



Department of Environmental Protection

Lawton Chiles
Governor

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

Virginia B. Wetherell
Secretary

December 17, 1997

Mr. Toolsieram Ramdial
Sample Dry Cleaners
557 East Sample Road
Pompano Beach, Florida 32064

Re: Facility No.: 0112339

Dear Mr. Ramdial:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on October 12, 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, 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"



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

12/10/02

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

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL
33064

AIRS ID#0112339

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

#0112339

Sample Dry Cleaners

— spoke with Toolsieram
Ramdial & Lank Oul

p. 14 1. (a) add day to date — "08"
p. 15 5. add — "6HP/#2 diesel" —
under limits
5. (a), 5. (b) + 5. (f) required,
add "X"s

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

| | |
|--|---|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): | SAMPLE DRY CLEANERS / TOOLSIERAM RAMDIAL ^{owner} |
| 2. Site Name (For example, plant name or number): | SAMPLE DRY CLEANERS |
| 3. Hazardous Waste Generator Identification Number: | FLD 984 167 791 |
| 4. Facility Location: 557 E. SAMPLE ROAD Street Address: City: POMPANO BEACH County: BROWARD Zip Code: 33064 | |
| 5. Facility Identification Number (DEP Use): | 0112339 |

Responsible Official

| | |
|--|-----------------------------|
| 6. Name and Title of Responsible Official: | TOOLSIERAM RAMDIAL / OWNER. |
| 7. Responsible Official Mailing Address: Organization/Firm: SAME AS ABOVE Street Address: City: County: Zip Code: | |
| 8. Responsible Official Telephone Number: Telephone: (954) 783-8282 Fax: () - | |

Facility Contact (If different from Responsible Official)

| | |
|---|---|
| 9. Name and Title of Facility Contact (For example, plant manager): | / |
| 10. Facility Contact Address: Street Address: City: County: Zip Code: | / |
| 11. Facility Contact Telephone Number: Telephone: () - Fax: () - | / |

RECEIVED

OCT 12 1996

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.

| Type of Machine | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed | ID | Date Machine Initially Purchased | Date Control Device Installed |
|---|-----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|----|----------------------------------|-------------------------------|
| <i>SPENCER SPRINT</i> Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92 | | | | | | | | | |
| Dry-to-Dry Unit | | | | | | | | | |
| (1) w/ ref. condenser | (1) | 12/1991 | 12/1991 | | | | | | |
| (2) w/ carbon adsorber | | | | | | | | | |
| (3) w/ no controls | | | | | | | | | |
| Washer Unit | | | | | | | | | |
| (4) w/ ref. condenser | | | | | | | | | |
| (5) w/ carbon adsorber | | | | | | | | | |
| (6) w/ no controls | | | | | | | | | |
| Dryer Unit | | | | | | | | | |
| (7) w/ ref. condenser | | | | | | | | | |
| (8) w/ carbon adsorber | | | | | | | | | |
| (9) w/ no controls | | | | | | | | | |
| Reclaimer Unit | | | | | | | | | |
| (10) w/ ref. condenser | | | | | | | | | |
| (11) w/ carbon adsorber | | | | | | | | | |
| (12) w/ no controls | | | | | | | | | |

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?

85 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?

(Indicate with an "X". Select one classification only.)

*existing
small
none*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

⑤ A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt

No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

Ⓐ Purchase receipts and solvent purchases

Ⓑ Leak detection inspection and repair

(c) Refrigerated condenser temperature monitoring

(d) Carbon adsorber exhaust perc concentration monitoring

(e) Instrument calibration

Ⓕ Start-up, shutdown, malfunction plan

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) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

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.

Tootsian Ramdial

Signature

8/14/96

Date



nca

INTERNATIONAL

A Worldwide Membership Organization
of Drycleaners and Associations

NEIGHBORHOOD CLEANERS ASSOCIATION—INTERNATIONAL

252 West 29th Street ♦ New York, NY 10001-5201 ♦ (212) 967-3002 ♦ Fax # (212) 967-2240

TO: Florida Drycleaners
**SUBJECT: Florida DEP Deadline For Drycleaning
Machine Containment**

*Do you know what happens if you don't have a legal
containment or the equivalent by January 1, 1997?*

*You get disqualified from the contamination cleanup
program, that's what happens!*

There are conditions built into the law that a drycleaner must adhere to in order to stay eligible. If DEP proves that you have been negligent in the past, present or future, they can disqualify you. This could include hazardous waste disposal, separator water disposal, not reporting a small spill or "not having a proper containment for your drycleaning machine."

In addition, DEP wants you to epoxy the floor in the area under your spotting board and vacuum for 3 feet in every direction.

You can choose to lift your drycleaning machine, seal the floor under it with epoxy and then build a berm completely around it, sealing the entire area but in our opinion, this method is not a permanent solution and will require doing it over and over. We strongly recommend a steel containment which is the way most drycleaners are doing it.

Whatever you choose to do, it must be done before January 1st. The requirements are the same for petroleum solvent users as they are for perc users. NCA-I is attempting to get extra time from DEP for those drycleaners that have a contract for a containment before the end of the year, but that has not been agreed to by DEP. We will keep you informed of whether or not they agree to it.

P.S. We are also looking into whether we can offer you a custom made, top of the line containment, properly installed at a fair price.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112339 DATE: 10/28/98 TIME IN: 9:00 TIME OUT: 9:40
FACILITY NAME: SAMPLE DRY CLEANERS
FACILITY LOCATION: 557 E. SAMPLE RD.
POMPANO BCH, FL. 32064
RESPONSIBLE OFFICIAL: TOOLSIERAM RAMDIAL PHONE: -
CONTACT NAME: _____ PHONE: _____

RECEIVED
DEC - 5 1998
Bureau of Air Monitoring
& Mobile Sources

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:
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
- 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)
- 5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 80 gallons.

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/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 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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or: Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?

| | |
|--|-------------------------------------|
| Visual examination (condensed solvent on exterior surfaces) | <input checked="" type="checkbox"/> |
| Physical detection (airflow felt through gaskets) | <input type="checkbox"/> |
| Odor (noticeable perc odor) | <input checked="" type="checkbox"/> |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | <input type="checkbox"/> |
| Halogen leak detector | <input type="checkbox"/> |

If using direct-reading instrumentation, is the equipment:

| | |
|--|---|
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | <input checked="" type="checkbox"/> N/A |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |

ART PENNETTA

Inspector's Name (Please Print)

10/28/98

Date of Inspection

Art Pennetta

Inspector's Signature

OCT 99

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: SAMPLE DRY CLEANERS DATE: _____

FACILITY LOCATION: 557 E. SAMPLE RD.

Annual Reporting Period: OCT 28 1997 TO OCT 28 1998

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:

10/5/98

#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 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: Tootsieram Ramdial Tootsieram Ramdial 10-28-98

Name (Please Print) Signature Date

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

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

Allee

0112339

FACILITY NAME: SAMPLE DRY CLEANERS DATE: 10/28/97
 FACILITY LOCATION: 557 E. SAMPLE RD. POMPAHO BCH, FL. 33064

Annual Reporting Period: OCT 28 1996 TO OCT 28 1997

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 _____ to _____
 Action(s) taken to achieve compliance: _____
 Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of 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: Toosieram Randid Toosieram Randid 10-28-97
 Name (Please Print) Signature Date

RECEIVED

NOV 12 1997

*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.

BEST AVAILABLE

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

TIME IN: 2:00 TIME OUT: 2:25 AIRS ID#: 0112339

TYPE OF FACILITY: PERC DRY CLEANER

FACILITY NAME: SAMPLE DRY CLEANERS DATE: 10/28/97

FACILITY LOCATION: 557 E. SAMPLE RD. POMPANO BCH, FL. 33064

RESPONSIBLE OFFICIAL: TOOLSIERAM RAMDIAL PHONE NUMBER: (954) 783-8282

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

| COMPLIANCE REQUIREMENT/PROBLEM | FOLLOW-UP ACTION REQUIRED |
|--------------------------------|---------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: OCT 1998
(Approximate)

INSPECTION CONDUCTED BY: ART PENNETTA
(Please Print)

INSPECTOR'S SIGNATURE: *Art Pennetta* PHONE NUMBER: (954) 599-1428

all

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

RECEIVED

FEB 13 1998

Bureau of Air Monitoring
& Mobile Sources

| |
|--|
| AIRS ID#0112339 |
| SAMPLE DRY CLEANERS TOOLSIERAM RAMDIAL 557 E SAMPLE ROAD POMPANO BEACH FL 33064 |

Do NOT Remove Label

Annual Reporting Period: JAN 1ST 1997 TO Dec 31ST 1997

~~For 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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: TOOLSIERAM RAMDIAL 1/21/98

Name (Please Print) Signature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112239 DATE: 10-13-98 TIME IN: 9:00 TIME OUT: 9:30

FACILITY NAME: ROBERTS CLEANERS AND TAILORS

FACILITY LOCATION: 5030 N. FEDERAL Hwy. LIGHTHOUSE Pt., FL. 33064

RESPONSIBLE OFFICIAL: MANUER PARETS PHONE: (954) 428-6424

CONTACT NAME: — PHONE: —

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

RECEIVED
NOV 06 1998
Bureau of Air Monitoring
& Mobile Sources

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

- No notification form
 Drop store/out of business/petroleum

A.

1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)

2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)

3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)

4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)

5. This is a correct facility classification N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 gallons.

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? Y N N/A
- 2. Examining the containers for leakage? Y N N/A
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/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 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? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:

(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or: Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports?
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N
2. Has the facility maintained a leak log? Y N
3. Does the responsible official check the following areas for leaks?

| | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |
4. Which method of detection is used by the responsible official?

| | |
|--|---|
| Visual examination (condensed solvent on exterior surfaces) | <input checked="" type="checkbox"/> |
| Physical detection (airflow felt through gaskets) | <input type="checkbox"/> |
| Odor (noticeable perc odor) | <input checked="" type="checkbox"/> |
| Use of direct-reading instrumentation (FID/PID/calorimetric tubes) | <input type="checkbox"/> |
| Halogen leak detector | <input type="checkbox"/> |
| If using direct-reading instrumentation, is the equipment: | <input checked="" type="checkbox"/> N/A |
| a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. Calibrated against a standard gas prior to and after each use (PID/FID only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. Inspected for leaks and obvious signs of wear on a weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. Kept in a clean and secure area when not in use? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. Verified for accuracy by use of duplicate samples (calorimetric only)? | <input type="checkbox"/> Y <input type="checkbox"/> N |

ART PENNETTA

Inspector's Name (Please Print)

10-13-98

Date of Inspection

Art Pennetta

Inspector's Signature

OCT 1998

Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112339 DATE: 6/28/99 TIME IN: 9:45 TIME OUT: 10:30

FACILITY NAME: SAMPLE DRY CLEANERS

FACILITY LOCATION: 557 E. SAMPLE RD. POMPANO BEACH, FL 32064

RESPONSIBLE OFFICIAL: TOOLSIERAM RANDIAL PHONE: 783-8282

CONTACT NAME: - PHONE: -

Bureau of Air
Quality Control
Mobile Europe

RECEIVED
JUN 15 1999

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:
(check appropriate box)

- No notification form
- Drop store/out of business/petroleum

A.

- 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91)
- 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91)
- 3. Existing large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed before 12/9/91)
- 4. New large area source
dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr
transfer only, $200 \leq x \leq 1,800$ gal/yr
both types, $140 \leq x \leq 1,800$ gal/yr
(constructed on or after 12/9/91)
- 5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
- facility exceeds above limits and is not eligible for a general permit

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

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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 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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

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

ART PENNETTA

Inspector's Name (Please Print)

6/28/79

Date of Inspection

Art Pennetta

Inspector's Signature

JUNE 2000

Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

9 1999

0112339

FACILITY NAME: SAMPLE DRY CLEANERS DATE: 6/28/99
FACILITY LOCATION: 557 E. SAMPLE RD. POMPANO 32064

Annual Reporting Period: 10/28/98 19 TO 6/28/99 19

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 _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: TOOLSIERAM RAMDIAL *Toolsieram Ramdial* 6/30/99
Name (Please Print) Signature Date

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0389676

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 # 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

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

RECEIVED
MAIL ROOM
DEC 17 99

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING ✓

~~302280~~
302280

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

RECEIVED
MAIL ROOM
FEB 11 98

Do NOT Remove Label

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

AIRS ID#0112339

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0360405

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

RECEIVED
MAIL ROOM
FEB 12 99

Do NOT Remove Label

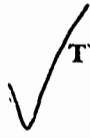
AIRS ID # 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

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

**PERCHLOROETHYLENE DRY CLEANERS
TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST**

BEST AVAILABLE



TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

AIRS ID#: 0112339 DATE: 12/27/00 TIME IN: 10:30 TIME OUT: 11:00
 FACILITY NAME: SAMPLE DRY CLEANERS
 FACILITY LOCATION: 557 E SAMPLE RD. Pomona, CA 91768
 RESPONSIBLE OFFICIAL: TOOLSIEGAM BMDIAL PHONE: (954) 382-8282
 CONTACT NAME: " PHONE: "

RECEIVED
AUG 1 11:00 AM '01
BUREAU OF AIR MONITORING
MOBILE SOURCE

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: (check appropriate box)

No notification form
 Drop store/out of business/petroleum

A.

| | |
|--|--|
| 1. Existing small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before 12/9/91) <input checked="" type="checkbox"/> | 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) <input type="checkbox"/> |
| 3. Existing large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source dry-to-dry only, $140 \leq x \leq 2,100$ gal/yr transfer only, $200 \leq x \leq 1,800$ gal/yr both types, $140 \leq x \leq 1,800$ gal/yr (constructed on or after 12/9/91) <input type="checkbox"/> |

5. This is a correct facility classification Y N Can not determine

If no, please check the appropriate classification:
 facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 0 gallons.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

AIRS ID 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

4a. Article Number
Z 333 613 182

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
2/14/98

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X T. Ramdial

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 333 613 182

US Postal Service*

Receipt for Certified Mail

No Insurance Coverage Provided.

AIRS ID 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

PS Form 3800, April 1995

| | |
|---|-----------|
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

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? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. Examining the containers for leakage? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Closing and securing machine doors except during loading/unloading? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/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 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? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? | <input type="checkbox"/> Y <input type="checkbox"/> N |

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

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official:
(check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly total of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or; Y N N/A
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N N/A
4. Maintained calibration data? (for applicable direct reading instruments) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N N/A
Problem corrected? Y N N/A
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair inspection? Y N

2. Has the facility maintained a leak log? Y N

3. Does the responsible official check the following areas for leaks?

- | | | | |
|---|---|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Muck cookers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | | |

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:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? N/A
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N
- d. Kept in a clean and secure area when not in use? Y N
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N

ART PENNETTA
Inspector's Name (Please Print)

6/27/00
Date of Inspection

Art Penetta
Inspector's Signature

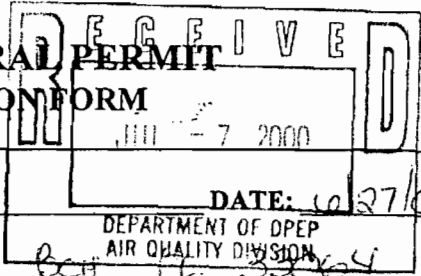
JUNE 2001
Approximate Date of Next Inspection

AIRS ID#: 012339

Revised 01/18/00

Acc

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



FACILITY NAME: SAMPLE DRY CLEANERS
FACILITY LOCATION: 557 E SAMPLE RD Pompano Beach, FL 33064

Annual Reporting Period: JUNE 28 1999 TO JUNE 27 2000

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 _____ to _____
Action(s) taken to achieve compliance: _____
Method used to demonstrate compliance: _____

#2. Term or condition of the general permit that has not been in continuous 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: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: TOOLSIERAM RAMDIAL Toolsieram Ramdial 7/3/00
Name (Please Print) Signature Date

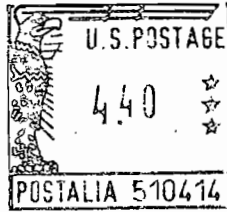
*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

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

CERTIFIED MAIL



7000 0520 0020 9372 9460



MLNF

FOE



- Moved, left no address
- No such number
- Attempted-Not known

~~10 AIRS ID # 0112339001AG
TOOLSIERAM RAMDIAL
SAMPLE DRY CLEANERS
557 E SAMPLE ROAD
POMPANO BEACH FL 33064~~

Bureau of Air Monitoring
& Mobile Sources

AUG 27 2001

RECEIVED

SENDER: COM/

PLACE STICKER AT TOP OF ENVELOPE
ON RIGHT OF RETURN ADDRESS

- 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:

10 AIRS ID # 0112339001AG
 TOOLSIERAM RAMDIAL
 SAMPLE DRY CLEANERS
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0520 0020 9372 9460

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

0946 2236 0200 0250 0002

| | |
|--|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Postmark Here

Total 10 AIRS ID # 0112339001AG
 Recipient TOOLSIERAM RAMDIAL
 SAMPLE DRY CLEANERS
 Street 557 E SAMPLE ROAD
 City, State, ZIP POMPANO BEACH FL 33064

Re-entitled mail

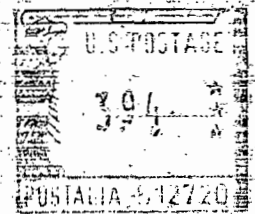
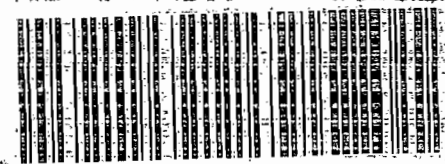
PS Form 3800, February 2000

See Reverse for Instructions

MS# 5510 MC.Acct.# 5521

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



0000 7027 4923

FOE

NOT DELIVERABLE
AS ADDRESSED,
UNABLE TO FORWARD

AIRS ID # 0112339
SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL
33064

SENDER: COMPLETE THIS SECTION

- 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 # 0112339

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL
 33064

2. Article Number (Copy from service label)

PS Form 3811 July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION

ATTENTION ON DELIVERY

A. Received by (Print Clearly) _____ B. Date of Delivery _____

C. Signature _____ Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7000 2870 0000 7027 4923

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL USE

7000 2870 0000 7027 4923

| | | |
|--|----|---------------|
| Postage | \$ | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

Total: AIRS ID # 0112339

Sent: SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 Street: POMPANO BEACH FL
 33064
 City, S:

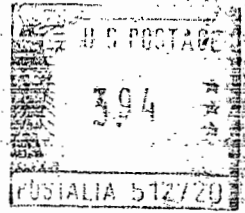
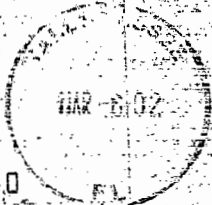
CERTIFIED MAIL

MS# 6510 MC Acct# 5527

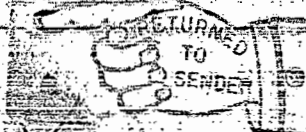
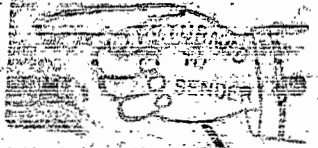
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7976 2340



MLNF
RTS



- Moved, left no address
- No such number
- Attempted - Not known

1st Class Return Receipt

MAR 14 2002

CERTIFIED

AIRS ID # 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM-RAMDIAL
557 E SAMPLE ROAD
ROMANO BEACH FL
33064

SENDER: COMPLETE THIS SECTION

- 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 # 0112339
 SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL
 33064

Article Number (Copy from service label)

7001 0320 0001 7976 2340

PS Form 3811, July 1999

RECIPIENT: COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT

(Requires Mail Form, No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7976 2340

| | |
|---|----|
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage | |

Postmark
Here

AIRS ID # 0112339

Sent to
 Street, Apt. No.
 or PO Box No.
 City, State, Z

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL
 33064

MS# 5510 MC Acct # 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

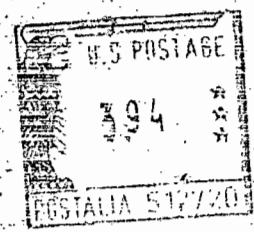
MLNF
RTS



CERTIFIED MAIL



7001 0320 0001 7975 9951



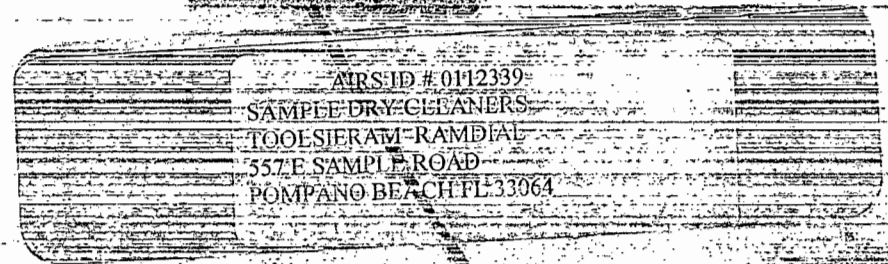
- Moved, left no address
- No such number
- Attempted-Not known



Bureau of Air Monitoring
& Mobile Source

APR 9 2002

RECEIVED



AIRS ID # 0112339
SAMPLE DRY CLEANERS
TOOLSIERAM-RAMBIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

SENDER COMPLETE THIS SECTION

- 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 # 0112339
 SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery:

C. Signature: Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7975 9951

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 9951

| | |
|--|--|
| Postage \$ | |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Post | |

Postmark Here

AIRS ID # 0112339

Sent To
 Street, Apt. or PO Box No
 City, State, Z

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL
 33064

Please Print Name and Address of Addressee on Reverse for Instructions

MS# 5510

MC Acct # 6671

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

RECEIVED

FEB 17 2003

Bureau of Air Monitoring
& Mobile Sources

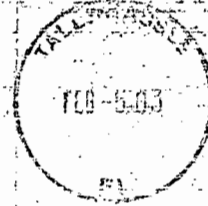
AIRS ID# 0112339

SAMPLE DRY CLEANERS
WOODSHERAM RAMDIAL
357 E SAMPLE ROAD
POMPANO BEACH FL
33069

GERMEL MAIL



7001 0320 0001 2975 6707



ATTENTION
MAIL ROOM
FEB 17 2003

SENDER - COMPLETE THIS SECTION

- 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:

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

AIRS ID#0112339

2. Article Number

7001 0320 0001 7975 6707

PS Form 3811, March 2001

Domestic Return Receipt

102505-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature

X _____

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for merchandise
- Insured Mail C.O.D.

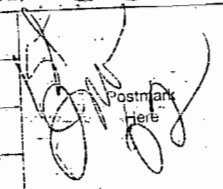
4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

OFFICIAL USE

7001 0320 0001 7975 6707

| | |
|--|------|
| Postage | \$ - |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |

Postmark Here


AIRS ID#0112339

Se
 St
 or
 C
 SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL
 33064

For Instructions

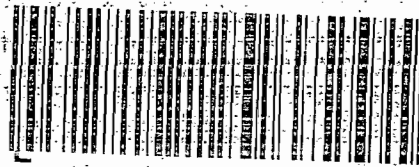
MS#

MC Acct #

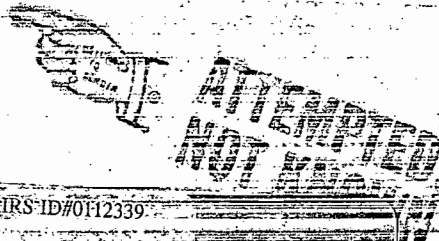
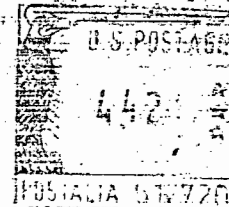
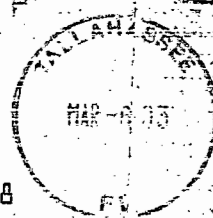
5529

CERTIFIED MAIL

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 0320 0001 7976 3958



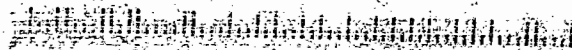
WPK

RECEIVED
MAR 18 2003

Monitoring Sources

AIRS ID#0112339
SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL
33064

330644000 43



| SENDER COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee | |
| 1. Article Addressed to: <p style="text-align: center;">AIRS ID#0112339</p> SAMPLE DRY CLEANERS TOOLSIERAM RAMDIAL 557 E SAMPLE ROAD POMPANO BEACH FL 33064 | | B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) | | 3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| 7001 0320 0001 7976 3958 | | 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes | |

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

U.S. Postal Service

CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided)

OFFICIAL USE

| | | |
|---|----|--|
| Postage | \$ | Postmark Here <i>02/27/01</i> <i>Insurance</i> |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

To: AIRS-ID#0112339

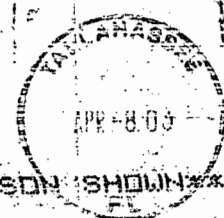
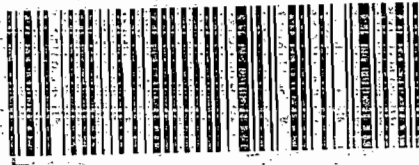
Ser. SAMPLE DRY CLEANERS
 Str. TOOLSIERAM RAMDIAL
 or 557-E SAMPLE ROAD
 Ctl. POMPANO BEACH FL
 33064

7001 0320 0001 7976 3958

5510

5521

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



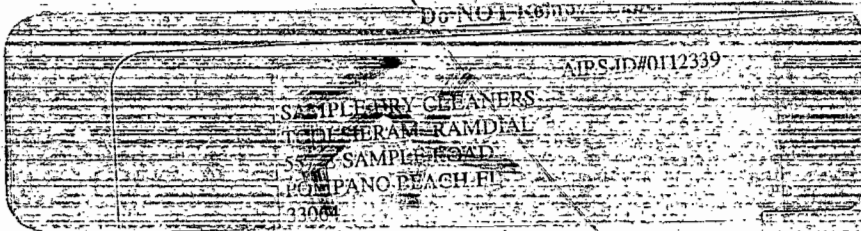
*****POSTNET ZIP CODE AND DELIVERY POINT SEVEN DIGIT SEASON SHOWN*****

MC5521

BAMMS/BCO
JOEY ROBERTS
5510



NOT DELIVERABLE
AS ADDRESSED;
UNABLE TO FORWARD



Handwritten initials

SENDER - COMPLETE THIS SECTION

- 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#0112339

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL
 33064

2. Article Number
(Transfer from serv) 7001 0320 0001 7976 5761

COMPLETE THIS SECTION (NON-DELIVERY)

A. Signature Agent Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

C E R T I F I C A T E

| | |
|--|----|
| Postage | \$ |
| Certified Fee | \$ |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total | |

Postmark Here
02 3rd

AIRS ID#0112339

Serial 7001 0320 0001 7976 5761

Send to: SAMPLE DRY CLEANERS
 Street or P.O. Box: TOOLSIERAM RAMDIAL
 City: POMPANO BEACH FL
 State: 33064

PSN Instructions

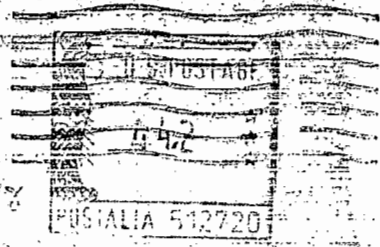
MS# 553 nmc Acct # 5527

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400

CERTIFIED MAIL



7003 2260 0003 5650 8502



AS REQUIRED BY THE POSTAL SERVICE, THIS MAIL MUST BE OPENED AND INSPECTED BY THE POSTAL SERVICE AT THE POINT OF DELIVERY. IF THE MAIL IS DAMAGED, THE ADDRESSEE MUST FILE A CLAIM WITH THE POSTAL SERVICE.

RECEIVED

FEB 10 2004
Bureau of Air Monitoring
& Mobile Sources

ID# 112339
TOOLSIERAM RAMDIAL
SAMPLE DRY-CLEANERS
557 E SAMPLE ROAD
POMPANO BEACH, FL 33064

SENDER COMPLETE THIS SECTION

- 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:

ID# 112339
 TOOLSIERAM RAMDIAL
 SAMPLE DRY CLEANERS
 557 E SAMPLE ROAD
 POMPANO BEACH, FL 33064

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7003 2260 0003 5650 8502

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

7003 2260 0003 5650 8502

OFFICIAL USE

| | |
|--|--|
| Postage \$ | |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |

ID# 112339
 TOOLSIERAM RAMDIAL
 SAMPLE DRY CLEANERS
 557 E SAMPLE ROAD
 POMPANO BEACH, FL 33064

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

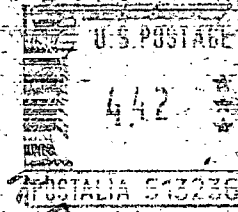
PS Form 3800

Handwritten signature

Postmark Here

MS# _____ 553 MC Acct # _____ 5521

Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



FOE

AIR'S ID # 112339
FOE SIERAM KAMDIAL
SAMPLE RE-CLEANERS
SAMPLE ROAD
POMPANO BEACH FL

NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD

Bureau of Air Monitoring
& Media Studies

MAR 16 2004

RECEIVED

SENDER COMPLETE THIS SECTION

- 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 # 112339

TOOLSIERAM RAMDIAL
 SAMPLE DRY CLEANERS
 557 E SAMPLE ROAD
 POMPANO BEACH, FL 33064

COMPLETE THIS SECTION ON DELIVERY

A. Signature _____ Agent
 Addressee

B. Received by: (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? YES
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number _____ 7-003-0500-0004-0144-5128
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only. No Insurance Coverage Provided.)

For delivery information visit our website at www.usps.com

OFFICIAL USE

| | |
|--|---|
| Postage \$ | 2 nd Cert Postmark Here 2003 |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees \$ | |

AIRS ID # 112339

| | |
|--------------|--|
| Sent | TOOLSIERAM RAMDIAL |
| Street or PO | SAMPLE DRY CLEANERS |
| City | 557 E SAMPLE ROAD POMPANO BEACH, FL 33064 |

PS Form 3811, August 2001 Instructions

7003 0500 0004 0144 5128

7003 0500 0004 0144 5128

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 1140 0001 7556 4552

OFFICIAL USE

| | | |
|---|----|--------------------------------|
| Postage | \$ | <i>[Handwritten Signature]</i> |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

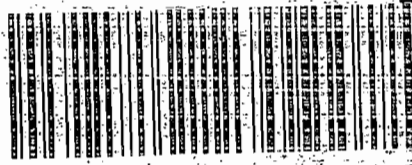
Postmark
Here

Total Price AIRS ID # 112339

Sent To SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL #
Street, A or PO B: 557 E SAMPLE ROAD
City, Sta. POMPANO BEACH, FL 33064

MS# 5510 MC Acct # 5531

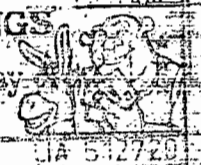
Department of Environmental Protection
2600 Blair Stone Rd
Tallahassee FL 32399-2400



7001 1140 0001 7556 4552



GREETINGS FROM
FLORIDA

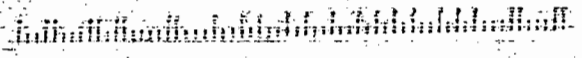


MRS ID # 112339
SAMPLE DRY CLEANERS
10 DESIERA MARIADIAL
557 E SAMPLE ROAD
POMPANO BEACH, FL 33064

FX

NOT DELIVERABLE
UNABLE TO DELIVER
Bureau of Air Mail
Mobile Services
Mach 10 time
2004

55064+4425



SENDER - COMPLETE THIS SECTION

- 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 mail piece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 112339
SAMPLE DRY CLEANERS
7001 1/140 0001 7556 4552
557 E SAMPLE ROAD
POMPANO BEACH, FL 33064

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
if YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

7001 1/140 0001 7556 4552

PS Form 3811, August 2001

Domestic Return Receipt

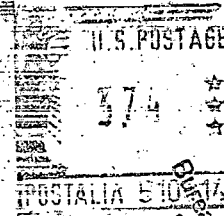
102595-02-M-1540

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED MAIL



7000 0600 0026 4125 9437



Bureau of Air Monitoring
& Mobile Sources

RECEIVED
MAR 9 2001

556304
MS5570

VACANT

AIRS ID # 0112339

SAMPLE DRY CLEANERS
FOOLSIDE MERIDIAN
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

**NOT DELIVERABLE
UNABLE TO ADDRESS
UNABLE TO POSTAGE**

POSTAGE WILL BE PAID BY ADDRESSEE

SENDER'S COPY

RETURN TO DELIVERY POINT

- 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 # 0112339

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

7000 0600 0026 4325 9437

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only - No Insurance Coverage Provided)

7000 0600 0026 4325 9437

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total _____

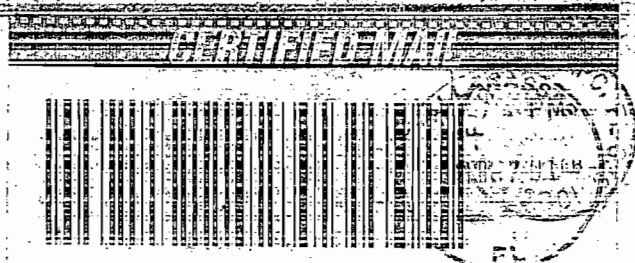
Postmark Here

Recipit: **SAMPLE DRY CLEANERS**
TOOLSIERAM RAMDIAL
 Street: **557 E SAMPLE ROAD**
 City, S: **POMPANO BEACH FL 33064**

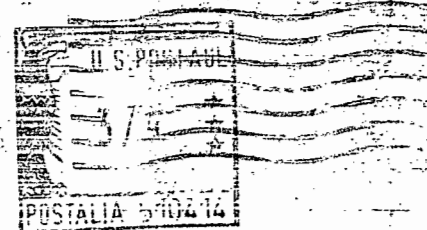
AIRS ID # 0112339

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MLNF



7000 0600 0026 4126 6770



2-15-01

MLNF

AIRS ID# 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E. SAMBLE ROAD
POMPANO BEACH FL 33064

MAILWAY

NOT DELIVERABLE
AS ADDRESSED,
UNABLE TO FORWARD

SEND TO:

- 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 # 0112339
 SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

| | |
|--|--|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| C. Signature X | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1? If YES, enter delivery address below: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Service Type

| | |
|--|---|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4126 6770

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 4126 6770

| | | |
|--|--|---------------|
| Postage \$ | | Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |

AIRS ID # 0112339

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

CERTIFIED
7-210-661-179
MAIL

APR 20 2001

U.S. POSTAGE
374
POSTALIA 510414

550304
MS5510

**ATTEMPTED
NOT KNOWN**

AIRS ID # 0112339
SAMPLE DRY CLEANERS
TOOLSIERAM-RAMBIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

**ATTEMPTED
NOT KNOWN**

Bureau of Air Monitoring
& Mobile Sources

APR - 9 2001

RECEIVED

POSTAGE WILL BE PAID BY ADDRESSEE

SENDER COMPLETE

- 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 # 0112339

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

2. Article Number (Copy from service label)

7-210-661-179

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

- Agent
- Addressee

D. Is delivery address different from item 1? if YES, enter delivery address below: Yes No

3. Service Type:

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-93-M-1789

7-210-661-179

US Postal Service
Receipt for Certified Mail
 Minimum Coverage Provided.

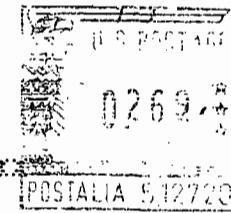
AIRS ID # 0112339

SAMPLE DRY CLEANERS
 TOOLSIERAM RAMDIAL
 557 E SAMPLE ROAD
 POMPANO BEACH FL 33064

PS Form 3800, April 1995

| | |
|---|----|
| Postage | 69 |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | 69 |
| Postmark or Date | |

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



RETURN TO SENDER/UNABLE TO FORWARD
RETURN SERVICE REQUESTED

AIRS-ID #0112339
SAMPLE DRY CLEANERS
700 SIERRA RAMDIAL
557 E. SAMPLE ROAD
POMPANO BEACH FL
33064

33064 9400 064



Z 333 613 473

1999

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)
AIRS ID # 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

PS Form 3800, April 1995

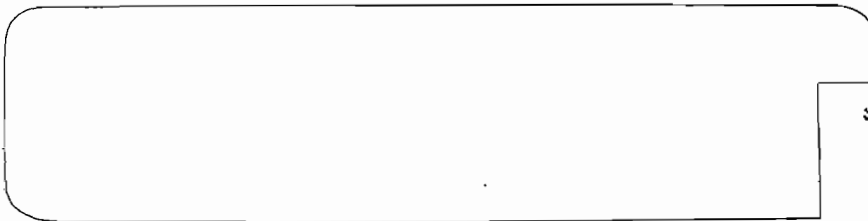
| | |
|---|-----------|
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date | |

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TWIN TOWERS OFFICE BUILDING
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



MC5521

BAMMS/BCO
JOEY ROBERTS
5510



RECEIVED
DEC 16 2000
Bureau of Air Monitoring
& Mobile Sources

SAMP557 330643329 1800 02 12/13/00
RETURN TO SENDER
: SAMPLE DRY CLEANERS
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

FILMS 33064
32399-2400





Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

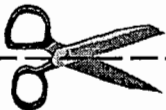
TO: Holder of Title V Air General Permit

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

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

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

AIRS ID # 0112339

SAMPLE DRY CLEANERS
TOOLSIERAM RAMDIAL
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

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



POSTAGE
REQUIRED

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



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

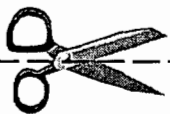
TO: Holder of Title V Air General Permit

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

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



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

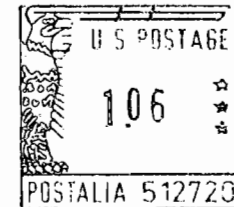
TOTAL AMOUNT DUE: \$50.00

Do **NOT** Remove Label

112339
TOOLSIERAM RAMDIAL
SAMPLE DRY CLEANERS
557 E SAMPLE ROAD
POMPANO BEACH FL 33064

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

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



RECEIVED
DEC 10 2003
Bureau of Air Monitoring
& Mobile Sources

112339
TOOLSIERAM RAMDIAL
SAMPLE DRY CLEANERS



NOT DELIVERABLE
AS ADDRESSED,
UNABLE TO FORWARD

