

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Arturo Cardona Scotch Dey Cleaners 1045 North State Road 7 Margate, Florida 33063

Re: Facility I.D. No. 0112299

Dear Mr. Cardona:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

Please note that in January 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, Florida 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/jw

cc: Mr. John Coppola, Broward County

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



(cut here)

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

261271

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

FEB 24 97 TOTAL AMOUNT DUE: \$50.00

#### Do NOT Remove Label

AIRS ID#: 0112299 CARGO INVESTMENTS INC ARTURO CARDONA 1045 N STATE ROAD 7 MARGATE FL 33063

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

# #0112299

	Scotch Dry Cleaners
P./4 P./5	1.(c) mark out "X" and initial 4. Should be new Small area Source W/ refrig. Con. 5.(f) required
	Source Wretrig. Con. 5.(+) required
	·

### Perchloroethylene Dry Cleaning Facility Notification

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

	•		
	wner/Company Name (Name of corp		
· /	O INVEST MENTS, IN		h DRY C/EanERS
	(For example, plant name or number		
50	COTCH Der C	Cleamers	5
3. Hazardou	Waste Generator Identification Num	iber:	
	FLD 083-6	<del>-</del>	•
4. Facility L Street Ad	ocation: 1045 N. STATE	F ROAD 7	
	126ATE County	BROWARD	Zip Code: <i>FL</i> . 33063
5 Facility L	entification Number (DEP Use):	Marie The orthogolychology of the Principle Andrew	0112299
	entification Number (DEP Use):	ee # /M	02886-95
		·	
	Respo	nsible Official	
6. Name and	Title of Responsible Official:		
AL	TURO CARDONA	- PRESIDE	ENT
	le Official Mailing Address: 1045	N. SMIE ROAS	D 7
Organizat Street Ado			
		inty: BOOWARD	Zip Code: <i>FL 33063</i>
8. Responsib	le Official Telephone Number:	_	-
Telephone	: (954) 972-8890	Fax: ( )	•
	Facility Contact (If diffe	erent from Responsible O	fficial)
	raemity contact (ir amit	Tent from Responsible o	
9. Name and	Title of Facility Contact (For example	e, plant manager):	
10. Facility C	ontact Address:		
Street Add	ress:		
City:	Coun	ty:	Zip Code:
11 Facility C	ontact Telephone Number:		
Telephone	-	Fax: ( )	-
	. ,		:

RECEIVED

SEP 3 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.

AERO-TECH MODEL 280 Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93	#2	08-DEC-91	Installed	#3	_	02-MAR-92
Dry-to-Dry Unit	Τ.	Der To	DRY	•					
(1) w/ ref. condenser	401		04-30-94						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1 1			-					
(7) w/ ref. condenser									
(8) w/ carbon adsorber						1			
(9) w/ no controls									
Reclaimer Unit				٠.,					
(10) w/ ref. condenser									
(11) w/carbon adsorber							_		
(12) w/ no controls									
(b) Control devices are  No control devices  2.(a) What was the total of the second of	are requanting gallo	equired to be ity of perchlons ow many? [_	installed [_ oroethylene (] months	perc)	_] purchased in				
3. What is the facility's so (Indicate with an "X".  Existing small ar	Selec ea so	t one classifi	ication only.) Ne	ew sn	nitions found nall area sour	rce [X		Part II?	
1 25tm.5 141.50 tm.			111		D. m. ca 2001.		_J		

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(4) What control technology is required on machines pursuant to section (5) of I (Indicate with an "X".)	art if of this notification form:
Existing large area source  Carbon adsorber  []  Refrigerated condenser	
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt	
No such units on-site	
No such units on-site	
No such units on-site []	
No such units on-site	
No such units on-site  []  Equipment Monitoring and Recordkeeping Information    []	mation
Equipment Monitoring and Recordkeeping Inform	uirements of this general permit:
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the required	uirements of this general permit:
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the required (a) Purchase receipts and solvent purchases	uirements of this general permit:
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the required (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair	uirements of this general permit:
Equipment Monitoring and Recordkeeping Information Check all logs which are required to be kept on-site in accordance with the required (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	irements of this general permit:  [X]  [X]

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### Surrender of Existing Air Permit(s)

Please indica	te 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)
· (X)	No air permits currently exist for the operation of the facility indicated in this notification form.
·	Responsible Official Certification
this notij statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.  8/26/96  Date

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 2:00 TIME OUT: 3:00 AIRS ID#: 0/1 2299
TYPE OF FACILITY: Dry Cleswers
FACILITY NAME: Scotch Dry DATE: 12-11-97
FACILITY LOCATION: 1045 N SR 7
Murgate Florida 33063
RESPONSIBLE OFFICIAL: Acturo Cardona PHONE NUMBER: 972-8890
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED
÷
-
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NOT
(Approximate)
December 1998  (Approximate)  INSPECTION CONDUCTED BY:  (Please Print)  INSPECTOR'S SIGNATURE:  PHONE NUMBER: 519-1459
INSPECTOR'S SIGNATURE: 575 PHONE NUMBER: 519-1459

Page\_\_\_of\_\_\_.

Revised 10/96

Revised 10/10/96

## BEST AVAILABLE COPY O1/2299 DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Scotch	Dry	DATE: 12-11-97
FACILITY LOCATION: 1045 N	orth state Road	7
Margate	Florida 33a	63
Annual Reporting Period: Dec	ember 1996 TO	December 1997
Based on each term or condition of the Title	V general air permit, my facility bas re	mained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.	A.C.), during the period covered by thi	s statement. QYES NO
If NO, complete the following:		
#1. Term or condition of the general permit	that has not been in continuous compli	RECEIVE
Exact period of non-compliance: from		to JAN 2 6 1998
Action(s) taken to achieve compliance:		Bureau of Air Monitory
Method used to demonstrate compliance:		& Mobile Sources
#2. Term or condition of the general permit	that has not been in continuous compli	ance during the reporting period stated above:
Exact period of non-compliance: from		to
Action(s) taken to achieve compliance:	·	<u>-</u>
Method used to demonstrate compliance:		
made in this notification are true, accurate a upon rolling averages of purchase receipts, year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, my annual cons	d after reasonable inquiry, that the statements sumption of perchloroethylene solvent, based for dry-to-dry facilities or 1,800 gallons per    12

<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.

	NCE INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSP	COMPLAINT/DISCOVERY D
AIRS ID#: 01/2299 DATE: 12  FACILITY NAME: Scotch 1	
FACILITY LOCATION: 1045	N. State Road 7
Margat	e Florida 33063
RESPONSIBLE OFFICIAL: Artu.	PHONE: 972-6890
CONTACT NAME: Arturo	Cardona PHONE: 972-8890
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prio	to startup
2. Facility failed to notify DARM to use gen	eral permit
PART II: CLASSIFICATION	
Facility indicated on notification form that (check appropriate box)	it is:  No notification form  Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )
3. Existing large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr	4. New large area source $\square$ dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr

Revised 8/11/97

 $\Box$ Y

facility qualified for a general permit as number \_\_\_\_\_\_ above

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 60 gallons.

facility exceeds above limits and is not eligible for a general permit

ИD

□Can not determine

5. This is a correct facility classification

If no, please check the appropriate classification:

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly scaled 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 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:

(cl	neck appropriate boxes)	
l.	Equipped all machines with the appropriate vent controls?	מע סא
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A
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
÷.	Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	אס יצם
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY ON ON/A
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ZY ON

#### **BEST AVAILABLE COPY**

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?	ΟY	ПИ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПИ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ΩИ	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?	ΩY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩX	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	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ЙD	□N/A

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) MD YD 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: DY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY ON ONA and parts installed w/in 5 days of receipt? AVA NO YA 4. Maintained calibration data? (for applicable direct reading instruments) DY ON ON/A 5. Maintained exhaust duct monitoring data on perc concentrations? MY ON 6. Maintained startup/shutdown/malfunction plan? MY ON ON/A 7. Maintained deviation reports? AND NO YO Problem corrected? MY ON ON/A 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 ПN inspection? ΠN 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ZY ON ON/A AY ON ON/A couplings, and valves Muck cookers MY ON ON/A PY ON ON/A Door gaskets and seating Stills DY ON ONA ØY ON ON/A Filter gaskets and seating Exhaust dampers DY ON ON/A MY ON ON/A Diverter valves Pumps MY ON ON/A Cartridge filter housings Y N N/A Solvent tanks and containers 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 □N/A If using direct-reading instrumentation, is the equipment: ND YD a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use ND YD (PID/FID only)? ND YD 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? UA ON OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Name (Please Print)

December 11 1997

Date of Inspection

December 1998

Inspector's Signature

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ureau of Air Monitoring ANNUAL COMPLIANCE CERTIFICATION FORM Şο Mobile Sources AIRS ID#0112299 CARGO INVESTMENTS INC ARTURO CARDONA 1045 N STATE ROAD 7 MARGATE FL 33063 Do NOT Remove Label Annual Reporting Period: TANUARY 19**97** Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule □ио 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance: As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. **RESPONSIBLE OFFICIAL:** Name (Please Print) Signature Date

<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.

AIRS ID#: 0112299

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

FACILITY NAME: SCOTCH	DRY CLEAN	UERS			DATE: _[2-4	8-98
FACILITY LOCATION: 1045	N. SR7	MARGATE	, FL. 330	063		
Annual Reporting Period:	FC	19 <u><b>97</b></u>	то	DEC	8	19 98
Based on each term or condition of the T 62-213.300, Florida Administrative Code		-		<u> </u>		
If NO, complete the following:						
#1. Term or condition of the general per	mit that has not been	in continuous o	ompliance du	ring the repo	orting period state	ed 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 per	rmit that has not beer	in continuous (	compliance du	ring the rep	orting period state	ed above:
Exact period of non-compliance: from			to			
Action(s) taken to achieve compliance:						
Method used to demonstrate compliance	:: <u></u>		•			
As the responsible official, I hereby cert made in this notification are true, accur upon purchase receipts, does not exceed combination facilities.  RESPONSIBLE OFFICIAL:	ate and complete. Fi	urther, my annu	al consumption y facilities or	n of perchlo	roethylene solven	it, based

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

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>d</b> 0	COMPLAINT	DISCOVERY	<u> </u>	
AIRS ID#: <u>OU2299</u> FACILITY NAME: <u>Sca</u>	_			TIME OUT: _	2:(5	
FACILITY LOCATION:	1045 N. ST	ATE RD.	7 MARC	SATE, FL.	33063 	
RESPONSIBLE OFFICIAL :	ARTURO CA	RDONA	_PHONE: _ 9	72-8890		
CONTACT NAME:			PHONE:			
			M			
PART I: NOTIFICATION		(		7		
(check appropriate box)			皇之下	T1		
New facility notified DARM	30 days prior to startu	ıp t	of Pir		V	
2. Facility failed to notify DAR	• •	uit	in Mor	M	٥	
			ce to	0		
PART II: CLASSIFICATION	٧		ng			
Facility indicated on notificati (check appropriate box)	on form that it is:		☐ No notificat	tion form out of business/p	etroleum	
A.  1. Existing small area sour 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)	'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 $12/9/91$ )	,100 gal/yr 00 gal/yr gal/yr	transfer only, 20 both types, 140	rea source $140 \le x \le 2,100$ $00 \le x \le 1,800$ gal/ or after 12/9/91	аl/ут ′ут		
5. This is a correct facility o	lassification	MC YE	□Can not det	ermine		
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 perchl facility was 120 gallons	oroethylene (perc) pur	chased within t	he preceding 12	months by this c	lry cleaning	

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) BY ON OVA 1. Storing perchloroethylene in tightly sealed and impervious containers? DYA ON ONA 2. Examining the containers for leakage? M√ □N 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 ONA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber MY 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 ON I. Equipped all machines with the appropriate vent controls? DY ON ONA 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 BY ON OVA 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 DE ON ON A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after MY ON 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?	אם עם
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ONA
1	Is the temperature differential equal to or greater than 20° F?	OY ON OMA
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 ONA
	Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,	
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ONA
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ONA

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	·
1. Maintained receipts for perc purchased?	NO YE
2. Maintained rolling monthly total of perc consumption?	ady on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	ORY ON ON/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ארם אם אַעַּ
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON RESTA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON EXA
6. Maintained startup/shutdown/malfunction plan?	og <b>f</b> □N
7. Maintained deviation reports?	OY ON <b>E</b> SSA
Problem corrected?	DY DN WYA
8. Maintained compliance plan, if applicable?	OY ON EXTA

PA	PART VI: LEAK DETECTION AND REPAIRS							
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair							
	inspection?			120Ý □N				
2.	Has the facility maintained a leak log?			ody on				
3.	Does the responsible official check the	following areas for leaks	?					
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	ODY ON ON/A				
	Door gaskets and seating	OF ON ON/A	Stills	MY ON ON/A				
	Filter gaskets and seating	ØY □N □N/A	Exhaust dampers	MY ON ONA				
	Pumps	ØY □N □N/A	Diverter valves	MY ON ON/A				
	Solvent tanks and containers	OY ON ON/A	Cartridge filter housings	MY ON ON/A				
	Water separators	DY ON ON/A						
4.	Which method of detection is used by	the responsible official?						
Ì	Visual examination (condensed s	solvent on exterior surfac	es)	<b>13</b> 2				
	Physical detection (airflow felt the	nrough gaskets)		۵				
	Odor (noticeable perc odor)			<b>a</b>				
	Use of direct-reading instrument	ation (FID/PID/calorime	tric tubes)	0				
	Halogen leak detector							
	If using direct-reading inst	rumentation, is the equi	pment:	<b>প্র</b> N/A				
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	UA UM				
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	l after each use	OY ON				
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	ND YE				
	d. Kept in a clean and	secure area when not in t	ıse?	ND YE				
	e. Verified for accuracy	y by use of duplicate sam	ples (calorimetric only)?	OY ON				
			<u>.</u>					
	Λο- Ω		10.200					
_	Inspector's Name (Please Pr	int)	12-8-98 Date of Insp					
	1 1	/	Date of Map					
	lot Vonath		DEC.	<del>1</del> 9				
-	Inspector's Signature		Approximate Date of					

on the reverse side?	SEND O1 adolavua to dol Javo auti to plo- 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 spacepermit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	e can return this e does not e number.	I also wish to rectollowing services extra fee):  1.  Addresse 2.  Restricte Consult postmass	s (for an	Receipt Service.
ADDRESS completed	3. Article Addressed to:  AIRS ID # 0112299  SCOTCH DRY CLEANERS  ARTURO CARDONA 1045 N STATE ROAD 7  MARGATE FL 33063	7. Date of De	Type ed Mail ceipt for Merchandise	Certified Insured COD	you for using Return
Is your RETURN	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  PS Form/3811, December 1994	8. Addressee and fee is	e's Address (Only i paid)  Domestic Retu		Thank

P 174 05	240
COMOU DRAYOU DA	AIRS ID # 0112
COTCH DRY CLEAN RTURO CARDONA	
045 N STATE ROAD	
IARGATE FL 33063	, (),
Post Office, State, & ZIP Coo	le .
Postage	\$
Certified Fee	
Special Delivery Fee	
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## PERCHLOROETHYLENE DRY CLEANERS

**BEST AVAILABLE COPY** 

## TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	1 <u> </u>	COMPLAINT	DISCOVERY	٥
AIRS ID#: 0112.299	•				
FACILITY NAME:	2010H DRY	CHENNER			
FACILITY LOCATION:	045 N.	SR 7	MARCONTE	FL 33	063
RESPONSIBLE OFFICIAL :					1890
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)			m		
1. New facility notified DARM	30 days prior to start	up	Sure		9
2. Facility failed to notify DARN	A to use general perr	- nit	Bureau of ¿. Mob		
			OH Sir		
PART II: CLASSIFICATION			r Mo	13 4	
	- form that it in		☐ No notification		
Facility indicated on notification (check appropriate box)	n form that it is:			ut of business/per	troleum
<b>A.</b>	_		- (-	~/	
1. Existing small area source dry-to-dry only, x < 140 gal/y.		2. New small		¥	
transfer only, $x < 140$ gallyr		transfer only,	/, x < 140 gal/yr x < 200 gal/yr		
both types, x < 140 gal/yr		both types, $x <$			
(constructed before 12/9/91)	1	(constructed or	n or after 12/9/91)		
3. Existing large area source	e 🗆 -	4. New large	area source		
dry-to-dry only, $140 \le x \le 2,1$	00 gal/yr		$y$ , $140 \le x \le 2{,}100$ g	gal/yr	
transfer only, $200 \le x \le 1,800$	0 0		$200 \le x \le 1,800 \text{ gal}$		
both types, $140 \le x \le 1,800$ ga			$0 \le x \le 1,800 \text{ gal/yr}$	•	
(constructed before 12/9/91)		(constructed of	n or after 12/9/91)		
5. This is a correct facility cla	ssification	MO YE	□Can not deter	mine	
	ppropriate classificate qualified for a gene exceeds above limit	ral permit as n		above	

B. The total quantity of perchlorocthylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 85 gallons.

### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) CY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? MO AM 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY 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) MC AK 1. Equipped all machines with the appropriate vent controls? OY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the CHY ON ON/A condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after 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?	DY ON	
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?	OY 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	□n/a
	Is the perc concentration equal to or less than 100 ppm?	□Y □N	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON	□N/A

P	ART V: RECORDKEEPING REQUIREMENTS	
	as the responsible official: heck appropriate boxes)	
1.	Maintained receipts for perc purchased?	er on
2.	Maintained rolling monthly total of perc consumption?	ØY □N
3.	Maintained leak detection inspection and repair reports for the following:	
	a. documentation of leaks repaired w/in 24 hrs? or;	DY ON ON/A
	b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A
4.	Maintained calibration data? (for applicable direct reading instruments)	DY DN DAN/A
5.	Maintained exhaust duct monitoring data on perc concentrations?	DY DN BYN/A
6.	Maintained startup/shutdown/malfunction plan?	ON ON
7.	Maintained deviation reports?	DY DN DYN/A
	Problem corrected?	OY ON BAN/A
8.	Maintained compliance plan, if applicable?	DY DN BYNA

PA	ART VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduct a	weekly (for small sources	, bi-weekly) leak detection ar	nd repair
	inspection?			MY ON
2.	Has the facility maintained a leak log?	•		ØY □N
3.	Does the responsible official check the	following areas for leaks?	?	
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ery on on/a
	Door gaskets and seating	WY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	ØY □N □N/A
	Pumps	DY ON ON/A	Diverter valves	DY ON ON/A
	Solvent tanks and containers	WY ON ON/A	Cartridge filter housings	GY ON ON/A
	Water separators	UY ON ON/A		
4.	Which method of detection is used by	the responsible official?		
	Visual examination (condensed s	solvent on exterior surface	s)	
	Physical detection (airflow felt th	rough gaskets)		<b>1</b>
	Odor (noticeable perc odor)			<b>o</b>
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)	
	Halogen leak detector			
	If using direct-reading inst	rumentation, is the equip	ment:	™N/A
	a. Capable of detecting	perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against a (PID/FID only)?	standard gas prior to and a	after each use	OY ON
	c. Inspected for leaks a	nd obvious signs of wear o	n a weckly basis?	OY ON
	d. Kept in a clean and s	ecure area when not in use	e?	OY ON
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON
	ART PENNETON		1/4/2000	
	Inspector's Name (Please Pri	nt)	Date of Inspec	Alon
	Unt Part	<u> </u>	DEC 200	<u> </u>
	Inspector's Signature		Approximate Date of N	lext Inspection

U114477

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

WX

ACILITY NAME:	SCUTCH	DRy Ci	EMER.	>			_DATE	-110/20	<u>ioc</u>
ACILITY LOCATION: _	1045	N. SR	7 MA	REATTE	FL	3300	<u>03</u>		
nnual Reporting Period:	De	£ 8	19 <u>9</u> 2	₹ то _		DEC.	31	19	90 90
ased on each term or condit 2-213.300, Florida Adminis		_	-			/		EP Rule	
NO, complete the following	<b>;</b> :								
l. Term or condition of the	general permit t	hat has not been	n in continuo	ıs compliar	nce durin	g the repo	rting peri	od stated abo	/e:
									_
vace rariad of ran complian	ce: from				to			_	
xact period of non-complian									
	mpliance: _								
Exact period of non-compliant action(s) taken to achieve conference to demonstrate of									_
ection(s) taken to achieve confethod used to demonstrate of the 2. Term or condition of the	general permit th			s compliar	nce durin	g the repo	rting peri	od stated abo	/e:
Section(s) taken to achieve confethod used to demonstrate of the 2. Term or condition of the exact period of non-compliant	general permit the	hat has not beer	ı in continuot	s compliar	nce durin	g the repo	rting peri	<del>.</del>	/e:
Section(s) taken to achieve confection(s) taken to demonstrate of the 2. Term or condition of the exact period of non-compliant action(s) taken to achieve confection(s) taken to achieve confection(s)	general permit the ce: from	hat has not beer		s compliar	nce durin	g the repo	rting peri	od stated abo	/e:
action(s) taken to achieve con	general permit the ce: from	hat has not beer	ı in continuot	s compliar	nce durin	g the repo	rting peri	od stated abo	/e:

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

## PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N D	COMPLAINT/DISCO	OVERY	ם
AIRS ID#: <u>0\\2299</u> FACILITY NAME: <u>S</u> FACILITY LOCATION:	COTCH DRY (	LOWERS		•	<u>:</u>
RESPONSIBLE OFFICIAL:	: ARTURO (	-	•	772 - 889 —	20
PART I: NOTIFICATION					
(check appropriate box)  1. New facility notified DARM  2. Facility failed to notify DAR		•			<b>e</b>
PART II: CLASSIFICATION	У				
Facility indicated on notificate (check appropriate box)  A.  1. Existing small area sour 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 sour dry-to-dry only, 140 ≤ x ≤ 2, transfer only, 200 ≤ x ≤ 1,800 to both types, 140 ≤ x ≤ 1,800 to (constructed before 12/9/91)  5. This is a correct facility classified in the facility of facility of the constructed before 12/9/91)	ion form that it is:  ree	transfer only, 20th both types, 140 ≤ (constructed on constructed	x < 140  gal/yr $(x < 200  gal/yr)$	JAN & 2000  Bureau of Air Monitoring  & Mobil® Sources	cum RECEIVED

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?	GY ON ON/A
2. Examining the containers for leakage?	DY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	ØY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WWA
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 refu (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mainstalled prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
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?	DAY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DY ON ONA
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	oy on ona
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ery on
<ol> <li>Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?</li> </ol>	MY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DAY ON

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?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	″ <b>G</b> Y	ΩИ	□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	ΩΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПY	□и	□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?	ΩY	ΩΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	CY ON
2. Maintained rolling monthly total of perc consumption?	er on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	O2Y □N □N/A
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	CY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON DANA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	CEY ON .
7. Maintained deviation reports?	OY ON ON/A
Problem corrected?	DY DN CON/A
8. Maintained compliance plan, if applicable?	מאום אם אם

PART VI: LEAK DETECTION AND REPAIRS				
a weekly (for small sou	rces, bi-weekly) leak detection a	nd repair		
		ON⊡ YED		
?		ery on		
following areas for le	aks?			
OY ON ON/A	Muck cookers	ory on on/a		
MY ON ON/A	Stills	OY ON ON/A		
ØY ON ON/A	Exhaust dampers	ON ON/A		
OY ON ON/A	Diverter valves	CY ON ON/A		
OY ON ON/A	Cartridge filter housings	BY ON ON/A		
DY ON ON/A				
the responsible official	?			
solvent on exterior surf	aces)	<b>9</b>		
rough gaskets)				
		<b>ए</b>		
ation (FID/PID/calorin	netric tubes)			
umentation, is the eq	uipment:	ŒN/A		
perc vapor concentrati	ons in a range of 0-500 ppm?	OY ON		
standard gas prior to a	nd after each usc	OY ON		
nd obvious signs of wea	ar on a weekly basis?	OY ON		
ecure area when not in	use?	OY ON		
by use of duplicate sar	nples (călorimetric only)?	OY ON		
	<u> </u>			
nt)	Date of Inspec	ction		
	nen on	21		
<del></del>				
	e following areas for less following areas following areas for less fol	a weekly (for small sources, bi-weekly) leak detection a following areas for leaks?  Following areas for leaks?  FY ON ON/A Muck cookers  FY ON ON/A Stills  FY ON ON/A Exhaust dampers  FY ON ON/A Diverter valves  FY ON ON/A Cartridge filter housings  FY ON ON/		

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7/	U.V	130	u	v	1/		u,	vv	,

AIRS ID#:	0112299
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## DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	SCOTCH DRY	CLENUERS	D	ATE: 12/6/00
FACILITY LOCATION:	•			
I Domesting Davied		200° TO	DEC 6	2005
Annual Reporting Period:	UNU 6	2 <u>0</u> 00 10	VIII (0	20000
Based on each term or condition 62-213.300, Florida Administra			<i>-</i>	h DEP Rule
If NO, complete the following:				
#1. Term or condition of the ge	neral permit that has not be	een in continuous complia	nce during the reporting p	period stated above:
Exact period of non-compliance	:: from		to	
Action(s) taken to achieve comp	oliance:	·		
Method used to demonstrate cor	npliance:			
#2. Term or condition of the ge	neral permit that has not be	en in continuous compliar	nce during the reporting p	period stated above:
Exact period of non-compliance	: from		to	
Action(s) taken to achieve comp	oliance:		<del></del>	
Method used to demonstrate con	npliance:			
As the responsible official, I here in this notification are true, accipurchase receipts, does not exce combination facilities.  RESPONSIBLE OFFICIAL:	urate and complete. Furthe	er, my annual consumption for dry-to dry facilities or	of perchloroethylene sol	vent, based upon

<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.

	i line over top of envelope o	Eold:a		<u> </u>
rse 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.	e can return this	I also wish to receive the following services (for an extra fee):	<b>di</b>
the reverse	Attach this form to the front of the mailpiece, or on the back if spac permit.		Addressee's Address     Destricted Delivery	Service
on the	c delivered.   Consult postmaster for fee.		ë	
your RETURN ADDRESS completed	AIRS ID#: 0112299 CARGO INVESTMENTS INC ARTURO CARDONA 1045 N STATE ROAD 7 MARGATE FL 33063  5. Received By: (Print Name)	7. Date of De	Type  ad Certified  Mail Insured  Desipt for Merchandise COD  Desilivery 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Thank you for using Return Rec
<u> 8</u>	PS Form <b>3811</b> , December 1994		Domestic Return Receipt	19

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AR 10-	AIRS II RGO INVESTMENTS TURO CARDONA 45 N STATE ROAD 7 IRGATE FL 33063	D#: 0112299 INC
	Special Delivery Fee	-
	Restricted Delivery Fee	
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April	Return Receipt Showing to Whom, Date, & Addressee's Address	
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PS Form <b>3800</b> , April 1995	2/14/97	

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]5	Recip 10	AIRS ID # 0112299001AG	2
J	ARTURO C Street, SCOTCH DE	CARDONA RY CLEANERS	77
2000	1045 N STA	TE ROAD 7 FL 33063	3
	PS For		008
			44

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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> <li>1. Article Addressed to:</li> <li>10 AIRS ID # 0112299001AG ARTURO CARDONA</li> </ul>	A. Received by (Please Print Clearly)  C. Signature  X  Agent  Addressee  D Is delivery address different from item 1?
SCOTCH DRY CLEANERS 1045 N STATE ROAD 7 MARGATE FL 33063	3. Service Type  Certified Mail
2. Article Number (Copy from service label) 7000 0.520 0020 9372	7490
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789



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 # 0112299

SCOTCH DRY CLEANERS
ARTURO CARDONA
1045 N STATE ROAD 7
MARGATE FL 33063

FOR GOVERNMENT USE ONEY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

301295

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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JAN 29 98

Do NOT Remove Label

AIRS ID#0112299

CARGO INVESTMENTS INC ARTURO CARDONA 1045 N STATE ROAD 7 MARGATE FL 33063 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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 # 0112299

SCOTCH DRY CLEANERS ARTURO CARDONA 1045 N STATE ROAD 7 MARGATE FL 33063

FOR GOVERNMENT USE ONLY

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

Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 0361951

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

TOTAL AMOUNT DIF: \$50.00

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112299

SCOTCH DRY CLEANERS ARTURO CARDONA 1045 N STATE ROAD 7 MARGATE FL 33063

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

DAM:		<del></del>	
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 w	e can return this	I also wish to red following service extra fee):	
Attach this form to the front of the mailpiece, or on the back if spa	ce does not	1. 🗆 Address	see's Address
■Write Return Receipt Requested on the mailpiece below the artice ■The Return Receipt will show to whom the article was delivered a	ele number.	2.  Restricte	ed Delivery
delivered.	iio uie udie	Consult postmas	ster for fee.
AIRS ID # 0112299 SCOTCH DRY CLEANERS ARTURO CARDONA 1045 N STATE ROAD 7 MARGATE FL 33063	4b. Service Registere Express Return Re	3361340 Type ed Mail ceipt for Merchandisa	Certified Insured
5 Descined Day (Driet Manne)	7. Date of D	7-16	-29
5. Received By: (Print Name)	8. Addresse and fee is	e's Address (Only paid)	if requested
6. Signature: (Addressee or Agent)  X Maria Cardana			
PS Form 3811. December 1994	)2595-97-B-0179	Domestic Ret	urn Recein

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F	S Postal Service Receipt for, Cert to Insurance Coverage F	Provided	l.	<i>γ</i> ν ,	`
AR	OTCH DRY CLEANE FURO CARDONA 5 N STATE ROAD 7		RS ID#	011229	9
MA	RGATE FL 33063		-	-	
H					
-	Certified Fee	_			
,	Special Delivery Fee		-		
	Restricted Delivery Fee				
199	Return Receipt Showing to Whom & Date Delivered				
	Return Receipt Showing to Whom, Date, & Addressee's Address				
80	TOTAL Postage & Fees	\$			
E	Postmark or Date				
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