip Code: FL 330ZY
11.	Facility Contact Telephone Number: Telephone: (954) 962 - 9183 Fax: ( ) - NONE

RECEIVED

AUG 3 n 1996

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

Bureau of Air Monitoring & Mobile Sources

### # 0112277

P.14

1. (c) Should not be marked

3. new small area Source should be marked.

P.15

4. new small r.c. should be marked

(c) or (d) should be marked

(4) should be marked

#### **Facility Information**

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

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		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	7								1
(1) w/ ref. condenser	(1)	9/92	9/50	F		T			
(2) w/ carbon adsorber	-					1			
(3) w/ no controls									
Washer Unit		The state of the						•.	we i
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		j							1.00
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	٠.		•						
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	cation only.) Ne	ew sm	nall area sou	rce [	3) of	Part II?	
Existing large are	Existing large area source New large area source								

DEP Form No. 62-213.900(2)

Effective: 6-25-96

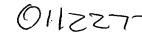
4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)							
Existing large area source  Carbon adsorber []	Refrigerated condenser []						
New small area source Refrigerated condenser []							
New large area source Refrigerated condenser []							
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following						
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment e than one percent sulfur is fired.						
All steam and hot water generating units exempt No such units on-site							
Equipment Monitoring 2	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	ιXı						
(b) Leak detection inspection and repair							
(c) Refrigerated condenser temperature monitoring							
(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 indicate with an "X" the appropriate selection:									
[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)									
$\preceq$	No air permits currently exist for the operation of the facility indicated in this notification form.								
	Responsible Official Certification								
this notific statement maintain i	I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.								
I will promptly notify the Department of any changes to the information contained in this notification.									
Signature	Marion faile Date								





# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 20, 1997

MTMSJ 7799 Pines Boulevard Pembroke Pines, Florida 33024

Re: 1996 Title V General Permit Fees

Dear Business Owner:

Rule 62-213.300, F.A.C., requires the Department to provide written notice to facilities to submit payment of an annual operation fee of \$50. The fee is due and payable annually between January 15 and March 1 for the preceding year during which the facility was in operation and subject to the requirement of the rule and general permit.

Initial fee invoices were mailed January 7. This was followed by a second invoice sent by certified mail on February 15. As of this date, our records indicate that your payment has not been received.

For your convenience, an invoice is enclosed. Please return the bottom portion of the invoice along with your payment.

If you have any questions concerning your payment, please contact Sandy Bowman or Marnie Brynes at 904/488-6140.

Sincerely,

Henry Estevez

Administrator

Mobile Source Control Section Bureau of Air Monitoring and

Mobile Sources

HE\sb

Enclosure

## INSPECTION SUMMARY REPORT **BEST AVAILABLE COPY** TYPE OF INSPECTION: COMPLAINT/DISCOV RE-INSPECTION 9:00 TIME IN: TIME OUT: AIRS ID#: FACILITY NAME: FACILITY LOCATION: arion Toiles PHONE NUMBER: (454) 962-9183 RESPONSIBLE OFFICIAL: 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: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM taility is in Compliance COMMENTS:

No weldie

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES U МО[ DATE OF NEXT INSPECTION:

(Approximate)

INSPECTION CONDUCTED BY:

(Please Print)

INSPECTOR'S SIGNATURE:

PHONE NUMBER: (954) 519-1420

Page 2 of 2.

Revised 10/96

### PERCIPOROETHYLENE DRY CLEAPERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCOVERY			
	RE-INSPECTION					
AIRS ID#: 0//2277 DA		Z TIME II	N: <u>9200</u> time out: <u>/</u>	0:00		
FACILITY NAME:		1	1 2	j.		
FACILITY LOCATION: 7/	799 Sinos	Blud.	, Pembrone Pine	<u>,                                    </u>		
	Flaviola 3					
RESPONSIBLE OFFICIAL : _	MARJON	V JOILE	SPHONE / 954/ 962 -9	183		
CONTACT NAME:			PHONE:			
Nombrot MON						
PART I: NOTIFICATION		<u> </u>				
(check appropriate box)				_		
1. New facility notified DARM 30						
2. Facility failed to notify DARM	to use general permit					
PART II: CLASSIFICATION						
PART II: CLASSIFICATION			<u> </u>			
Facility indicated on notification	form that it is:		☐ No notification form			
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification form ☐ Drop store/out of business/pe	etroleum		
Facility indicated on notification (check appropriate box) A.		New small a	☐ Drop store/out of business/pe	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	2. dry	y-to-dry only,	☐ Drop store/out of business/perca source  x < 140 gal/yr	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. dry trai	y-to-dry only, nsfer only, x	□ Drop store/out of business/perca source x < 140 gal/yr < 200 gal/yr	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	2. dry trained bot	y-to-dry only, nsfer only, x = 0 th types, $x < 1$	□ Drop store/out of business/perca source x < 140 gal/yr < 200 gal/yr 40 gal/yr	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	2. dry train bot	y-to-dry only, nsfer only, x = 0 th types, $x < 1$	□ Drop store/out of business/perca source x < 140 gal/yr < 200 gal/yr	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source	2. dry trai bot (co	y-to-dry only, unsfer only, $x = 0$ th types, $x \le 1$ onstructed on $0$ .  New large as	□ Drop store/out of business/perca source  x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	2. dry trai bot (co	y-to-dry only, unsfer only, $x \cdot t$ types, $x < 1$ onstructed on $t$ .  New large any $t$ -to-dry only,	☐ Drop store/out of business/perca source $x < 140 \text{ gal/yr}$ < 200 gal/yr 40 gal/yr or after 12/9/91)  Therefore $x \le 2,100 \text{ gal/yr}$	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 g	2. dry traibot (co	y-to-dry only, insfer only, x on the types, x < 1 on structed on the New large at y-to-dry only, insfer only, 20	☐ Drop store/out of business/perca source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  Therefore $x \le 2,100 \text{ gal/yr}$ $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10	2. dry tran bot (co	y-to-dry only, x on types, x < 1 on structed on one when the types are to-dry only, ansfer only, 20 th types, 140	☐ Drop store/out of business/perca source $x < 140 \text{ gal/yr}$ < 200 gal/yr 40 gal/yr or after 12/9/91)  Therefore	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal	dry trai bot (co  4. 0 gal/yr gal/yr trai //yr bot (co	y-to-dry only, x on types, x < 1 on tructed on the large and y-to-dry only, nsfer only, 20 on tructed on the types, 140 constructed on the structed on the str	□ Drop store/out of business/percea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $= 40 \text{ gal/yr}$ or after $12/9/91$ )  The source $= 140 \le x \le 2,100 \text{ gal/yr}$ $= 0 \le x \le 1,800 \text{ gal/yr}$	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class	dry trai bot (co 4. 0 gal/yr gal/yr trai l/yr bot (co	y-to-dry only, x on the types, x < 1 on structed on the vector of the types, x < 1 on the types, 140 on types,	☐ Drop store/out of business/percea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class.  If no, please check the appropriate box.	dry trai bot (co 4. 0 gal/yr dry gal/yr trai //yr bot (co sification	y-to-dry only, x sth types, x < 1 onstructed on one with types, x < 1 onstructed on one with types, 140 onstructed on onstructed on onstructed on onstructed on one with types, 140 onstructed on one with types,	□ Drop store/out of business/perce x < 140 gal/yr < 200 gal/yr .40 gal/yr or after $12/9/91$ )  rea source □ $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  □ Can not determine	etroleum		
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)  5. This is a correct facility class.  If no, please check the appropriate box   12 description   12 description   13 description   14 description   15 description   15 description   15 description   16 description   16 description   16 description   17 description   16 description   17 descrip	dry trai bot (co 4. 0 gal/yr dry gal/yr trai //yr bot (co sification	y-to-dry only, ansfer only, ansfer only, and the types, and the types, and the types, ansfer only, ansfer only, anstructed on the types, and	☐ Drop store/out of business/percea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $40 \text{ gal/yr}$ or after $12/9/91$ )  rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )	etroleum		

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

#### (check appropriate boxes) ØY □N 1. Maintained receipts for perc purchased? MD AQ 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: A/MM MO YO a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? MY ON ON/A ANNIX NO YO 4. Maintained calibration data? (for applicable direct reading instruments) OY ON MINA 5. Maintained exhaust duct monitoring data on perc concentrations? N□ Y**⊠** 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN XNA AVA MO YO Problem corrected? DY DN XXNA 8. Maintained compliance plan, if applicable?

ADDITIONAL SITE INFORMATION:		
·	<u></u>	
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V.54 . 3		
• .		
·		
	•	

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Americlean	•	DATE: 10/15/97
FACILITY LOCATION: 7799 Pines Blook.	: Semboro Pi	vos.
Flomolo 33034		
Annual Reporting Period: Orlober 19	96 TO Ciloba	21 19 <b>9</b> 7
Based on each term or condition of the Title V general air permit, my fa 62-213.300, Florida Administrative Code (F.A.C.), during the period co		_
If NO, complete the following:		
#1. Term or condition of the general permit that has not been in contin	uous compliance during the repor	ting 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 contin	uous compliance during the repor	ting period stated above:
		FEI C
Exact period of non-compliance: from	to	<del></del>
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	•	2 ( 1998) Air Montosile Sources
• ————		toring
As the responsible official, I hereby certify, based on information and be made in this notification are true, accurate and complete. Further, my upon rolling averages of purchase receipts, does not exceed 2,100 gallowers for transfer or combination facilities.	annual consumption of perchloro	ethylene solvent, based
RESPONSIBLE OFFICIAL: MARJON JOILES	Marion file	10/11/97
Name (Please Print)	Signature	/ Pate

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



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

3755

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** 

304137

Do NOT Remove Label

AIRS ID 0112277

MTMSJ MARION JOILES 7799 PINES BLVD PEMBROKE PINES FL 33024 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273 MAIL ROOF

on the reverse side?	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if spacemit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	eceipt Service.	
N ADDRESS completed of	AIRS ID 0112277 MTMSJ MARION JOILES 7799 PINES BLVD PEMBROKE PINES FL 33024	4a. Article Number  2 33 6 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
s your RETUR	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X Maxon Jones	8. Addresses and fee is	e's Address (Only if requested paid)	Thank you
<b>.:</b>	PS Form <b>3811</b> , December 1994	2595-97-B-0179	Domestic Return Receipt	_

Z 333 613 156 **US Postal Service Receipt for Certified Mail** No Insurance Coverage Provided. AIRS ID 0112277 MTMSJ MARION JOILES 7799 PINES BLVD PEMBROKE PINES FL 33024 | Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address \$

4

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

MAR 0 4 1998

NAR 0 A 1998

Bureau of Air Monitoring

Mobile Sources

AIRS ID 0112277 MTMSJ MARION JOILES 7799 PINES BLVD PEMBROKE PINES FL 33024

Do NOT Remove Label

	•				
Annual Reporting Period:	JAN	19 <u>97</u>	TO	TAN	19_ <i>98</i>
Based on each term or condition of	of the Title V general air	r permit, my facility	has remained in c	ompliance with	DEP Rule
62-213.300, Florida Administrativ	ve Code (F.A.C.), during	g the period covered	by this statement.	YES	□NO
If NO, complete the following:					
#1. Term or condition of the gene	ral permit that has not	been in continuous c	ompliance during	the reporting pe	eriod stated above:
· · · · · · · · · · · · · · · · · · ·				:	
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compliant	ance:				
Method used to demonstrate comp	oliance:				· .
#2. Term or condition of the gene	ral permit that has not b	een in continuous co	ompliance during	the reporting pe	riod stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve complia	ance:				
Method used to demonstrate comp	liance:			:	<del></del>
				· · · · · · · · · · · · · · · · · · ·	
As the responsible official, I hereby of notification are true, accurate and codoes not exceed 2,100 gallons per year	omplete. Further, my ani	nual consumption of p	erchloroethylene s	olvent, based upo	n purchase receipts,
RESPONSIBLE OFFICIAL:	MARION	Joiles	Marion	Joile	2/27/98
	Name (Please Pri	nt)	Signatu	Fe ,	/ Dage

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

TYPE OF INSPECTION: ANNUAL X	COMPLAI	NT/DISCOVERY	RE-INSPECTION
TIME IN: 9:00 a. w. TIME OUT:		or 44 AIRS ID#: 0	1/2277
TYPE OF FACILITY: Dry Cleanic	- 9		
FACILITY NAME: American cle	<b>-</b> , /		DATE: 02/10/88
FACILITY LOCATION: 7799 Vines		1 . ( 3=03/	
	ines, t	Pariola 33034	1054/012 0102
RESPONSIBLE OFFICIAL: Marjon Ja	rles	PHONE NUMBER:[	954)962-9183
Based on the results of the compliance required compliance with DEP Rule 62-213.300, Florida			ity is found to be in
Based on the results of the compliance required discrepancies were noted:	nents evaluated du	tring this inspection, the follo	owing compliance
COMPLIANCE REQUIREMENT/PROI	BLEM	FOLLOW-UP ACTI	ON REQUIRED
	7		
Facility is in Com	liand	P	··· <u>-</u>
		1	
		E E K	
		4 8 P 1	
•		& Modific State of St	
		OH CANADA	
		4 18	
·			
20.00			
COMMENTS:			
The Annual Compliance Certification form has been pr	operly certified an	d submitted to the inspector.	YES NO
DATE OF NEXT INSPECTION:			· ·
INSPECTION CONDUCTED BY:	(Approxi ariacu ( (Please I	Opris	
INSPECTOR'S SIGNATURE:	A (Please)	PHONE NUMBER:	(954) 568-346

Page 2 of 2.

Revised 10/96

## PERCHLOROETHYLENE DRY CLEANERS /

## COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø	COMPLAINT/D	ISCOVERY	an
	RE-INSPECTION	1 0		Bure	S CK
AIRS ID#: <u>O// 22 77</u> FACILITY NAME: <u>f</u> in	endean			TIME OF T	1600 0 K
FACILITY LOCATION:	embraces 1	15/00/	Toulda:	73034	<u> </u>
RESPONSIBLE OFFICIAL :	U		•		9183
CONTACT NAME:	1,0cm	Q	_ PHONE:	me	
PART I: NOTIFICATION				4	
(check appropriate box)	20 dans			,	
1. New facility notified DARM		•			
2. Facility failed to notify DAR	M to use general perm	nit			
PART II: CLASSIFICATION	ſ				
Facility indicated on notification (check appropriate box) A.	on form that it is:		☐ No notification ☐ Drop store/out		troleum
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)	yr /	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 sour dry-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 $12/9/91$ )	l00 gal/yr 0 gal/yr gal/yr	transfer only, 2 both types, 140	trea source $140 \le x \le 2,100 \text{ ga}$ $00 \le x \le 1,800 \text{ ga}$ /yr $00 \le x \le 1,800 \text{ ga}$ /yr or after $12/9/91$		
5. This is a correct facility cl	assification	MD AN	□Can not determ	nine	
🗅 facili	ty qualified for a gene ty exceeds above limit	eral permit as not eli	gible for a general p		
B. The total quantity of perchlofacility was $\frac{70}{}$ gallons.		chased within t	he preceding 12 mo	nths by this dry	cleaning

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
1. Storing perchloroethylene in tightly sealed and impervious containers?	בואבט אם צם
2. Examining the containers for leakage?	OY QN MOYA
3. Closing and securing machine doors except during loading/unloading?	àd da
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AND ND YK
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאועל אם אם
	· · · · · · · · · · · · · · · · · · ·
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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	-
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
L. Equipped all machines with the appropriate vent controls?	OY OH
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ANA NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	בואם אם צם
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם צם

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

#### Has the responsible official: (check appropriate boxes) MD AW 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? MD AE 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; AINE ND YD b. documentation of parts ordered to repair leak and leak repaired w/in 2 days AVAC NO YO and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) ANA NO YO 5. Maintained exhaust duct monitoring data on perc concentrations? AINE NO YO 6. Maintained startup/shutdown/malfunction plan? MD AM OY ON ANY 7. Maintained deviation reports? DY ON DNA Problem corrected? 8. Maintained compliance plan, if applicable? DY ON DINA

PART V: RECORDKEEPING REQUIREMENTS

### **BEST AVAILABLE COPY**

PA	RT VI: LEAK DET	TION AND R	EPAIRS				
l.	Does the responsible	ial conduct a	weekly (for smal	l sources, bi	-weekly) leak detection an	ıd repair	
	inspection?					ŻΙΥ	И□
2.	Has the facility main	ed a leak log?				ŊΥ	ע□
3.	Does the responsible	icial check the f	ollowing areas f	or leaks?			
	Hose connect couplings, :	fittings, dves	מא טא טא	/A	Muck cookers	OY ON	ON/A
	Door gasket.	seating	MY ON ON	/A	Stills	άΛ □И	□N/A
	Filter gaske	l seating	AL ON ON	/A	Exhaust dampers	OY ON	AMA
	Pumps		AL ON ON	/A	Diverter valves	OY ON	ĎN/A
	Solvent ta:	id containers	QYY ON ON	/A	Cartridge filter housings	OY ON	XIN/A
	Water seg-	s	אָר מע מע	/A			2
4.	Which method	ection is used by th	ie respônsible of	ficial?			
	Visual e: a	tion (condensed so	lvent on exterio	r surfaces)		Ā	
	Physical tio	on (airflow felt thr	ough gaskets)			囱	
	Odor (no ble	e perc odor)				₫.	
	Use of discrea	ading instrumenta	tion (FID/PID/ca	Morimetric t	ubes)	DAM/-	
	Halogen :: de	tector				DAN,	1 A
	If un e e dir	ect-reading instru	imentation, is t	he equipme	ent:	NIA	
	Cap	able of detecting p	erc vapor conce	ntrations in	a range of 0-500 ppm?	OY ON	1
		ibrated against a si D/FID only)?	andard gas prio	r to and afte	er each use	אם אם	1
	: (nsp	ected for leaks and	d obvious signs (	of wear on a	weekly basis?	OY ON	1
	.l. Kep	ot in a clean and se	cure area when	not in use?		מם צם	1
	e. Ven	ified for accuracy	by use of duplica	ate samples	(calorimetric only)?	0 Y 0	1

OCTAVIAN OPRI(
Inspector's Name (Please Print)

Inspector's Signature

03/10/92 Date of Inspection

Approximate Date of Next Inspection

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: MARJON JOILES Marion foil
Name (Please Print) Signature

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

discretion of the responsible official to use this form.

## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

APR 8 1999

		·			70 ft	0 13
FACILITY NAME: A menic	leon:		INE	DATE:	04/0	2/99
FACILITY LOCATION: 779	9 Pines	BludoF	C E 1 199	9		
Rem	burne Cin	= Flor	ES YARD T	aniporing	_	
	<u> </u>		of All S	ourcos		
Annual Reporting Period:	ul	19 <u>РР</u> то	Bured Mobile		1	9 99
Based on each term or condition of the Title	e V general air permi	t, my facility has ren	nained in complian	ce with DE	P Rule	
2-213.300, Florida Administrative Code (1	F.A.C.), during the p	eriod covered by this	statement. Y	ES	□ио	
If NO, complete the following:						
#1. Term or condition of the general permi	it that has not been ir	continuous complia	nce during the repo	rting perio	d stated ab	ove:
		<u> </u>				
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 permi	it that has not been in	continuous complia	nce during the repo	rting perio	d stated ab	ove:
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, made in this notification are true, accurate						
upon purchase receipts, does not exceed 2, combination facilities.						
	R. JON JON ame (Please Print)	ES	Navion Signature	forte-	4/6/9	19
<u> </u>	and (Floade Fillit)		Jigilatur /		- 1. Jaic_	• • •
This form is made available to you as an a	ud in order to meet yo	our annual compliand	e certification requ	irements.	It is at the	

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

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	<b>9</b> ⁴	COMPLAINT/DISC	OVERY	
AIRS ID#: 01/2277 D.  FACILITY NAME: A W  FACILITY LOCATION: 7  RESPONSIBLE OFFICIAL:  CONTACT NAME:	reviction	es Rlv	<i></i>		
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM 30  2. Facility failed to notify DARM		'			a a
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)	form that it is:		☐ No notification for ☐ Drop store/out of b		oleum
A.  1. Existing small area source	,	. New small a			
	, di ਜ਼ b	ry-to-dry only, ransfer only, $x = 0$ oth types, $x < 1$	x < 140 gal/yr < 200 gal/yr	_	,
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	d.  tr bi (c)  00 gal/yr d.  gal/yr tr /yr bi	ry-to-dry only, ransfer only, x roth types, x < look types, x	x < 140 gal/yr < 200 gal/yr 40 gal/yr		
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal both types, 140 ≤ x ≤ 1,800 gal</li> </ol>	di tr bi (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ry-to-dry only, ransfer only, x roth types, x < look types, x	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)  rea source 140 \le x \le 2,100 gal/yr 0 \le x \le 1,800 gal/yr \le x \le 1,800 gal/yr		
<ol> <li>Existing small area source dry-to-dry only, x &lt; 140 gal/yr transfer only, x &lt; 200 gal/yr both types, x &lt; 140 gal/yr (constructed before 12/9/91)</li> <li>Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,10 transfer only, 200 ≤ x ≤ 1,800 gal (constructed before 12/9/91)</li> <li>This is a correct facility class of the please check the ap facility</li> </ol>	do tree by the series of the s	ry-to-dry only, x ransfer only, x ransfer only, x roth types, x < 1 constructed on a ry-to-dry only, ransfer only, 20 to th types, 140 constructed on a ry-to-dry only, ransfer only, 20 to th types, 140 constructed on a ry-to-dry only, and permit as nursial permit as nursians.	x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91) rea source 140 ≤ x ≤ 2,100 gal/yr 0 ≤ x ≤ 1,800 gal/yr ≤ x ≤ 1,800 gal/yr or after 12/9/91)	0	

#### 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? MY ON ON/A MEY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD ABO 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? MAY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? OY ON MENIA 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? ND YD OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated NO YO condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

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 loca on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ated Y  N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
ls the temperature differential equal to or greater than 20° F?	DY DN DN/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
if machines are equipped with a carbon adsorber?	OY ON ON/A
is the perc concentration equal to or less than 100 ppm?	A/ND ND YD
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?	Y QN QN/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QY QN QN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

#### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair $\square N$ inspection? ďΥ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, TAY ON ON/A AND ND YOU couplings, and valves Muck cookers MY ON ON/A KA ON ONIA Door gaskets and seating Stills MY ON ONA AND ND YED Filter gaskets and seating Exhaust dampers AND ND YE Diverter valves MY ON ON/A Pumps MY ON ONA MY ON ONA Solvent tanks and containers Cartridge filter housings MY 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) □ N/A Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use (PID/FID only)? OY ON DY DN 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? ND YD e. Verified for accuracy by use of duplicate samples (calorimetric only)? DY DN

OCTAVIAN OPRIS	04/02/99
Inspector's Namy (Please Print)	Date of Inspection
	April 2000
Inspector's Signature	Approximate Date of Next Inspection

### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY
FLD984 167	
AIRS ID#: 013277 DATE: 05	7(0) TIME IN: 11: (OAMTIME OUT: 11:30 Am
FACILITY NAME: Americlean	<u> </u>
FACILITY LOCATION: 7799 Pin	en Blyd.
Pembroke	Pines, FL 33034 = ==
RESPONSIBLE OFFICIAL: Marjor	Toiles PHONE (958) 3 962-9183
CONTACT NAME:	PHONE:
	i e e e e e e e e e e e e e e e e e e e
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to	startup
2. Facility failed to notify DARM to use genera	l permit
PART II: CLASSIFICATION	
Facility indicated on notification form that it	is:
(check appropriate box)	☐ Drop store/out of business/petroleum
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 both types, x < 140 gal/yr	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$
(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, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)	both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	☐Y ☐N ☐Can not determine
If no, please check the appropriate class	
	general permit as number above limits and is not eligible for a general permit
	The state of the s

#### Is the responsible official of the dry cleaning facility: (check appropriate boxes) Ý ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber IN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) NO YO 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 OY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

DY DN

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?	ΠY	□и	
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?	QY	ПN	□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?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	QY	Ωи	□N/A

### PART V: RECORDKEEPING REQUIREMENTS

TAKE V. ACCOUNTED IN ACCOUNTED IN	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DAY ON
2. Maintained rolling monthly total of perc consumption?	DA DA
3. Maintained leak detection inspection and repair reports for the following:	No leers
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN 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?	OY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	CAY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	DY ON
7. Maintained deviation reports?	OY ON ONIA
Problem corrected?	OY ON PAN/A
8. Maintained compliance plan, if applicable?	OY 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 inspection? $\square N$ 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ØY ON ON/A ON ON/A couplings, and valves Muck cookers OX ON ON/A Door gaskets and seating DYY ON ON/A Stills DY ON ON/A Filter gaskets and seating DY ON ON/A Exhaust dampers OY ON ON/A Pumps OV ON ON/A Diverter valves Cartridge filter housings DAY ON ON/A Solvent tanks and containers /ON ON/A DY ON ONA 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 If using direct-reading instrumentation, is the equipment: □N/A a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use DY DN (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN DY DN 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)?

## BEST AVAILABLE COPY ANNUAL COMPLIANCE CERTIFICATION FORM

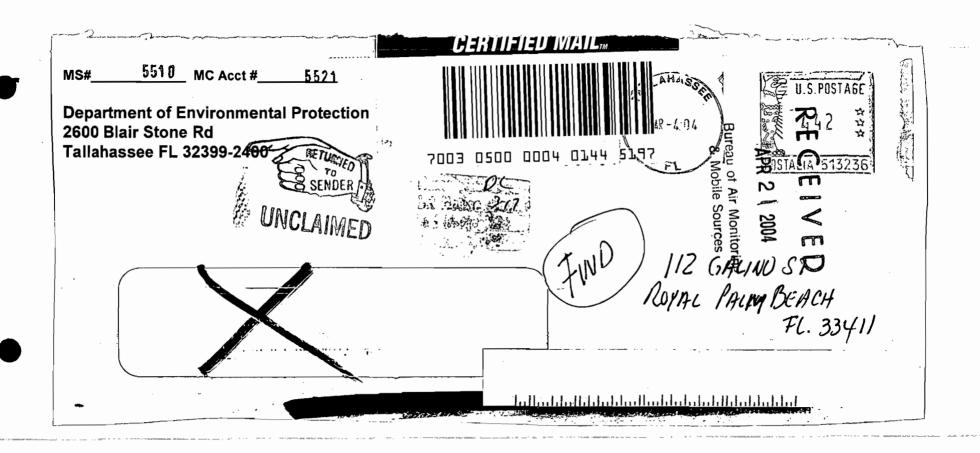
Ace

FACILITY NAME: amenicle on .	DATE: (55/17/00)
FACILITY LOCATION: 7799 Pines Blvd.	, ,
Pembroke Pineo FL 33034	
Annual Reporting Period: 19 9 TO	<del>y</del> <u><b>3</b>000</u>
Eased on each term or condition of the Title V general air permit, my facility has remained in com 52-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
FNO, 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	
.cuon(s) taken to achieve compliance:	
fethod used to demonstrate compliance:	
in the responsible official. I hereby certify, based on information and belief formed after reasonable and this notification are true, accurate and complete. Further, my annual consumption of percon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gambination facilities.  ESPONSIBLE OFFICIAL: MARTON Jolles	chloroethylene solvent, based
Name (Please Print) Signature/	Date

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

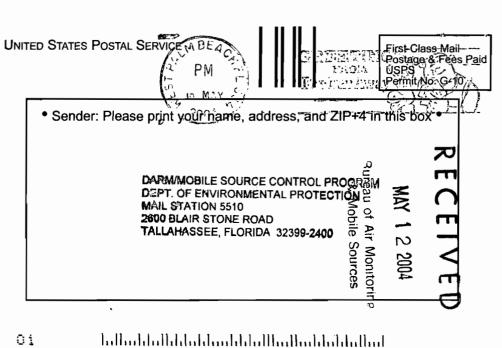
Page \_\_\_\_ of \_\_\_\_.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	VERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse.</li> </ul>	<b>    v</b>	☐ Agent ☐ Addressee
so that we can return the card to you.  Attach this card to the back of the mailpi or on the front if space permits.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item  If YES, enter delivery address below	
MARION JOLES  AMERICLEAN  7799 PINES BLVD	277	
PEMBROKE PINES, FL 33024	T D Insured Mail COD	pt for Merchandise
Kemerled 5/6/200	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label)	13 0500 0004 0144 5197	<b>一</b>



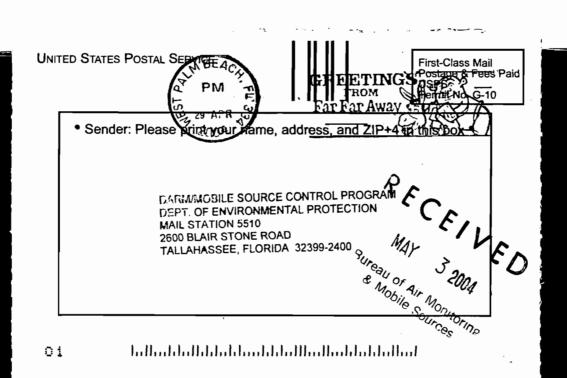
8611	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
무	For delivery information visit our website at www.usps.com <sub>®</sub>			
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m	11 <b>2</b> GALINO STREET			
7003	ROYAL PALM BEACH FL 33411			
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	the state of the s			
	PS Form 3800, June 2002 See Reverse for instructions			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery	
Article Addressed to:	D. Is delivery address different from item 1?	
MARION JOILES <b>♯ 0// 22-77</b> AMERICLEAN 112 GALINO STREET		
ROYAL PALM BEACH FL 33411	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number 7003 0.	500 0004 0140 8611	
PS Form 3811, August 2001 Domestic Ret	turn Receipt 102595-02-M-1540	



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)					
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Total Post  AIRS ID # 112277  AMERICLEAN  Street, Apt. MARION JOILES  Or PO Box 7799 PINES BLVD  City, State, PEMBROKE PINES, FL 33024						
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~	PS:Form 3800, Janua		entillerited notes			

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li> </ul> AIRS ID # 112277 AMERICLEAN	A. Signature  M. Mayur D. Agent  D. Addressee  B. Received by (Printed Name)  C. Dale of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:  The Delivery  The Delivery
*MARION JOILES 7799 PINES BLVD PEMBROKE FINES, FL 33024	3. Service Type  Gertified Mail
2. A 7001 1140 0001 7556 4538	3



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul>	A. Signature  A. Signature  Agent  Addressee
so that we can return the card to you.  Attach this card to the back of the mallpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Delivery
.1. Article Addressed to:	D. Is delivery address different from item 1?
JORGE OROZCO ONE LOW.PRICE CLEANERS 8509 PINES BLVD	
PEMBROKE PINES, FL 33024	3. Service Type  ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
The state of the s	4. Restricted Delivery? (Extra Fee) ☐ Yes
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	or PC	PEMBROK	CE PINE	ES, FL 330	24	
	PS Fo	m 3800, June 200	2		See Heverse to	rinstructions



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

David B. Struhs Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits Receipts Post Office Box 3070 Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

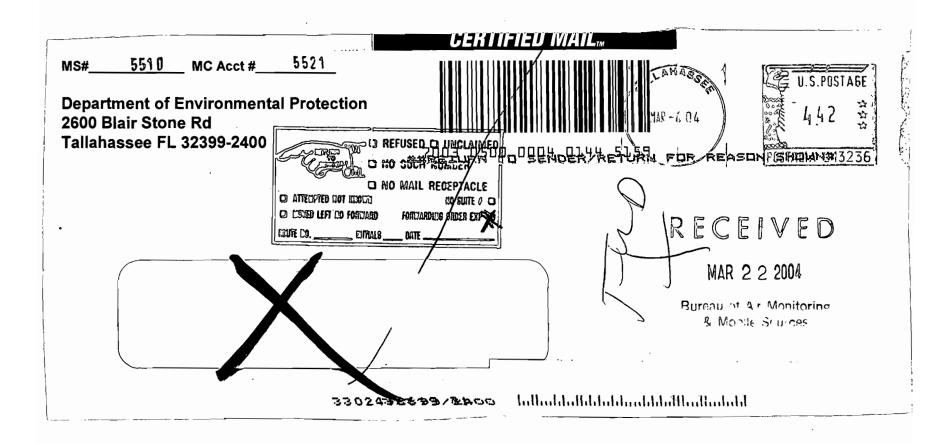
AIRS ID# 112203

JORGE OROZCO ONE LOW PRICE CLEANERS 8509 PINES BLVD PEMBROKE PINES, FL 33024

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273





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

David B. Struhs Secretary

March 1, 2004

#### NOTICE OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2003**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1**, 2004, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief Bureau of Air Monitoring and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

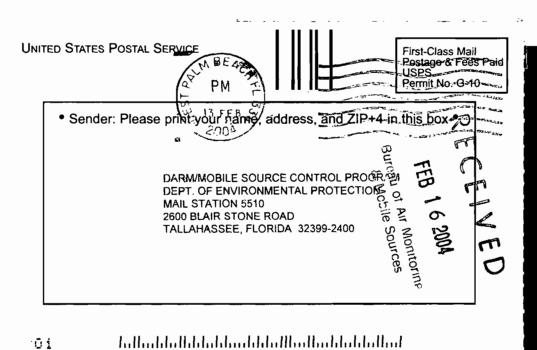
Printed on recycled paper.

POSTAGE REQUIRED

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

162	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided	d)
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0003	Return Reclept Fee (Endorsement Required)	
260	Restricted Delivery Fee (Endorsement Required)	
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m	MARION JOILES	
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200	Street, 7799 PINES BLVD	l
	OF POE PEMBROKE PINES, FL 33024	
;{	See Reverse lording	nuctions
	PS/Form 3800, June 2002	-

;	4
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Addressee  B. Received by (Printed Name)  A. C. Date of Delivery  A. Signature  A. Signature  A. Signature  A. Addressee  B. Received by (Printed Name)  A. Signature  A. Addressee  B. Received by (Printed Name)  A. Signature  A. Signature  A. Signature  A. Addressee  B. Received by (Printed Name)  A. Signature  A. Signa
Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No II 2 Calians St.
ID# 112277 MARION JOILES AMERICLEAN	RPB, 71. 33411
7799 PINES BLVD PEMBROKE PINES, FL 33024	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee)
7003 2260 0003 5651	00PS
PS Form 8811, August 2001 Domestic Retu	urn Receipt 102595-02-M-1540
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Postage \$ Certified Fee   Pastmark   Here   Return Receipt Fee   Endorsement Required   Restricted Delivery Fee   Endorsement Required   Total Postage & AIRS ID#0112277  AMERICLEAN   Street   MARION JOILES   or P 7799 PINES BLVD   City, PEMBROKE PINES FL   33024		U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Total Postana & Fees & AIRS ID#0112277  AMERICLEAN  Stre MARION JOILES  or P 7799 PINES BLVD  City, PEMBROKE PINES FL	9-9	OFFICIAL USEY
Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)  Total Postane & Fees  AIRS ID#0112277  AMERICLEAN  Stre MARION JOILES  or P 7799 PINES BLVD  City, PEMBROKE PINES FL	7976	Certified Fee
AIRS ID#0112277  AMERICLEAN  Stre MARION JOILES  Or P 7799 PINES BLVD  City, PEMBROKE PINES FL	1000	Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee
or P 7799 PINES BLVD City, PEMBROKE PINES FL	37	Sen AIRS ID#0112277
	7007	or P 7799 PINES BLVD City, PEMBROKE PINES FL

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 □ Agent □ Addressee  B. Received by ( Printed Name) □ C. Date of Delivery  D. Is delivery address different from item 1? □ Yes
AIRS ID#0112277  AMERICLEAN  MARION JOILES  7799 PINES BLAND <sup>9</sup>	If YES, enter delivery address below:   .
PEMBROKE PINES FL 33024	3. Service Type  Certified Mail
2. Article Number 7001 0320 0001 79	976 5884
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540



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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits
Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$75.00** 

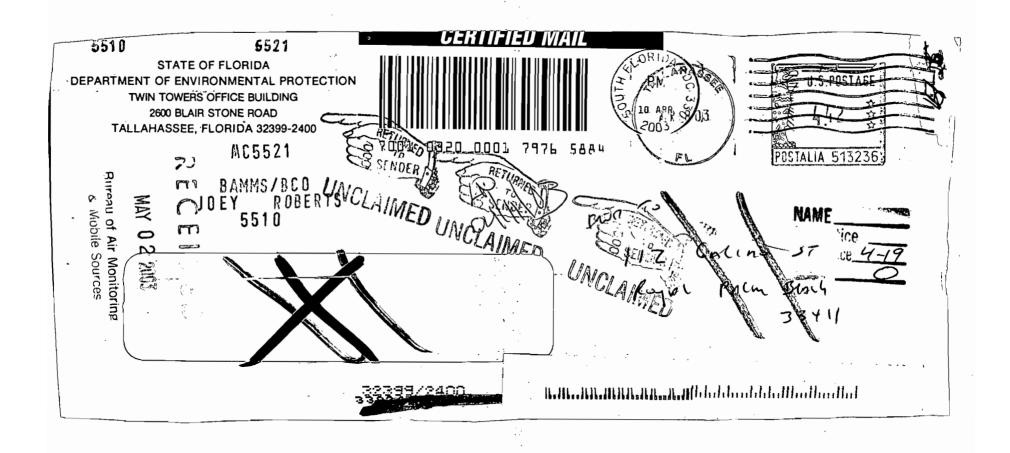
Do NOT Remove Label

AIRS ID#0112277

AMERICLEAN MARION JOILES 7799 PINES BLVD PEMBROKE PINES FL 33024

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001

Obj.: 002273





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

David B. Struhs Secretary

April 1, 2003

### NOTICE OF LATE PAYMENT OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year **2002** you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual operation fee is \$50 for calendar year **2002**. A notice of your obligation to pay the annual operation fee was sent to you by certified mail, along with an invoice form and instructions. This notice (with the enclosed replacement invoice) is being sent as a reminder.

The Department has not received your annual operation fee. Accordingly, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 2002.

Under Rule 62-213.205(1)(g), F.A.C., failure to timely pay the required annual operation fee, penalty, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will proceed to revoke your facility's Title V Air General Permit and will also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief

Bureau of Air Monitoring and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

POSTAGE REQUIRED

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



## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING MAR22 2002

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

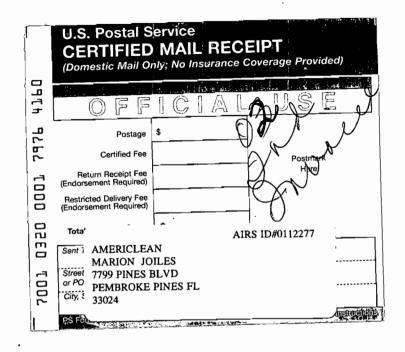
AIRS ID # 0112277

AMERICLEAN MARION JOILES 7799 PINES BLVD PEMBROKE PINES FL 33024

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1 Fund: 20-2-035001

Fund: 20-2-0350 Obj.: 002273



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X. Movion   Agent   Addressee  B. Received by ( Printed Name)   C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
AMERICLEAN MARION JOILES 7799 PINES BLVD	
PEMBROKE PINES FL 33024	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 0320 (Transfer from service label)	0001 7976 4160
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-02-M-1035

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box • BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION SOURCES
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1?
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AMERICLEAN	
MARION JOILES	
7799 PINES BLVD	
PEMBROKE PINES FL .	3. Service Type
33024	☐ Certified Mail ☐ Express Mail
· · · · · · · · · ·	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
,	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 0320 (Transfer from service label)	1001 7975 6660
PS Form 3811, March 2001 Domestic Retu	urn Receipt 102595-01-M-1424

**FED STATES POSTAL SERVICE** 



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

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

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BUR. OF AIR MONITORING & MOBILE GURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510

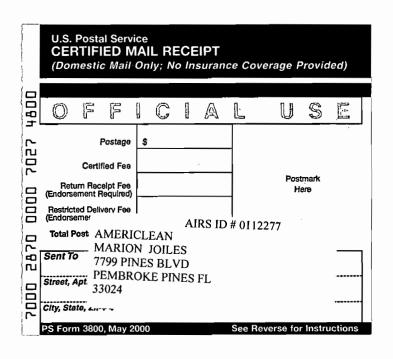
2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 FCC

77

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Postage \$ Postage \$ Certified Fee	Postmark
Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)	Here
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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X. Maxion  Agent  Addressee
1. Article Addressed to:  10 AIRS ID # 0112277001AG  MARION JOILES  AMERICLEAN  7799 PINES BLVD	D. Is delivery address different from item 1? Yes  If ZES Lente delivery address below: No  JUN 1 1 2(II.:
PEMBROKE PINES FL 33024	3. Service Jype ☐ Cegified Mai Air IM Transes Mail ☐ Register Dile State From the Ceipt for Merchandise ☐ Insured Mail ☐ C.O.D.
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0600 002(	4130 3185
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400

tallandallihdahladalli



This portion must be attached to remittance for proper handling 339734

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

AMERICLEAN MARION JOILES 7799 PINES BLVD

PEMBROKE PINES FL 33024

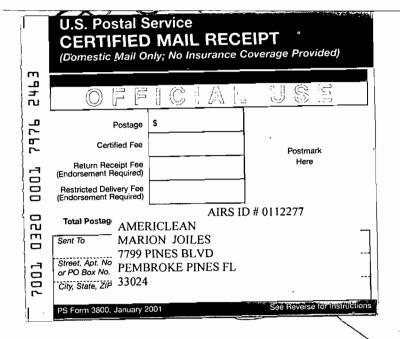
AIRS ID # 0112277

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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.  1. Article Addressed to:  AIRS ID # 0112277  AMERICLEAN  MARION JOILES  7799 PINES BLVD  PEMBROKE PINESEL	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Mour of Delivery  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
33024	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.  4. Restricted Delivery? (Extra Fee)   Yes
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789



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Return 3800, April 1995	tmark o	or Date	,				

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{	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.	! also wish to receive the following services (for an extra fee):  1. □ Addressee's Address  2. □ Restricted Delivery	
	3. Article Addressed to:  AIRS ID#: 0112277	4b. Service Type  Registered Express Mail Return Receipt for Merchandise  COD  7. Date of Daily effy 8 1997	
	6. Signature: (Addressee or Agent)  X Janue Simo	8. Addressee's Address (Only if requested and fee is paid)	
1 2	PS Form <b>3811</b> , December 1994	Domestic Return Receipt	

	7 S 3 T O F	<b>.</b> 63	757						
A	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided AIRS ID # 0112277  AMERICLEAN								
1 7	IARION JOILES 799 PINES BLVD EMBROKE PINES FL	, 3302   <b>\$</b>	4 1 70 0°						
	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 <b>3800</b> , April 1995	Postmark or Date								

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sequence of the return address						
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature					
Attach this card to the back of the mailpiece, or on the front if space permits.	X Wavioral Agent Addressee					
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No					
AIRS ID # 0112277	U					
AMERICLEAN						
MARION JOILES 7799 PINES BLVD	3. Service Type					
PEMBROKE PINES FL 33024	Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.					
Z 270663121	4. Restricted Delivery? (Extra Fee)					
2. Article Number (Copy from service label)						
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-99-M-1789					

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Z 094 212 740 US Postal Service **Receipt for Certified Mail** No Insurance Coverage Provided.

Do not use for International Mail (See reverse) Sent to AIRS ID # 0112277 AMERICLEAN MARION JOILES 7799 PINES BLVD PEMBROKE PINES FL 33024 Cermies i co Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom,

Date, & Addressee's Address TOTAL Postage &
Postmark or Date TOTAL Postage & Fees

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8	PS Form <b>3811</b> , December 1994 / 102	2595-98-B-0229	Domestic Return Receipt	•

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UNITED STATE

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

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

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

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1999

ADDRESS completed on the reverse side?	SENDE  Ot adolanua to dot tano auti to tubic at a 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.  White "Return Receipt Requested" on the mailpiece below the article "The Return Receipt will show to whom the article was delivered and delivered.  3. Article Addressed to:  AIRS ID # 0112277  AMERICLEAN  MARION JOILES  7799 PINES BLVD  PEMBROKE PINES FL 33024	e can return this se does not se number. d the date  4a. Article N 4b. Service  Registere Express	2. Restricte Consult postmast umber VS 2 2 7  Type ad Mail	s (for an e's Address d Delivery ter for fee.	using Return Receipt Service.
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