

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 25, 1996

Mr. Raymond D. Perro President Riteway Leather Refinishers 725 Progresso Drive Ft Lauderdale, Florida 33304

Re: Facility I.D. No. 0112306

Dear Mr. Perro:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 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/jw

cc: Mr. John Coppola, Broward County

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

Printed on recycled paper.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
'	racinty Owner/Company Name (Name of Corporation, agency, or individual owner).
	Rileway leather Refinishers Tre
2.	Riseway Leather Refinishers Inc. Site Name (For example, plant name or number):
	Ritewal heather Refinishers d/b/a Ritewa Dry Cleaners Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	FLD 076- 023-3571 Facility Location:
4.	Facility Location:
	Street Address: 725 Progresso DR
	City: Ft. LANDERDALE FL County: USA Zip Code: 33304
	, , , , , , , , , , , , , , , , , , ,
15.	Facility Identification Number (DEP Use):
	01/2306
14.5	
	D. C. W. Office 1.
	Responsible Official
<u> </u>	Name and Title of Responsible Official:
0.	Name and Thie of Responsible Official.
	Parison De De dant
7	Responsible Official Mailing Address:
\	Organization/Firm:
	Street Address: 725 Progresso Dr. City: Zip Code:
8.	Ft. Landerdise, FL USA 33304 Responsible Official Telephone Number:
	Telephone: (954) 763 - 5171 Fax: (954) 763 - 5804
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	. / .
	MA
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Talanhona Number
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -
	Telephone: () - Fax: () -

RECEIVED

SEP 5 1996

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Bureau of Air Monitoring & Mobile Sources

#0112306

P. 14.

1. (c) Should not be marked

3. New large area source should be marked

P.15

4. new large nc. 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.

	l	Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID.	Purchased	Installed
Type of Machine	עו	ruiciiaseu	Histalieu	עו	r dichased	instance	110	I dichased	mstancu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(I) w/ ref. condenser	T	13 may .93	03-MAY-93	2	30 NOV 94	30NOV94			
(2) w/ carbon adsorber		7	7	<u> </u>					
(3) w/ no controls									
Washer Unit			•		1	•			
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls				···	1				
Dryer Unit					<u>.</u>			_	
(7) w/ ref. condenser						Ì			T
(8) w/ carbon adsorber									
(9) w/ no controls			_						
Reclaimer Unit			I .					<u>-</u>	
(10) w/ ref. condenser			I		<u> </u>				
(11) w/carbon adsorber		1			1				
(12) w/ no controls									
(b) Control devices are (c) No control devices 2.(a) What was the total of [250]	are ro	equired to be ity of perchlo	installed [_ proethylene (perc)		n the latest 12	! moi	nths?	
(b) If less than 12 mont Check why it is less 3. What is the facility's so	than	12 months:	New owner: based on the	[e defi	_			•	
(Indicate with an "X".	Selec	t one classifi	cation only.)						
Existing small ar	ea so	urce []	Ne	w sn	nall area sour	ce [
Existing large are	ea soi	irce [🔏 1	Ne	w la	rge area sour	ce [l		

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4. What control technology is required (Indicate with an "X".)	on machines pu	ursuant to section (5) of P	art II of this notification form?
Existing large area source Carbon adsorber]	Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
			·
5. A facility which contains non-exempto Rule 62-213.300, F.A.C. Verify that exemption criteria or that no such units	t all steam and h	_	
All steam and hot water generating unit boiler HP or less), and (2) are fired exc during which propane or fuel oil contai	clusively by nati	ural gas except for period	ds of natural gas curtailment
All steam and hot water generating unit No such units on-site	ts exempt [
Equipment !	Monitoring and	d Recordkeeping Inforn	nation
Check all logs which are required to be	kept on-site in	accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purchase	ases		K
(b) Leak detection inspection and repair	r		LK)
(c) Refrigerated condenser temperature	monitoring		_ K]
(d) Carbon adsorber exhaust perc conce	entration monito	oring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction pla	an		

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:						
	[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
Œ.	No air permits currently exist for the operation of the facility indicated in this notification form.						
	Responsible Official Certification						
this notific statements maintain i comply wi	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	Cynn Do Conce Date						

BEST AVAILABLE COPY

THE UP INSPECTION:	ANNUAL L		NT/DISCOVERY	RE-INSPECTION
TIME IN: 3:25 TYPE OF FACILITY: PERC	TIME OUT:		AIRS ID#:	0112306
	NAY LEATHER R			DATE: 10/
FACILITY LOCATION: 725	Ī.			
PACIEIT ECCATION 12.	J TROOKS JULY		. 5400. 4 6. 0 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
RESPONSIBLE OFFICIAL:	RYMOUD PERR	O	PHONE NUMBER	(954)763-51
استسا	e compliance requirements le 62-213.300, Florida Adr		- •	cility is found to be in
Based on the results of th discrepancies were noted:	e compliance requirements :	evaluated du	ring this inspection, the fo	llowing compliance
COMPLIANCE REQU	IREMENT/PROBLE	M	FOLLOW-UP ACT	ION REQUIRED
			•	
				
	·			
	·			
•				
•				
COMMENTS:			······································	
·				
The Annual Compliance Certifica	tion form has been properly	y certified and	I submitted to the inspecto	r. YES NO
DATE OF NEXT INSPECTION	l:(XX 199	8	
		(Approxir	•	
INSPECTION CONDUCTED B	YY:	try YEN	NETTA	
	11	(Please P	rint)	

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	 	COMPLAINT/DIS	COVERY	
AIRS ID#: 0112306	•	_		ME OUT: _	3:45
FACILITY LOCATION:	725 PRCGRES	350 D	RIVE. FT. U	NO, FL.	<u>3330</u> 4
RESPONSIBLE OFFICIAL :	RAYMOND PE	RRO	phone: <u>(954)</u>	763-51	7/
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)	 -				
1. New facility notified DARM	30 days prior to startup				Q
2. Facility failed to notify DARI	M to use general permit				
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)			☐ No notification f		troleum
Facility indicated on notification	on form that it is: ce	sfer only, $x < 1$ types, $x < 1$	☐ Drop store/out o rea source x < 140 gal/yr < 200 gal/yr		troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area sourd dry-to-dry only, x < 140 gal. transfer only, x < 200 gal/yr both types, x < 140 gal/yr	on form that it is: ce	to-dry only, x sfer only, x sfer only, x s 1 types, x s 1 istructed on constructed on constructed only, sfer only, 20 itypes, 140 s	Drop store/out of the property	f business/pe	troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 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, transfer only, 200 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 gboth types, 140 ≤ x ≤ 1,800 g	on form that it is: ce	to-dry only, see only, x < 1 types, x < 1 types, x < 1 types, x < 1 types are to-dry only, see only, 20 types, 140 structed on other	Drop store/out of the property of the propert	f business/pet	troleum
Facility indicated on notification (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal. It 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, transfer only, 200 ≤ x ≤ 1,800 go (constructed before 12/9/91) 5. This is a correct facility classification, please check the angle of the facility of the constructed before 12/9/91)	on form that it is: ce	to-dry only, sfer only, x < 1 types, x < 1 istructed on continuous arto-dry only, sfer only, 20 istructed on continuous arto-dry only.	Drop store/out of the control of th	f business/pet	troleum

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?	ØY ON ON/A				
2. Examining the containers for leakage?	MY ON ON/A				
3. Closing and securing machine doors except during loading/unloading?	QY ON				
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	WY ON ON/A				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON WN/A				
PART IV: PROCESS VENT CONTROLS					
In Part II-A:					
If classification 1 has been checked, no controls are required. Proceed to Part	v.				
If classification 2 has been checked, the machine should be equipped with a refu (complete A below).	rigerated condenser				
. 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 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?	QY ON				
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?	WY ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	al on				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ØY □N □N/A				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY ON				

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?	⊠ Y	ПИ	
	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?	ΠY	ПИ	欧
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΠY	□и	⊡ €7/4
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΠИ	W .
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	DИ	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПИ	E
б.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	
PA	RT V: RECORDKEEPING REQUIREMENTS			······································
Ha	s the responsible official: ack appropriate boxes)			
1.	Maintained receipts for perc purchased?	\overline{a}	ПN	
2.	Maintained rolling monthly averages of perc consumption?	ØÝ	ПN	
3.	Maintained leak detection inspection and repair reports for the following:			
	a. documentation of leaks repaired w/in 24 hrs? or;	DY.	ПN	□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?	œ√.	ПN	□N/A
4.	Maintained calibration data? (for applicable direct reading instruments)	\Box Y	ПN	™ N/A

5. Maintained exhaust duct monitoring data on perc concentrations?

6. Maintained startup/shutdown/malfunction plan?

8. Maintained compliance plan, if applicable?

7. Maintained deviation reports?

Problem corrected?

DY DN WN/A

ON ON/A

MINO NO YE

DY DN MINA

⊠Y □N

PART VI	PART VI: LEAK DETECTION AND REPAIRS						
1. Does th	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspect	tion?			MO JA			
2. Has the	e facility maintained a leak log?			oy on			
3. Does th	he responsible official check the fo	ollowing areas for leaks?					
II .	Hose connections, fittings, couplings, and valves	QY ON ON/A	Muck cookers	BY ON ON/A			
I	Ooor gaskets and seating	MY ON ON/A	Stills	GÝ ON ON/A			
F	filter gaskets and seating	MY ON ON/A	Exhaust dampers	BY ON ON/A			
P	Pumps	OY ON ON/A	Diverter valves	dy on onia			
S	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	A/NO NO YE			
V	Vater separators	BY ON ON/A					
4. Which	method of detection is used by the	e responsible official?					
\	Visual examination (condensed sol	vent on exterior surfaces)		T			
P							
c	Odor (noticeable perc odor)			र्ज			
, t	Jse of direct-reading instrumentati	on (FID/PID/calorimetric	tubes)				
F	Halogen leak detector		•	۵			
	If using direct-reading instru	mentation, is the equipm	ent:	M/A			
	a. Capable of detecting pe	erc vapor concentrations ir	a range of 0-500 ppm?	OY ON			
	b. Calibrated against a state (PID/FID only)?	andard gas prior to and aft	er each use	ОУ ОИ			
	c. Inspected for leaks and	obvious signs of wear on	a weekly basis?	OY ON			
	d. Kept in a clean and sec	cure area when not in use?		OY ON			
	e. Verified for accuracy b	y use of duplicate samples	(calorimetric only)?	OY ON			
<u> </u>			- "				
	ART PENNETTA		10/28/97				
	Inspector's Name (Please Print)	Date of Inspe	ection			
	Ω , Ω						
	Sether Connetts		OCT 199				
	Inspector's Signature		Approximate Date of 1	Next Inspection			

DRY CLEANER AIR QUALITY GENERAL PERMIT OUT

0112306

FACILITY NAME: RITEWAY	LEATHER RE	FINISHERS	DATE: _	10/28/97
FACILITY LOCATION: 725 PRO				
Annual Reporting Period:OC	T 28	_19 <u>96</u> то	OCT 28	19 <u>97</u>
Based on each term or condition of the Title	-	-		
52-213.300, Florida Administrative Code (F	.A.C.), during the per	iod covered by this stat	ement Y YES	□ио
If NO, complete the following:				
#1. Term or condition of the general permi	t that has not been in o	continuous compliance	during the reporting period	stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
#2. Term or condition of the general permi	t that has not been in o	continuous compliance	during the reporting period	l stated above:
Exact period of non-compliance: from	·	to		· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		·		
As the responsible official, I hereby certify.	hased on information	and helief formed after	r recsonable inquiry that t	he statements
made in this notification are true, accurate upon rolling averages of purchase receipts,	and complete. Furthe	r, my annual consumpt	tion of perchloroethylene so	olvent, based
year for transfer or combination facilities.	2003 1101 02000 2,101	ganons per year jor a		o gunons per
200	MIN DEPER	RU VI	mulil in	n/0/2 \$
RESPONSIBLE OFFICIAL: APYNO				

discretion of the responsible official to use this form.

Page ____ of ____.

NOV 1 2 1997

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY F
RE-INSPECTIO	ON. O
	ECZ //Achines
	R sitorine
AIRS ID#: <u>0//2306</u> DATE: <u>12/21/</u>	78 TIME IN: TIME IN: ANORITOR
FACILITY NAME: Kiteway L	eather letinishers, early oble 500
FACILITY LOCATION: 725	PROORESS DR.
	<i>V</i> \(\sigma\)
	ru derdale Fl
RESPONSIBLE OFFICIAL: RAY MOND	Perco PHONE: (95-4) 763-5771
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup 12
2. Facility failed to notify DARM to use general pe	rmit 🖸
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	
l. Existing small area source drv-to-dry only, x < 140 gal/yr	2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200$ gal/yr	transfer only, $x \le 140 \text{ gabyr}$
both types, x < 140 gal/yr	both types, x < 140 gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 \le x \le 1.800$ gal/yr	transfer only, $200 \le x \le 1.800$ gabyr
both types, $140 \le x \le 1.800$ gal/yr	both types, $140 \le x \le 1.800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification	ØY □N □Can not determine
If no, please check the appropriate classific	cation
1	neral permit as number above
	nits and is not eligible for a general permit
R. The total quantity of parable-set-ular (co. 1)	washinged within the arounding 12 marchs but this day steeping
facility was 225 gallons.	urchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS

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

1. Storing perchloroethylene in tightly sealed and impervious containers?

ON ON/A

2. Examining the containers for leakage?

AND NO PER

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

oy on

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

ANG NG YE

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

PHON BANA

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)

i. Equipped all machines with the appropriate vent controls?

DY DN

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

DN ON/A

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

DY DNA

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

D/ JN

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

ON DINA

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

ny ON

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?	NO YO
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON OMA
	Is the temperature differential equal to or greater than 20° F?	DY DN BANA
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 DOMA
	Is the perc concentration equal to or less than 100 ppm?	OY ON OXA
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?	ם אם אם אם
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?	AND NO YO

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
Maintained receipts for perc purchased?	ONY DIN			
2. Maintained rolling monthly total of perc consumption?	ORY ON			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or:	AN ON ONA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	אואם אם צים			
4. Maintained calibration data? (for applicable direct reading instruments)	אַאָבּט אַכּט אַכּ			
5. Maintained exhaust duct monitoring data on perc concentrations?	DY ZN DKA			
6. Maintained startup/shutdowtv/malfunction plan?	ak ja			
7. Maintained deviation reports?	BY DN DNA			
Problem corrected?	PA DN DNA			
8. Maintained compliance plan, if applicable?	OY ON RA			

Pá	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?	DY ON				
2.	Has the facility maintained a leak log?	DN .				
3.	Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves TY ON ON/A Muck cookers	ON ON A				
	Door gaskets and seating	ON ONA				
	Filter gaskets and seating	איאם אם אם				
	Pumps Dy ON ON/A Diverter valves	אאם אם ציפי				
	Solvent tanks and containers ON ON/A Cartridge filter housings	מאם אם אש				
	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)	0				
	Halogen leak detector					
	If using direct-reading instrumentation, is the equipment:	ON/A				
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	אם פס				
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
1	c. Inspected for leaks and obvious signs of wear on a weekly basis?	אם עם				
	d. Kept in a clean and secure area when not in use?	NO YO				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	OY ON				
_						

Inspector's Name (Please Print)

Date of Inspection

12/21/98

Date of Inspection

12/79

Inspector's Signature

Approximate Date of Next Inspection

AIRS ID#: 0// 2306

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:			Ather			DAT	E: 12/21/98
FACILITY LOCATION:	725 0	ROSRE	550	Da	· · · · · · · · · · · · · · · · · · ·	·	
Ft	· Loudade	ale F1				·	·
·				· · · · · · · · · · · · · · · · · · ·			
Annual Reporting Period:	12		19 99	то _	12		1999
Based on each term or condition of	f the Title V gener	al air permit i	ny facility	nas remai	ned in comr	liance with	DEP Rule
52-213.300, Florida Administrativ	•	=			_		□NO
If NO, complete the following:							
#1. Term or condition of the gene	ral nermir that has	not been in co	ntinuous c	omplianc	e during the	reporting pe	riod stated above:
To refin of condition of the gene	rai permit diat nas	not occur in et	munuous e	ompnane.	c during aic	reporting po	riod saica spove.
<u> </u>	• · · · · · · · · · · · · · · · · · · ·						
Exact period of non-compliance: 1				(D		·_
Action(s) taken to achieve complia	ance:	_		_	·		
Method used to demonstrate comp	liance:						
#2. Term or condition of the gene	ral permit that has	not been in co	nunuous c	omplianc	e during the	reporting pe	mod stated acove:
 							
Exact period of non-compliance:	from	·		to			
Action(s) taken to achieve complia	ance:		·······				
Method used to demonstrate comp	liance:						
·					<u> </u>	·	
As the responsible official, I hereb made in this notification are true,							
upon purchase receipts, does not e							
combination facilities.	13n. W	· · · · · · · · · · · · · · · · · · ·	5050	R d		? K	()
RESPONSIBLE OFFICIAL:	Name (Plea	se Print)	121761	LU	Signature	MA	Date
*					- 3 - 70		

*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.

259138

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

JAN 27 97

Do NOT Remove Label

AIRS ID# 0112306 RITEWAY LEATHER REFINISHERS INC RAYMOND D PERRO 725 PROGRESSO DR FT LAUDERDALE FL 33304

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300784

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 JAN 23 98

Do NOT Remove Label

AIRS ID#0112306
RITEWAY LEATHER REFINISHERS INC
RAYMOND D PERRO
725 PROGRESSO DR

725 PROGRESSO DR FT LAUDERDALE FL 33304 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISC	OVERY	
	RE-INSPECTIO	N 🗆	•		V
FLD-076	RE-INSPECTIO -023 -357	-		2 Mac	hines I
			121.25	,	A: 1
AIRS 1D#: <u>0 2306</u> 1	DATE: 11/18/9	TIME	IN: 10:00pm TIM	E OUT: _	20pm
FACILITY NAME: Riteu			hera	_	
FACILITY LOCATION: 78	15 Progress	o Drive	7		
Foe	t Landerd	ale, FL	33304		
RESPONSIBLE OFFICIAL :	Raymond P.	erro	_ PHONE (954)	763/5	(JL
CONTACT NAME:	Baymond Pe	210 Carped (16	PHONE: Mos Mo	1999	
		J	7/0	Orin	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 3	30 days prior to star	tup			Z
2. Facility failed to notify DARN	√l to use general per	mit			a
			<u> </u>		
PART II: CLASSIFICATION					
Facility indicated on notificatio	on form that it is:		☐ No notification for		
(check appropriate box)	n form that it is.		Drop store/out of b		roleum
A.			•		
1. Existing small area sourc		2. New small			
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr	r	transfer only,	/, x < 140 gal/yr c < 200 gal/yr		
both types, $x < 140$ gal/yr		both types, x <			
(constructed before 12/9/91)			n or after 12/9/91)		ļ
3. Existing large area source	c 🗆	4. New large	area source		
dry-to-dry only, $140 \le x \le 2,1$			y , 140 $\le x \le 2,100 \text{ gal/yr}$		
transfer only, $200 \le x \le 1,800$			$200 \le x \le 1,800 \text{ gal/yr}$		
both types, $140 \le x \le 1,800$ ga	al/yr		$0 \le x \le 1,800 \text{ gal/yr}$		
(constructed before 12/9/91)		(constructed or	n or after 12/9/91)		
5. This is a correct facility cla	ssification	dx on	□Can not determine		
If no, please check the ap					
	qualified for a gen				
☐ facility	exceeds above lim	its and is not cli	gible for a general perm	it	
B. The total quantity of perchlore facility was 2004 gallons.	oethylene (perc) pu	rchased within	the preceding 12 months	by this dry	clcaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) N □N/A 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? N □N/A Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DXY/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) 1. Equipped all machines with the appropriate vent controls? 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 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 condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	DY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	EDMIA
ľ	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,		L
	if machines are equipped with a carbon adsorber?	OY ON	UN/A
1	Is the perc concentration equal to or less than 100 ppm?	OY ON	□M/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?	ОУ ОИ	O 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?	ОУ ОИ	Q/N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	. /
Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly total of perc consumption?	DY ON
3. Maintained leak detection inspection and repair reports for the following:	/
a. documentation of leaks repaired w/in 24 hrs? or;	ם או מו אם אם
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 OW/A
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ONTA
6. Maintained startup/shutdown/malfunction plan?	NO YES
7. Maintained deviation reports?	OY ON ONA
Problem corrected?	OY ON ON/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 $\square N$ inspection? 2. Has the facility maintained a leak log? $\square N$ 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY/ON ON/A OY ON ON/A couplings, and valves Muck cookers ZY/ON ON/A Door gaskets and seating DV ON ON/A Stills □N □N/A DY/ON ON/A Filter gaskets and seating Exhaust dampers /DN DN/A □N □N/A Diverter valves Pumps DY ON ON/A ON ON/A Solvent tanks and containers Cartridge filter housings 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: DY DN 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 DY DN (PID/FID only)? OY ON c. Inspected for leaks and obvious signs of wear on a weekly basis? DY DN d. Kept in a clean and secure area when not in use? OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)?

Inspector's Name (Please Print)

Inspector's Name (Please Print)

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspector's Signature

Inspector's Signature

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

FACILITY NAME: Riteury Leather References DATE: 11/19/99 FACILITY LOCATION: 725 Progresso Drive
FACILITY LOCATION: 725 Progresso Drive
Fort founderdale, FL 33304
Annual Reporting Period: Notember 19 98 TO Accember 19 99
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO
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 agon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities. RESPONSIBLE OFFICIAL:

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

Page / of i

TITLE V GENERAL PERMIT BEST AVAILABLE COPY BECTAMILIALE COPY COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVERY TYPE OF INSPECTION: ANNUAL RE-INSPECTION DATE: 11 11 00 TIME IN: 10 32 TIME OUT: 11 Office AIRS ID#: () [1230(_____ FACILITY NAME: P FACILITY LOCATION: 125 Nas cunership RESPONSIBLE OFFICIAL: BORRIE Je PHONE: **CONTACT NAME:** PART I: NOTIFICATION (check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum \Box 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yrtransfer only, x < 200 gal/yrboth types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only, 140 < x < 2,100 gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, 140 < x < 1,800 gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) □Can not determine 5. This is a correct facility classification If no, please check the appropriate classification: facility qualified for a general permit as number _ facility exceeds above limits and is not eligible for a general permit

facility was 200- gallons.

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

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?	og on
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	DY DN DANA
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,	
	if machines are equipped with a carbon adsorber?	DY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY 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?	DY ON ON/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	DY ON ON/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?	DY ON			
2. Maintained rolling monthly total of perc consumption?	PY ON			
3. Maintained leak detection inspection and repair reports for the following:	Nodeaks			
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON BANA			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/i: 5 days of receipt?	OY ON BNA			
4. Maintained calibration data? versionable direct reading instruments)	DY ON ON/A			
5. Maintained exhaust duct monituring data on perc concentrations?	DY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	GY ON .			
7. Maintained deviation reports:	DY DN DN/A			
Problem corrected?	איאם אם צם ANA			
8. Maintained compliance plan, if applicable?	ON ON ON/A			

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

PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

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

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

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

1. Equipped all machines with the appropriate vent controls?

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

3. Equipped the condenser with a diverter valve so airflow will be directed away from the

condenser upon opening the door?

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

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

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

Dipnot exceed

P	PART VI: LEAK DETECTION AND REPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	•		DY ON		
2.	Has the facility maintained a leak log?			en on		
3.	Does the responsible official check the f	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	ON ON/A		
	Door gaskets and seating	MY ON ON/A	Stills	CRY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	CTY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	MY ON ON/A		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by the	e responsible official?				
	Visual examination (condensed so	lvent on exterior surfaces)			
	Physical detection (airflow felt thro	ough gaskets)				
	Odor (noticeable perc odor)	2				
	Use of direct-reading instrumentat					
ı	Halogen leak detector					
	If using direct-reading instru	□N/A				
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? □Y 0						
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON		
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	אם צם		
	d. Kept in a clean and see	cure area when not in use	?	OY ON		
	e. Verified for accuracy b	y use of duplicate sample	s (calorimetric only)?	OY ON		
		·				
ŧ	Inspector's Name Please Print)	Date of Inspec	ction		
	Inspector's Name Please Print) Land Approximate Date of Next Inspection Approximate Date of Next Inspection					
	Elastich Hollady 12/11/01					
	Inspector's Signature		Approximate Date of I	lext Inspection		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	DA	TE: 12/11/50
FACILITY LOCATION: 725 Progresso Duice Fort Local. FL 33300	(
Annual Reporting Period: December 1999	t to December	20@
Based on each term or condition of the Title V general air permit, my facil 62-213.300, Florida Administrative Code (F.A.C.), during the period cover		DEP Rule
If NO, complete the following: #1. Term or condition of the general permit that has not been in continuou	s compliance during the reporting pe	riod stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	to	
#2. Term or condition of the general permit that has not been in continuous	compliance during the reporting pe	riod stated above:
Exact period of non-compliance: from Action(s) taken to achieve compliance: Method used to demonstrate compliance:	to	
As the responsible official, I hereby certify, based on information and belief in this notification are true, accurate and complete. Further, my annual computations receipts, does not exceed 2,100 gallons per year for dry-to dry factoristics. RESPONSIBLE OFFICIAL: BARR & STOFEL Name (Please Print)	nsumption of perchloroethylene solve ilities or 1,800 gallons per year for the	ent, based upon
	1	

^{*}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.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400



7000 0600 0026 4128 9427





MOVED, LEFT NO ADDRESS

SEP 1 0 2001

SEP 1 0 2001

Mobile Sources

Mobile Sources

AIRS ID# 0112306001
RITEWAY DRY CLEANERS

OUR AND STRINGS FEED OF THE STRINGS FEED OF

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS.	CONTRETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to: AIRS ID# 0112306001 RITEWAY DRY CLEANERS 5018 NORTHWEST 102 DRIVE	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
CORAL SPRINGS FL 33076	3. Service Type Certified Mail
2. Article Number (Copy from service label) 70000600000 6 4128 9 427 PS Form 3811, July 1999 Domestic Retu	rn Receipt 102595-00-M-0952

31.16	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Orly; No linsurance Coverage Provided)			7 1 2	UIS Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)		
4130	Postage Certified Fee	\$	Postmark	S ACL	Certified Fee		Postmark Here
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	LE CO	Restricted Delivery Fee		neit
7000 0600	Recip 10 AIRS ID # 0112306001AG RAYMOND D PERRO Street RITEWAY DRY CLEANERS				AIRS ID# 01 RITEWAY DRY 5018 NORTHW		
		NDER: COMPLETE	THIS SECTION		COMPLETE THIS SEC	CTION ON DELIVERY	

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. Article Addressed to: AIRS ID # 0112306001AG RAYMOND D PERRO RITEWAY DRY CLEANERS 725 PROGRESSO DR FT LAUDERDALE FL 33304 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
2. Article Number (Copy from service label) 7000 0600 0026 4130	3116
PS Form 3811, July 1999 Domestic Re	turn Receipt 102595-99-M-1789

STATE OF FLORIDA **DEPARTMENT OF ENVIRONMENTAL PROTECTION** MS 5510-37550 304000 **2600 BLAIR STONE ROAD** TALLAHASSEE FL 32399-2400





0600 0056 4730 3776

ANG 15 01

POSTALIA 510414



Moyod, left no address An such number [] Marri, not forwardable Addressee unknown

REASON CHECKED

AIRS ID # 0112306001AG

RITEWAY DRY CLEANERS

725 PROGRESSO DR

FT LAUDERDALE FL 33304

유근내						
-						
47.74	Postage Certified Fee	<u> </u>				
9200	Return Receipt Fee (Endorsement Required)		Postmark Here			
	Restricted Delivery Fee (Endorsement Required)					
0600	AIRS ID # 0112306 RITEWAY DRY CLEANERS					
7000	. RAYMOND D PERRO					
			e for Instructions			

SENDEL SELICKER AT TOP OF ENVELOPE	
 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: 	A. Received by (Please Print Clearly) B. Date of Deliver G. Signature C. Signature Agent Addresse D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
AIRS ID # 0112306 RITEWAY DRY CLEANERS RAYMOND D PERRO 725 PROGRESSO DR FT LAUDERDALE FL 33304	3. Service Type Certified Mail
2. Article Number (Copy from service label) 7 0 00 06 00 00 00 4 1 PS Form 3811, July 1999 Domestic Retu	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 26 6824

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING-

405657 FEB20 2001

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 # 0112306 RITEWAY DRY CLEANERS RAYMOND D PERRO 725 PROGRESSO DR FT LAUDERDALE FL 33304

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

Obi.: 002273

0354308

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

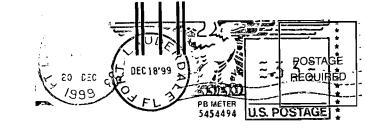
AIRS ID # 0112306\
RITEWAY DRY CLEANERS
RAYMOND D PERRO
725 PROGRESSO DR
FT LAUDERDALE FL 33304

Bureau of Air Monitoring

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 C7 C7 Fund: 20-2-035001

Obj.: 002273

99



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

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

...... DE ATTACHED TO KEMILLANCE FOR PROPER HANDLING

TOTAL AMOUNT DUE: \$50.00

AIRS ID # 0112306
RITEWAY DRY CLEANERS
RAYMOND D PERRO
725 PROGRESSO DR
FT LAUDERDALE FL 33304

C 22 99

/0389941

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273