

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. Robert L. Denberg Dry Cleaning Depot 730 West Broward Boulevard Fort Lauderdale, Florida 33312

Re: Facility I.D. No. 0112312

Dear Mr. Denberg:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 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"



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 17, 1997

Mr. Robert L. Denberg
Dry cleaning Depot
730 West Broward Boulevard
Fort Lauderdale, Florida 33312

Re: Facility I.D. No. 0172312

Dear Mr. Denberg:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 9, 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.

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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"

#0112312

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

3. new large area Source should be marked

P.15

4. new large n c. Should is

5. first box should be marked.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Colony Acquisition Corp.
2.	Site Name (For example, plant name or number):
	D 405
	Broward #35
3.	Hazardous Waste Generator Identification Number:
	·
	FLD 980838890
	<u>-</u>
4.	Facility Location:
	Street Address: 3470 W. Broward Blvd.
	City: Ft. Lauderdale County: Broward Zip Code: 33312
5.	Facility Identification Number (DEP Use): 图 10 10 10 10 10 10 10 10 10 10 10 10 10
	文章,2016年12月11日,1917年12月1日,1917年12月1日,1917年12月1日,1917年12月1日,1917年12月1日日 1917年12月1日

Responsible Official

6. Name and Title of Responsible Official:

Robert L. Denberg, President

7. Responsible Official Mailing Address:
Organization/Firm: Dry Cleaning Depot
Street Address: 730 W. Broward Blvd.
City: Ft. Lauderdale County: Broward Zip Code: 33312

8. Responsible Official Telephone Number:
Telephone: (954) 522 - 3660 Fax: (954) 522 -6332

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):
David Kochman

10. Facility Contact Address:
Street Address: 3470 W. Broward Blvd.
City: Ft. Lauderdale County: Broward Zip Code: 33312

11. Facility Contact Telephone Number:
Telephone: (954) 587 - 1170 Fax: (954) 522 - 6332

RECEIVED

SEP 9 1996

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

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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

		Date 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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	15-DEC-	95	#2	15-DEC-	9.5	l		
(2) w/ carbon adsorber	<u>" </u>	·		7	I J DEC				
(3) w/ no controls						_			-
Washer Unit		1	<u> </u>	1			1		
(4) w/ ref. condenser									
(5) w/ carbon adsorber							<u> </u>		
(6) w/ no controls				-			_		
Dryer Unit		<u> </u>	I			·	J	<u> </u>	<u> </u>
(7) w/ ref. condenser	ļ		I	T			<u> </u>		T
(8) w/ carbon adsorber									
(9) w/ no controls				 					
Reclaimer Unit			<u> </u>					L	
(10) w/ ref. condenser				T			Γ		
(11) w/carbon adsorber				<u> </u>		 -	-		
(12) w/ no controls				 -					
(b) Control devices are(c) No control devices2.(a) What was the total of [180]	are r	equired to be	installed [_	Х		n the latest 12	2 moi	nths?	
(b) If less than 12 mont Check why it is less					_] New store	:: [] Did	not k	eep records:	
3. What is the facility's so (Indicate with an "X".					initions found	d in section (3) of	Part II?	
Existing small ar	ea so	ource []	N	ew sn	nall area sou	rce [)		
Existing large ar	ea so	urce [X]	N	ew la	rge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of Part II of this notification form?
Existing large area source	
Carbon adsorber []	Refrigerated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following
	have a total heat input of 10 million BTU/hr or less (298 atural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	Natural Gas Used
Equipment Monitoring a	and Recordkeeping Information
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	[X]
(c) Refrigerated condenser temperature monitoring	[X]
(d) Carbon adsorber exhaust perc concentration mor	itoring []
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	[X]

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

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:								
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)							
[_X_]	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 prof	inpuly notify the Department of any changes to the information contained in this notification. $\frac{9-1-76}{\text{Date}}$							

BEST AVAILABLE COPY

TYPE OF INSPECTION:	ANNUAL V	COMPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 2:40	TIME OUT:3	:00 AIRS	D#: 0112312
TYPE OF FACILITY: PER	c DRY CLEANER		
FACILITY NAME: DRY			DATE: 10/28/97
FACILITY LOCATION: 34	170 W. BROWARD	BLUD. FT. LAU	o., FL - 33312
	2-0-2- 0- 0-6	0 2100170	(07/1/502 2)
RESPONSIBLE OFFICIAL:	ROBERT DENBER	PHONE N	IUMBER: (954) 522-3660
	the compliance requirements Rule 62-213.300, Florida Adm	- '	on, the facility is found to be in
Based on the results of discrepancies were not	The compliance requirements ted:	evaluated during this inspection,	on, the following compliance
COMPLIANCE REQ	UIREMENT/PROBLE	M FOLLOW-U	P ACTION REQUIRED
		[
	·	-	
·			
COMMENTS:			
The Angual Camalian Camal	india familia la		
The Annual Compliance Certif			inspector. YES NO
DATE OF NEXT INSPECTION	JIN:	OCT (998 (Approximate)	
INSPECTION CONDUCTED) BY:	AT PENNETTA	
INSPECTOR'S SIGNATURE	: Lether Kon	7 (Please Print)	UMBER: <u>(954) 519-1428</u>

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	· 0	COMPLAINT/DISCOVERY	Y 0
AIRS ID#: 0112312 FACILITY NAME: DRY FACILITY LOCATION:	1 CLEANING F	DEPOT	# 35	
RESPONSIBLE OFFICIAL :			_	
PART I: NOTIFICATION				
(check appropriate box)				
1. New facility notified DARM	30 days prior to startup			Ø
2. Facility failed to notify DAF	M to use general permit			۵
PART II: CLASSIFICATIO				
Facility indicated on notificat (check appropriate box)			☐ No notification form ☐ Drop store/out of business	s/petroleum
Facility indicated on notificat	ion form that it is: ree	nsfer only, x th types, x <	☐ Drop store/out of business Trea source ☐ x < 140 gal/yr < 200 gal/yr	s/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gall transfer only, x < 200 gal/yr both types, x < 140 gal/yr	ion form that it is: ree	y-to-dry only, insfer only, x th types, x < onstructed on New large a y-to-dry only, insfer only, 20th types, 140	☐ Drop store/out of business area source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	s/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sour dry-to-dry only, x < 140 gallytr both types, x < 140 gallyr (constructed before 12/9/91) 3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800	ion form that it is: ree	y-to-dry only, insfer only, x th types, x < onstructed on New large a y-to-dry only, insfer only, 20 th types, 140 onstructed on	Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	s/petroleum
Facility indicated on notificat (check appropriate box) A. 1. Existing small area sound dry-to-dry only, x < 140 gallytroth types, x < 140 sallytroth types, x < 1,800 dry-to-dry only, x < 1,800 (constructed before 12/9/91) 5. This is a correct facility of the please check the facility of the property of the please check the facility of the please check the facility of the property of the please check the please the property of th	ion form that it is: ree	y-to-dry only, insfer only, x th types, x < onstructed on New large a y-to-dry only, insfer only, 20 th types, 140 onstructed on Y \bigcup N \bigc	Drop store/out of business area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) Can not determine	s/petroleum

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?	AINO NO YE
2. Examining the containers for leakage?	BY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	MD JA
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	חלים אם ילם
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 refe (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m 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?	BY DN
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?	SY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	অপু 🗆 দ
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?	QY ON

~	1	1	1	ュ	12
•	1		_	\sim	/ /-

B.		<u> </u>		
	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?	Q Y	ПΝ	:
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?			I AWD
	Is the temperature differential equal to or greater than 20° F?	a √	ПN	<u>√</u>
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?			
	Is the perc concentration equal to or less than 100 ppm?	≅ 5	ПИ	Ο.
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?	35 4	ПД	
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΞY	ロ	White !
ó.	Routed airflow to the carbon adsorber (if used) at all times?	ĿΥ	ПN	Ør.
-				
Ρ.	ART V: RECORDKEEPING REQUIREMENTS	: :==		
	as the responsible official:			
	heck appropriate boxes)			,
1.		TV:		
1	heck appropriate boxes)			
2.	heck appropriate boxes) Maintained receipts for perc purchased?			
2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?		DN	□N/A
2.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following:	E:	ON	□N/A □N/A.
3.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 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			
2.	heck appropriate boxes) Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	E's E's E's		□N/4.
2. 3. 5.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments)			□N/4. □ N/4.
2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations?			□N/4. □ N/4.
2. 3. 4. 5. 6.	Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for applicable direct reading instruments) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan?			ON/A. WAYA

P.	ART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a	a weekly (for	small sour	ces, bi-weekly) leak detection at	nd repair				
	inspection?				oy on				
2.	Has the facility maintained a leak log	?			DY ON				
3.	Does the responsible official check the	following a	reas for lead	ks?					
	Hose connections, fittings, couplings, and valves	ey on	□N/A	Muck cookers	gy on on/a				
	Door gaskets and seating	ØÝ On	□N/A	Stills	OY ON ON/A				
	Filter gaskets and seating	og on	□N/A	Exhaust dampers	ØY □N □N/A				
	Pumps	ØÝ □N	□N/A	Diverter valves	OY ON ON/A				
	Solvent tanks and containers	or on	□N/A	Cartridge filter housings	אואם אם צפ				
	Water separators	MY ON	□N/A						
4.	Which method of detection is used by	the responsib	ole official?	1					
	Visual examination (condensed	solvent on ex	terior surfa	aces)	E'				
	Physical detection (airflow felt t	hrough gaske	ets)						
	Odor (noticeable perc odor)				D				
	Use of direct-reading instrument	tation (FID/P	'D/calorim	etric tubes)					
	Halogen leak detector								
	If using direct-reading inst	rumentation	, is the equ	uipment:	ON/A				
	a. Capable of detecting	perc vapor o	concentration	ons in a range of 0-500 ppm?	DY DN				
	b. Calibrated against a (PID/FID only)?	standard gas	s prior to ar	nd after each use	OY ON				
	c. Inspected for leaks a	ind obvious s	igns of wea	er on a weekly basis?	OY ON				
	d. Kept in a clean and				OY ON				
	e. Verified for accurac	y by use of di	uplicate sar	nples (calorimetric only)?	OY ON				
	·								
	A. Q			. / ./.	-				
_	HRT EUNE TTA Inspector's Name (Please Pr	int)		10/28/97 Date of Inspe					
	2specter 5.1.mine (1.1ease 1.1	,		Date of Hispe					
	let Konnott			OCT 1°	? 98				
-	Inspector's Signature			Approximate Date of					

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM AIRS ID 0112312 *CQUISITION CORP TDG AIRS ID 0112312 *COUNTY TDG AIRS ID 0112312 *COUNTY TDG AIRS ID 0112312 *COUNTY TDG *COUN

70 **77**1

Do NOT Remove Label

Annual Reporting Period:		_1997 то	Dec 31	19 <i>9</i>)
Based on each term or condition of the Title	V general air permit, n	ny facility has re	mained in compliance w	ith DEP Rule
62-213.300, Florida Administrative Code (F	A.C.), during the perio	d covered by this	s statement.	□NO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in con	ntinuous complia	ance during the reporting	g period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				·
#2. Term or condition of the general permit	that has not been in con	ntinuous complia	nnce during the reporting	g period stated above:
Exact period of non-compliance: from			to	
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, base notification are true, accurate and complete. F does not exceed 2,100 gallons per year for dry-t	urther, my annual consu	mption of perchlo	roethylene solvent, based i	upon purchase receipts,
RESPONSIBLE OFFICIAL: JO AN Nar	NE NEVICE (Please Print)	<u>e</u> John	Signature	2/27/98 Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

0112312					
FACILITY NAME: DRY C	CLEANING DEPOT	r#35		DATE:	10/28/47
facility location: _3	170 W. BROWARD	BLVD. FT	LAND FL	33312	
					
Annual Reporting Period:	OCT 28	19 <u>%</u>	то	OCT 28	19.97
Based on each term or condition of				<u>.</u>	EP Rule
62-213.300, Florida Administrativ	ve Code (F.A.C.), during ti	ne period covered	l by this statemen	e dies	
If NO, complete the following:					
#1. Term or condition of the gene	eral permit that has not bee	en in continuous	compliance durin	g the reporting peri	od stated above:
				_	
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compli	ance:				=
Method used to demonstrate comp	pliance:				
·					
#2. Term or condition of the gene	eral permit that has not be	en in continuous	compliance durin	g the reporting peri	od stated above:
Exact period of non-compliance:	from		to		
Action(s) taken to achieve compli	iance:				
Method used to demonstrate comp	pliance:			,	
					
As the responsible official, I here made in this notification are true,					
upon rolling averages of purchas year for transfer or combination	e receipts, does not exceed				
	Jucingles.		kall t	1/20	10 - 9 0 -
RESPONSIBLE OFFICIAL: _	Name (Please Print	1) wi3/16	Signa	nure	10-78-97 Date
		·	- 3		

*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. NOV 1 2 1997

Page _____ of ____.

Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		<u> </u>			
FACILITY NAME: Colony FACILITY LOCATION: 3470 Fort	Acquistion	Corp.		DATE	12/23/98
FACILITY LOCATION: 2470	W. Broward	I Blud.	l		·
Fort	auderda/e	FL. 33.	312		<u></u>
Annual Reporting Period: Jan.	1	19 <u>98</u> TO	Pec.	31	19 <i>9</i> 8
Based on each term or condition of the Titl 62-213.300, Florida Administrative Code (•		فہ	olianes with D YES	EP Rule
If NO, complete the following:					
≠1. Term or condition of the general perm	t that has not been in con	tinuous complia:	nce during the	reporting per	iod 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 con	tinuous complia	nce during the	reporting per	iod 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, made in this notification are true, accurate upon purchase receipts, does not exceed 2, combination facilities.	and complete. Further, i 100 gallons per year for d	ny annual consu	mption of perc	hloroethylene	solvent, based
RESPONSIBLE OFFICIAL: MAM	me (Please Print)	Why h	Signature		2/23/98 Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL	N · □
FACILITY NAME: <u>Colony Acquil</u> FACILITY LOCATION: 34 70 W. Fort Lawa	198 TIME IN: 1315 TIME OUT: 1400 Istron Corp#35 Broward Blud Gerdale, FL. 33312 Walker PHONE: (954)-587-8997 PHONE: Same
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to start 2. Facility failed to notify DARM to use general perm	
PART II: CLASSIFICATION	
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	□ No notification form □ Drop store/out of business/petroleum 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	4. New large area source
dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $200 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$)	dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed on or after $12/9/91$)
dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please theck the appropriate classification facility qualified for a general content of the co	dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed on or after $12/9/91$) $\square Y \qquad \square N \qquad \square Can not determine$

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) EY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? DY 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 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?

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?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	BY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? 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?	Y ON ON/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	QY ON		
2. Maintained rolling monthly total of perc consumption?	ON ON		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	er 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?	MY ON ON/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A		
5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON ON/A		
6. Maintained startup/shuldown/malfunction plan?	מא פא		
7. Maintained deviation reports?	CY ON ON/A		
Problem corrected?	DY ON ON/A		
8. Maintained compliance plan, if applicable?	DY ON ON/A		

				·	
PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				nd repair
	inspection?				DY ON
2.	Has the facility maintained a leak log?		• •		oy on
3.	Does the responsible official check the f	ollowing a	reas for leal	ις?	
	Hose connections, fittings, couplings, and valves	₫Y □N	□N/A	Muck cookers	DY ON ON/A
	Door gaskets and seating	MO AM		Stills	DY ON ON/A
	Filter gaskets and seating	MO AB		Exhaust dampers	DY ON ON/A
	Pumps	thy on		Diverter valves	MY ON ON/A
	Solvent tanks and containers	DY ON	□N/A	Cartridge filter housings	DAY ON ON/A
	Water separators	BY ON	□N/A		
4.	Which method of detection is used by the	ie responsii	ble official?		
	Visual examination (condensed so	lvent on ex	cterior surfa	ces)	d /
	Physical detection (airflow felt thr	ough gaske	ets)		d /
	Odor (noticeable perc odor)				र्घ
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector					
If using direct-reading instrumentation, is the equipment:			ipment:	□N/A	
	a. Capable of detecting p	erc vapor o	concentratio	ons in a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	andard gas	prior to an	d after each use	OY ON
	c. Inspected for leaks and	d obvious s	igns of wear	r on a weekly basis?	OY ON
	d. Kept in a clean and se	cure area v	vhen not in	use?	OY ON
	e. Verified for accuracy t	y use of di	uplicate sam	nples (calorimetric only)?	NO YO
	Paul R. Shelfon	1		12-23-9 8	
_	Inspector's Name (Please Prin	t)	-	Date of Inspe	ection

12-23-99
Approximate Date of Next Inspection

Inspector's Signature

PEKCHLUKUETHYLËNË DKY CLËANEKS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

/	ANNUAL	Ø	COMPLAINT/DISCOVERY	
\	RE-INSPECTION	a		
V				
AIRS 10#: <u>0 23 2</u>	, I		N: 10:05 Am TIME OUT: 10:	51 pm
FACILITY NAME: Deup	Cleaning Depot	Colony	acquistion Compatible)	
FACILITY LOCATION: 3	1		8 8 6	
<u> </u>	ort lauderdo	ele FL	333120 / 1	
RESPONSIBLE OFFICIAL	: David Kock	MAN	PHONE: 507-1270 M	
CONTACT NAME:	<u> </u>	//	PHONE:	
PART I: NOTIFICATION				
(check appropriate box)	.4			
1. New facility notified DARM	1 30 days prior to startup			9
2. Facility failed to notify DAI	RM to use general permit			۵
PART II: CLASSIFICATIO	N			
Facility indicated on notificat	ion form that it is:		☐ No notification form	
(check appropriate box)				
A.			☐ Drop storc/out of business/petrole	cum
A. 1. Existing small area sou		New small a	rea source	cum
 Existing small area sou dry-to-dry only, x < 140 gal 	/yr dr y	to-dry only,	rea source x < 140 gal/yr	
 Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr 	/yr dry trar	t-to-dry only, nsfer only, x	rea source x < 140 gallyr < 200 gallyr The machine	
 Existing small area sou dry-to-dry only, x < 140 gal 	/yr dry trar botl	t-to-dry only, nsfer only, x h types, x <	rea source x < 140 gallyr < 200 gallyr The machine	
1. Existing small area sou dry-to-dry only, $x < 140$ gal transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	/yr dry trar botl	t-to-dry only, nsfer only, x h types, x <	rea source x < 140 gal/yr < 200 gal/yr 40 gal/yr or after 12/9/91)	
 Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 	/yr dry	to-dry only, asfer only, x h types, x < nstructed on New large a to-dry only,	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$	
 Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area soundry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 	/yr dry trar botl (con rece 4. i ,100 gal/yr dry 00 gal/yr trar	to-dry only, asfer only, x h types, x < nstructed on New large a -to-dry only, asfer only, 20	rea source \square $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source \square $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$	
 Existing small area sou dry-to-dry only, x < 140 gal 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 both types, 140 ≤ x ≤ 1,800 	/yr dry trar botl (con ree	to-dry only, asfer only, x h types, x < nstructed on New large a to-dry only, asfer only, 20 h types, 140	rea source $\times < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source \bigcirc $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
 Existing small area sou dry-to-dry only, x < 140 gal 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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 	/yr dry trar botl (con rec	t-to-dry only, asfer only, x h types, x < nstructed on New large a -to-dry only, asfer only, 20 h types, 140 nstructed on	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
 Existing small area sou dry-to-dry only, x < 140 gal 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 both types, 140 ≤ x ≤ 1,800 	/yr dry trar botl (con rec	t-to-dry only, asser only, x h types, x < nstructed on New large a -to-dry only, asser only, 20 h types, 140 asstructed on	rea source $\times < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ $< 40 \text{ gal/yr}$ or after $12/9/91$) rea source \bigcirc $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$	
 Existing small area sou dry-to-dry only, x < 140 gal 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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility c 	/yr dry tran both (con ree	n-to-dry only, asfer only, x h types, x < nstructed on New large and to-dry only, asfer only, 20 h types, 140 astructed on IN	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) $x \le 1,800 \text{ gal/yr}$ or after $12/9/91$)	
1. Existing small area sou dry-to-dry only, x < 140 gal 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 ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91) 5. This is a correct facility constructed before 12/9/91	/yr dry tran both (con ree	n-to-dry only, asfer only, x h types, x < nstructed on New large and to-dry only, asfer only, 20 h types, 140 astructed on IN	rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 40 gal/yr or after $12/9/91$) rea source $140 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) $Can \text{ not determine}$ mber above	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON ONA 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: (check appropriate boxes) DY ON 1. 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 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 condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

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?	OY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ON ON/A
	Is the temperature differential equal to or greater than 20° F?	BY ON ON/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring pere 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?	ey on on/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	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 @perc consumption?	₽Y ON
3. Maintained leak detection inspection and repair reports for the following:	No Seats
a. documentation of leaks repaired w/in 24 hrs? or;	DY ON TONIA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/ic 5 days of receipt?	אואפג אם עם י
4. Maintained calibration data? (ic applicable direct reading instruments)	OY ON DAYA
5. Maintained exhaust duct monitaring data on pere concentrations?	DY ON ON/A
6. Maintained startup/shutdown/walfunction plan?	DY ON
7. Maintained deviation reports:	OY ON DATA
Problem corrected?	איים אם אם
8. Maintained compliance plan, if applicable?	DY ON ON/A

PA	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			ON ON	
2.	Has the facility maintained a leak log?			OTY ON	
3.	Does the responsible official check the	following areas for le	eaks?		
	Hose connections, fittings, couplings, and valves	BY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	DAY ON ON/A	
	Filter gaskets and seating	EY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	MY ON ON/A	
	Solvent tanks and containers	AVAC NO YE	Cartridge filter housings	ON ON/A	
	Water separators	DY ON ON/A			
4.	Which method of detection is used by the	he responsible officia	1?		
	Visual examination (condensed so	olvent on exterior sur	faces)	•	
	Physical detection (airflow felt thi	rough gaskets)			
	Odor (noticeable perc odor)	£. ·		2	
	Use of direct-reading instrumenta	tion (FID/PID/calori	metric tubes)		
	Halogen leak detector			٥	
	If using direct-reading instru	umentation, is the e	quipment:	□N/A	
	a. Capable of detecting r	ere vapor concentrat	ions in a range of 0-500 ppm?	OY ON	
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to a	and after each use	OY ON	
	c. Inspected for leaks and	d obvious signs of wo	ear on a weekly basis?	מם צם	
	d. Kept in a clean and so	cure area when not i	n usc?	מם צם	
	e. Verified for accuracy l	by use of duplicate sa	mples (calorimetric only)?	מם צם	
_					
	El VII Kock		11/20/22		
_	Inspector's Name Please Prin	1)	Date of Inspec	ction	
		•	,		
	Inspector's Name Please Print) Phile of Inspection Chalch Policy If 25/01				
	Inspector's Signature		Approximate Date of N	Vext Inspection	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRY Cleming Depot C	DAA) (Colony acquistion Coop) DATE: 11/28/00
FACILITY LOCATION: 3470 N. Brower	d Brid
	, FC 333/2
L.	
Annual Reporting Period: November	19619 TO November 2000
Based on each term or condition of the Title V general ai	r permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), durin	g the period covered by this statement. QYES 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	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not b	been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
in this notification are true, accurate and complete. Furth	mation and belief formed after reasonable inquiry, that the statements made ser, my annual consumption of perchloroethylene solvent, based upon for dry-to dry facilities or 1,800 gallons per year for transfer or
RESPONSIBLE OFFICIAL: MARY WACK Marie (Please Pri	nt) My he 17/28/200 Date
()	

Page ____ of _____.

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0391790

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 # 0112312

BROWARD #35 ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

304158 V

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 0112312

COLONY ACQUISITION CORP ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

4**05**656 FEB2**0** 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

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AIRS ID # 0112312 COLONY AQUISITION - BROWARD #35 ROBERT L DENBERG 730 W BROWARD BLVD

FT LAUDERDALE FL 33312

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

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 # 0112312 BROWARD #35 ROBERT L DENBERG 730 W BROWARD BLVD

FT LAUDERDALE FL 33312

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# 0112312 COLONY ACQUISITION CORP ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

ОЫ: 002273

Z 333 633 475

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 0112312

BROWARD #35 ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

	Certified Fee	
	Special Delivery Fee	
10	Restricted Delivery Fee	
1996	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	
PS F		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
675	a esta de la compansión d			
41.26	Postage Certified Fee	\$	Postmark	
0026	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here	
7000 0600	COLONY AQUISIT ROBERT L DENBE 730 W BROWARD FT LAUDERDALE	BLVD FL 33312	2	

ICKER AT TOP OF ENVELOPE NIGHT OF RETURN ADDRESS. OLD AT DOTTED LINE	H 3HT 01		
Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0112312 COLONY AQUISITION - BROWARD #35 ROBERT L DENBERG 730 W BROWARD BL VD	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X		
FT LAUDERDALE FL 33312	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.		
	4. Restricted Delivery? (Extra Fee)		
2. Article Number (Copy from service label) 7000 0600 0026 4126 6756			
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789			

	U.S. Postal Servi CERTIFIED M (Domestic Mail	AIL RECEIPT	ee Coverage Provided)
3.1			Marie Care San
'n	Postage	\$	9
137	Certified Fee		. 47
	Return Receipt Fee (Endorsement Required)		Postmark Here
	Restricted Delivery Fee (Endorsement Required)		\mathcal{N}
	7	•	1 %
ਜ਼.	ROBERT L DE	AIRS ID # 0112312 NBERG	001AG v maller)
	Si COLONY AQUI 730 W BROWA	ISITION - BROWA RD BLVD	RD #35
20	G FT LAUDERDA	LE FL 33312	
	PS Form 3800, Februa	ary 2000	See never or Instructions

 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 # 0112312001AG ROBERT L DENBERG COLONY AQUISITION - BROWARD #35 730 W BROWARD BLVD FT LAUDERDALE FL 33312 	A. Received by (Please Print Clearly) B. Date of Delive C. Signature X
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

Ź 333 613 173

US Postal Service Receipt for Certified Mail
No Insurance Coverage Provided.

AIRS ID 0112312

COLONY ACQUISITION CORP ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

		•
	Certified Fee	
	Special Delivery Fee	
April 1995	Restricted Delivery Fee	
	Return Receipt Showing to Whom & Date Delivered	
	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$

P 174 052 239

BROWARD #35 ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312

AIRS ID # 0112312

	Street & Nurilipes			
	Post Office, State, & ZIP Code			
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
2 Form 3800 , April 1995	Restricted Delivery Fee			
	Return Receipt Showing to Whom & Date Delivered			
	Return Receipt Showing to Whom, Date, & Addressee's Address			
	TOTAL Postage & Fees	\$		
2 2 2 2	Postmark or Date			

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 th card to you. Attach this form to the front of the mailpiece, or on the back if permit. Write 'Return Receipt Requested' on the mailpiece below the The Return Receipt will show to whom the article was delivered delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Addresse's Addresse's Addresse's Addresse's Addresse's Addresse's Addresse's Addresse's Addresse's Addresse at the feet and the feet addresses and the feet addresses and the feet addresses and fee		
AIRS ID 0112312 COLONY ACQUISITION CORP ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312	4a. Article N 4b. Service Register Express Retum Re 7. Date of D	36/3/73 Type ed Mail □ Insure coeipt for Merchandise □ COD	ied ded
5 Received By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addresse and fee is	e's Address (Only if requested s paid)	d

n the reverse side?	SENDER: Complete items 1 Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	can return this e does not	o wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
URN ADDRESS completed o	AIRS ID # 0.1-123-12 BROWARD #35 ROBERT L DENBERG 730 W BROWARD BLVD FT LAUDERDALE FL 33312	7. Date of De	Type ad Certified Mail Insured Seipt for Merchandise COD
Is your RETU	6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressée and fee is	P's Addre≱s (Only if requested paid) Domestic Return Receipt