

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 27, 1997

Mr. Eddie Rodriguez Dryclean USA 1875 West Commercial Boulevard, Suite 140 Ft. Lauderdale, Florida 33309

Re: Facility I.D. No. 0112354

Dear Mr. Rodriguez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 8, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

	#0112354
	Dryclean USA
p./4	1.(a) add date control device installed
	1.10) mark out "X" and initial 3. Should be new large area
p.15	Source 4. Should be new large area Source W/refrig. con. 5.(f) required
	5.(t) required
,	
	:
	F -

.

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	·
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Dryclean USA
2.	Site Name (For example, plant name or number):
	Jacaranda *11310
3.	Hazardous Waste Generator Identification Number:
	FLD 98 1030760
4.	Facility Location: Street Address: 1943 IV. Pine Island Rd.
	City: Plantation County: Brown Zip Code: 33333
5.	Facility Identification Number (DEP Use):
	Facility Identification Number (DEP Use):
	Responsible Official
6.	Name and Title of Responsible Official:
	Edolie Roolriquez, President
7.	Responsible Official Mailing Address:
	Organization/Firm: Dry Clean USA Street Address: 1875 W. Cummercial Blvar, Suite 140
	City: Ft. Lauderclate County: Broward Zip Code: 33309
8.	Responsible Official Telephone Number:
•	Telephone: (954) 493 6700 Fax: (954) 493 -8444
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
	Facility Contact Address: Dryclean USA
10.	Facility Contact Address: Dryclean USA
	Street Address: 1875 W. Commercial Blvd., Suite 140.
	City: Ft. Lauderdale County: Broward Zip Code: 33309
11.	Facility Contact Telephone Number:
	Telephone: $(954)493 - 6700$ Fax: $(954)493 - 84444$

RECEIVED

NOV 8 1996

Facility Information

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

		Date	Date		Date	Date		Date	Date
	ĺ	Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device	l	Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit								·	
(1) w/ ref. condenser		4/24/96							
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		•						-	
(4) w/ ref. condenser					1				
(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									
What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) No	ew sn	initions found nall area sour	rce [3) of]	Part II?	
Carried large and	.4 30		140	, ** (CL)	.5c a.ca 30ui		J		

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

What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated condenser	ĽX
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	<u>_X_</u>]
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monitoring	
(e) Instrument calibration	
Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indica	te with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
L	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility according in the latest of the security, based on information and belief formed after reasonable inquiry, that the second is made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	emptly notify the Department of any changes to the information contained in this notification.
<	11/4/9/0

Signature

Grant, Patricia

From: Butler, Rick

Sent: Tuesday, March 09, 2004 11:59 AM

To: Grant, Patricia

Subject: Inactivate Dry Cleaners

Pat,

Please inactivate these two DryClean USA dry cleaning facilities:

#0112345-001

#0112354-001

Thanks, Rick



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 1D#0112354

DRYCLEAN USA - #71310 EDDIE J RODRIGUEZ 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273 VENDOR: 00000006091 DEPARTMENT OF ENVIRONMENTAL OISCOUNT TAKEN NET CHECK AMOUNT

OUCHERROD. INVOICE DATE INVOICE AMOUNT AMOUNT PAID DISCOUNT TAKEN NET CHECK AMOUNT

CKRQ1204 12/04/02 100.00 100.00 .00 100.00

Check Total 100.00



Department of Environmental Protection

Jeb Bush Governor Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, Florida 32399-3000

David B. Struhs Secretary

January 28, 2003

DCI Management Group Ltd. 14500 N. Northsight BI. Suite 216 Scottsdale, Arizona 85260

To Whom It May Concern:

We are returning your check, #18013321 for the following reasons:

___Check not signed

___Wrong Agency

_X__Other - Please supply more information so we may properly deposit your check.

Please contact me if you have any questions at (850) 245-2458.

Sincerely,

Ann R. Sullivan
Accounting Services Supervisor
Bureau of Finance and Accounting

AS/md cc: reading file Cashier



Bureau of Finance and Accounting REVENUE

BEST AVAILABLE

FROM : DRYCLEAN-USA 0112354

BEST AVAILABLE COPY 997, 12-31 ANNUAL LOMPLIANCE CERTIFICATION FORM

#565 P.05/09

facility name:	rycles	- USA		Jdes	ساح	1131	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	DATE:	12-1	7-97
facility name:	1743	N. P.	ie 1	Island.	Rosa	1			: -	
	Plants	fin-	Flori	1	•	733	22		:	
Annual Reporting Period:	Dece.	mber		1996	то .	Dec	e-4	se/		1997
Based on each term or condi 62-213.300, Florida Admini	:						_		R±: □NO	
If NO, complete the followin	ı ş :								,	
\$1. Term of condition of the	general per	nit that has no	ot beza in	ರಾಗ್ಯಗೊಂದಾ	complia	ace during	S,E.	TETY	/:E1	30°c:
Exact period of non-complia	ncz: from					ta	<u>_</u>	AN 261	998	
Action(s) taken to achieve co	empliance;						Burea	بر u of Air W	lonitori	ng
Method used to demonstrate	compliance:						&	Wobile So	urces	
#3. Term or condition of the	≤ gaastal pett	nit that has no	ot been in	ເວດເບັກບອນ	complia	nee during	the repo	orting perio	4 ೫೦:ಪ	above:
€ Exact period of non-complis	usce: from	ļ				w				
Action(s) taken to actions o	empliance:									
Method used to demonstrate	:כסשבוושאכפ				•					
As the responsible official. I made in this notification are upon rolling merages of pu- vear for transfer or combine RESPONSIBLE OFFICIA	: true, cocura rchase reselp	it and comple	ite. Furt	her, my enn	ucl cons.	implion of	pershlor dry facili	-oethylene s	ralvenc, i	ರ್ಣರ
"This form is made available discretion of the responsible	e to you as an	ald la order	to mest y	leunne wo	complian	ರ್ಜ ರಾಗುಗರ	ะบ่อก req	ឃ័ <i>ះ</i> ಕಾಕಾಜ.	It is at t	he

0112354

DRY CLEANTR AIR QUALITY GENERAL TERMIT ANNUAL LOMPLIANCE CERTIFICATION FORM

FACILITY NAME: Drycles ~ USA JOCS	randa 11310	DATE: 12-29-97
FACILITY NAME: <u>Dry cles ~ USA</u> JOCU. FACILITY LOCATION: 1943 N. Pine Island Plantstio - Florida	J. Rosd	
Plantation Florida	77322	1
	· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period: December 199	76 TO Dece	<u>46e/ 1997</u>
Based on each term or condition of the Title V general air permit, my fac 62-213.300, Florida Administrative Code (F.A.C.), during the period cov		
If NO, complete the following:		÷
#1. Term or condition of the general permit that has not been in continue	ous compliance during the	reporting period stated above:
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		<u> </u>
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in continu	ious 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 be made in this notification are true, accurate and complete. Further, my a upon rolling averages of purchase receipts, does not exceed 2,100 gallowers for transfer or combination facilities.	annual consumption of per-	chloroethylene solvent, based
RESPONSIBLE OFFICIAL:		

Page ____ of ____.

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

AIRS ID#0112354 JACARANDA #11310 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Do NOT Remove Label DRY CLEANER AIR QUALITY GENERAL PERMIT

Annual Reporting Period: January 1, 1997		то <u>Г</u>	Dece	mber 31, 1997
Based on each term or condition of the Title V generated 62-213.300, Florida Administrative Code (F.A.C.), d		-	/	h DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has	not been in continuo	us compliance	e during the reporting	period stated above:
Exact period of non-compliance: from		to	0	
Action(s) taken to achieve compliance:	•			
Method used to demonstrate compliance:				<u> </u>
#2. Term or condition of the general permit that has	not been in continuo	us compliance	e during the reporting	period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:		•		
Method used to demonstrate compliance:		<u> </u>	.	
As the responsible official, I hereby certify, based on info notification are true, accurate and complete. Further, m does not exceed 2,100 gallons per year for dry-to dry faci	y annual consumption	of perchloroe	thylene solvent, based uj	oon purchase receipts,
RESPONSIBLE OFFICIAL: MICHAEL GA	GLIANO	m	·160	2/9/98
Name (Pleas	e Print)	PI	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.

PERCH" OROETHYLENE DRY CLEASTERS

	TITLE V	GENERAL PE	ERMIT (
CON	IPLIANCE	INSPECTION	CHECKLIST	

(3		
		V

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0/12354 DATE: 12-29 TIME IN: 10:00 TIME OUT: 11:00 FACILITY NAME: Drycles ~ USA - Jacora 11310 FACILITY LOCATION: 1943 N. Pine Island Road Plantation Florida 33322 RESPONSIBLE OFFICIAL: Comille Cuza PHONE: 493-6700 CONTACT NAME: Matthew Berger PHONE: 472-3771

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				
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, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed on or after $12/9/91$)				
3. Existing large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr both types, $140 \le x \le 1.800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)				
5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a gen facility exceeds above lim					
B. The total quantity of perchloroethylene (perc) pure facility was 500 gallons.	urchased within the preceding 12 months by this dry cleaning				

. DY DN DN/A 1. Storing perchloroethylene in tightly scaled and impervious containers? MY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DN/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DK UN 1. Equipped all machines with the appropriate vent controls? ZY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	NП	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	□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?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ИП	□N/A

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

			(
	VI: LEAK DETECTION AND E		\	
	s the responsible official conduct a	weekly (for small sources, t	oi-weekly) leak detection ar	nd repair
insp	ection?		•	DY ON
2. Has	the facility maintained a leak log?			QY ON
3. Doe	s the responsible official check the	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	ØY □N □N/A
	Door gaskets and seating	ZÝ ON ON/A	Stills	ØÝ □N □N/A
	Filter gaskets and seating	ØÝ □N □N/A	Exhaust dampers	ØY ON ON/A
	Pumps	ØY □N □N/A	Diverter valves	OY ON ON/A
	Solvent tanks and containers	ØÝ ON ON/A	Cartridge filter housings	ZÝ ON ON/A
	Water separators	' DY ON ON/A		
4. Whi	ch method of detection is used by t	he responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces)		p
	Physical detection (airflow felt the	rough gaskets)		Q
	Odor (noticeable perc odor)			2
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	©
	Halogen leak detector			Ø
	If using direct-reading instr	umentation, is the equipm	ent:	□N/A
	a. Capable of detecting l	perc vapor concentrations in	n a range of 0-500 ppm?	OY ON
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and aft	ter each use	OY ON
	•	d obvious signs of wear on	a weekly basis?	OY ON
		ecure area when not in use?	•	OY ON
	•	by use of duplicate samples		DY ON
} 1	c. Vertiled for accuracy	by use of dupficate samples	(caotimedic only):	3 1 3 1
				:

Dihorus	12-29-97
Inspector's Name (Please Print)	Date of Inspection
Som	December 1978
Inspector's Signature	Approximate Date of Next Inspection

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	e does not e number.	I also wish to receive the following services (for an extra fee): 1.	eceipt Service.
ADDRESS completed	AIRS ID 0112354 JACARANDA #11310 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4a. Article N 4b. Service 1 Registere Express I Return Rec	Type ed □ Certified Mail □ Insured ceipt for Merchandise □ COD	for using Return R
s your <u>RETURN</u>	Received By: (Print Name) Signature: (Modressee or Agent)	8. Addressee and fee is		Thank you
	PS Form 3811 , December 1994		Domestic Return Receipt	[

	_	33	J 6	TП	3.1	۲ ر		
Rec	ostal St eipt	for (Cerl	ified	d M airs	ail 1D 01	11235	4
MICI	RAND HAEL W COI AUDE	GAGL	CIAL	ייעע	o su	ITE 1	40	
Posta	age			\$				
Certif	fied Fee							
	ial Dalive	en/ Fee		\				
Spec	aai Delivi	51 y 1 00						_
Rest	ricted De		90					
Rest	ricted De	elivery Fo	ing to				_	
Rest Retu Who	ricted De im Recei m & Date n Receipt	elivery For pt Show to Deliver	ing to red o Whom				-	
Rest	ricted De im Recei m & Date	pt Show o Deliver Showing t see's Add	ing to red o Whom ress	\$				

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302 656

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#0112354

JACARANDA #11310 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 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

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 # 0112354

DRYCLEAN USA * 11310 MICHAEL GAGLIANO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Tacaranda Dri FACILITY LOCATION: 1943 N. Pine Plantation	yclean Us.	A	DATE: 12/21/98
FACILITY LOCATION: 1943 N. Pine	e Island K	?D	
Plantation,	FL. 32322	₹	
Annual Reporting Period: Jan. 1	19 98	TO Dec.	3/ 19 98
Based on each term or condition of the Title V general 62-213.300, Florida Administrative Code (F.A.C.), dur	-	<u> </u>	_
If NO, complete the following:			
≠1. Term or condition of the general permit that has n	ot been in continuous	compliance during the rep	orting period stated above:
Exact period of non-compliance: from		to	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:			<u></u>
Method used to demonstrate compliance:			
≠2. Term or condition of the general permit that has n	ot been in continuous	compliance during the rep	orting 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 inmade in this notification are true, accurate and compleation purchase receipts, does not exceed 2,100 gallons combination facilities.	ete. Further, my annu	al consumption of perchlo	roethylene solvent, based
RESPONSIBLE OFFICIAL: DIESO H. Name (Please	RINCON /	Begoth Right	/2. 2/- 98
trane (1 lease		V Signature	

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

Page ____ of _

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION ·	·
AIRS ID#: _O/I&352/_ IFACILITY NAME:	ATE: 12/21/98 - aranda Dry 143 N. Pine 3 Vantation FL DIRGO H. R Same	TIME IN: 1440 TIME OUT: 1515 HC/Ean USA #11310 Ls/and Rd L. LINCON PHONE: N.A. PHONE: N.A.
PART I: NOTIFICATION (check appropriate box)		
New facility notified DARM 1	SO days prior to startup	· _
2. Facility failed to notify DARN		0
PART II: CLASSIFICATION Facility indicated on notification	n form that it is:	☐ No notification form
(check appropriate box)		☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/y transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	r dry- tran: both	New small area source y-to-dry only, x < 140 gal/yr nsfer only, x < 200 gal/yr th types, x < 140 gal/yr onstructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,1$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ g (constructed before $12/9/91$)	00 gal/yr dry-) gal/yr tran: al/yr both	New large area source x -to-dry only, $140 \le x \le 2,100$ gal/yr insfer only, $200 \le x \le 1,800$ gal/yr th types, $140 \le x \le 1,800$ gal/yr onstructed on or after $12/9/91$)
5. This is a correct facility cla	ssification $\Box Y$	Y DN DCan not determine
facility acility	y exceeds above limits an	above above above above above and is not eligible for a general permit as assed within the preceding 12 months by this dry cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? ØY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at MY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □N □N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? BY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY ON ON/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MO NO
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ON/A
	Is the temperature differential equal to or greater than 20° F?	en on/a
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	DY ON ON/A
	Is the perc concentration equal to or less than 100 ppm?	DY ON ON/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON ON'A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	BY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair BÝ ПΝ inspection? 2. Has the facility maintained a leak log? $\Box Y$ GW. 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, DY ON ON/A COY ON ON/A couplings, and valves Muck cookers TY ON ON/A OY ON ON/A Door gaskets and seating Stills PY ON ON/A ENY ON ON/A Exhaust dampers Filter gaskets and seating ON ON/A ON ONA Diverter valves Pumps CAY ON ON/A Cartridge filter housings SY ON ON/A Solvent tanks and containers DY ON ON/A Water separators 4. Which method of detection is used by the responsible official? Visual examination (condensed solvent on exterior surfaces) Physical detection (airflow felt through gaskets) Odor (noticeable perc odor) Use of direct-reading instrumentation (FID/PID/calorimetric tubes) Halogen leak detector If using direct-reading instrumentation, is the equipment: □N/A ND YD a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? ND YD c. Inspected for leaks and obvious signs of wear on a weekly basis? ND YD d. Kept in a clean and secure area when not in use? DY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? UY UN

Paul R. Shelton	12/21/98
Inspector's Name (Please Print)	Date of Inspection
RE	12/21/99
Inspector's Signature	Approximate Date of Next Inspection

Eddie J. Rodriguez
President and
Chief Operating Officer
Retail Group

May 13, 1999

Bureau of Air Monitoring & Mobile Sources MS5510 Department of Environmental Protecton 2600 Blair Stone Road Tallahassee, FL 32399-2400

EUTERIA OF AIT 1990 ED

Re:

Responsible Official, Dryclean USA of Florida, Inc.

To Whom It May Concern:

Please accept this letter as authorization to change the appointed Responsible Official representing Dryclean USA from myself to our Division Vice President Angelo Izquierdo.

I am constantly traveling and not always available to sign the Annual Compliance Certification Forms when they arrive from your organization. In order to return these forms to you as quickly as possible, please allow Mr. Izquierdo to sign and expedite the process.

Thank you for your cooperation in this matter. From this point forward, please acknowledge Angelo Izquierdo as our Responsible Official.

*017354

Sincerely

Eddie J. Rodriguez

Chief Operating Officer

/rf

CC

Angelo Izquierdo

Art Pennetta, Natural Resource Specialist I, Broward County

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

ANNUAL

TYPE OF INSPECTION:

COMPLIANCE INSPECTION CHECKLIST COMPLAINT/DISCOVERY

RE-INSPECTIO	и
	99 TIME IN: 1050 TIME OUT: 1200
FACILITY NAME: Dry Clean US.	A + 1/3/0
FACILITY LOCATION: 1943 N. P.	ine Island Rd.
Plantation	· FL
RESPONSIBLE OFFICIAL: Ruben	nie Island Rd. 7 FL. PHONE: (954)-472-3771 PHONE: Same
CONTACT NAME:Same	PHONE:
·	
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit \square
DADE II. CLASSIEICATION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A.	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box)	☐ Drop store/out of business/petroleum 2. New small area source ☐
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ Drop store/out of business/petroleum
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classific facility qualified for a general source	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed on or after 12/9/91) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? DOM ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at □N □N/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ON ON/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? CHY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the BY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	MD A DIA			
2. Maintained rolling monthly total of perc consumption?	opy □n			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	חאש מם אם			
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON ON/A			
4. Maintained calibration data? (for applicable direct reading instruments)	ØY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	197Y ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	DPY ON			
7. Maintained deviation reports?	DY ON ON/A			
Problem corrected?	OY ON DAN/A			
8. Maintained compliance plan, if applicable?	MY ON ON/A			

PART VI: LEAK DETECTION AND REPAIRS

1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair			
	inspection?			DY DN
2.	Has the facility maintained a leak log?			אם אם
3.	Does the responsible official check the f	following areas for leaks?		
	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	CEY ON ON/A
	Door gaskets and seating	MY ON ON/A	Stills	DY ON ON/A
	Filter gaskets and seating	ey on on/a	Exhaust dampers	DY ON ON/A
	Pumps	DY ON ON/A	Diverter valves	OPY ON ON/A
	Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	CHY ON ON/A
	Water separators	CY ON ON/A		
4.	Which method of detection is used by the	he responsible official?		
	Visual examination (condensed so	olvent on exterior surfaces)	1	Q
	Physical detection (airflow felt thr	rough gaskets)		
	Odor (noticeable perc odor)			a
	Use of direct-reading instrumental	tion (FID/PID/calorimetric	tubes)	B
	Halogen leak detector			
	If using direct-reading instru	umentation, is the equipn	nent:	□N/A
	a. Capable of detecting p	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and af	ter each use	dy on
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON
	d. Kept in a clean and se	ecure area when not in use	?	OY ON
	e. Verified for accuracy	by use of duplicate sample	s (calorimetric only)?	OY ON
	•			

Paul R. Shelton	5-26-99
Inspector's Name (Please Print)	Date of Inspection
RA	5-26-2800
Inspector's Signature	Approximate Date of Next Inspection

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM



	. 0112059	<u> </u>	DATE: 5-26-89
943 N. Pine	Island, Pl	Cantation, F	
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ay 26	19.88 то	may 2	6, 19 89
	•	· ~	
al permit that has not be	een in continuous com	pliance during the repo	orting period stated above:
om		to	· · · · · · · · · · · · · · · · · · ·
nce:			
ance:			
al permit that has not be	een in continuous com		2 Ropers K
		DRYCLEAN U	Dryclean-USA 1943 N Pine Island Road
		Clean Across Am	Plantation, FL 33322 Phone (954) 472-37
ccurate and complete.	Further, my annual co year for dry-to dry foo	insumption of perchlor	oethylene solvent, based
	the Title V general air e Code (F.A.C.), during all permit that has not be rom noe: iance: iance: iance: iance: iance: iance: iance: iance: iance:	the Title V general air permit, my facility has a Code (F.A.C.), during the period covered by all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence: all permit that has not been in continuous commence:	the Title V general air permit, my facility has remained in compliant a Code (F.A.C.), during the period covered by this statement. The Title V general air permit, my facility has remained in compliance and permit that has not been in continuous compliance during the report to to the complete. The Title V general air permit, my facility has remained in compliance during the report to the report to the complete. The Title V general air permit, my facilities or 1.800 gallons are coded 2.100 gallons per year for dry-to dry facilities or 1.800 gallons.

Page _____ of ____.



Department of Environmental Protection

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

David B. Struhs
Secretary

TO: Holder of Title V Air General Permit

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

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

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

Jouanna?

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 # 0112354

DRYCLEAN USA - PLANTATION/N PINE ISLAND ₹71310

ANGELO IZOUIERDO

7771 W. Oakland Park Blvd. #201 Sunrise, FL 33351 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

•	ANNUAL		COMPLAINT/DISC	OVERY		
	RE-INSPECTIO	ON Q				
AIRS ID#: 0113354	DATE: 12/21/1	TIME 1	N: <u>10:04pm</u> TIM	E OUT: <u>\@</u>): 25 Am	
FACILITY NAME: De	Clean US	A # 143 10				
FACILITY LOCATION: 1	43 N. Pi1	ne Island	Rd.			
· _i	lantation, FL					
RESPONSIBLE OFFICIAL	/		PHONE: (454)	472-37	71	
CONTACT NAME:				17 2-37	-1 1	
PART I: NOTIFICATION						
(check appropriate box)	PEXC Mac	hine To man	Cook to Da	aclean	-	
(check appropriate box) 1. New facility notified DARM 2. Facility failed to notify DA	1 30 days prior to star	tup the	grance) cusp	F-Shencla	ha-	
2. Facility failed to notify DA	RM to use general per	mit Kast 3	b months of the			
	· ·					ı
PART II: CLASSIFICATIO	N ,					
Facility indicated on notifica (check appropriate box)	tion form that it is:	FF	☐ No notification for ☐ Drop store/out of b		oleum	
A	•		•			
1. Existing small area sou dry-to-dry only, x < 140 ga		2. New small a dry-to-dry only,				
	•	transfer only, x	• •			
transfer only, x < 200 gal/y			< 200 gal/yr			
both types, x < 140 gal/yr		both types, x <	140 gal/yr			
)		• •			7
both types, x < 140 gal/yr (constructed before 12/9/91	,	(constructed on	140 gal/yr or after 12/9/91)		Bur	
both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area soudry-to-dry only, 140 \le x \le 2	rce 🖸	(constructed on 4. New large a	140 gal/yr or after 12/9/91)		نامی Bureau کا می	•
 both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 	rce 🖸 2,100 gal/yr 00 gal/yr	4. New large a dry-to-dry only, transfer only, 20	140 gal/yr or after 12/9/91) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$		Bureau of & Mob	
 both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 1,800 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 	rce 2,100 gal/yr 000 gal/yr gal/yr	4. New large a dry-to-dry only, transfer only, 20 both types, 140	140 gal/yr or after 12/9/91) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$		Bureau of Air & Mobile	
 both types, x < 140 gal/yr (constructed before 12/9/91 3. Existing large area soudry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,8 	rce 2,100 gal/yr 000 gal/yr gal/yr	4. New large a dry-to-dry only, transfer only, 20 both types, 140	140 gal/yr or after 12/9/91) area source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$		Bureau of Air Mo & Mobile Sou	
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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?	OY ON ON/A			
2. Examining the containers for leakage?	OY ON ON/A			
3. Closing and securing machine doors except during loading/unloading?	OY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for earbon adsorber beds according to the manufacturer's specifications?	OY ON ON/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 refri (complete A below).	gerated condenser			
If classification 3 has been shecked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mulinstalled prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	gerated condenser			
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)				
1. Equipped all machines with the appropriate vent controls?	ПА ПИ			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מס אם			

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

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

12	PART VI: LEAR DETECTION AND REPAIRS					
1,	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			מם עם		
2.	Has the facility maintained a leak log?			OY ON		
3.	Does the responsible official check the	following areas for leal	cs?			
	Hose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	OY ON ON/A		
	Door gaskets and seating	DY DN DN/A	Stills	OY ON ON/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	OY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	באם אם צם	Cartridge filter housings	OY ON ON/A		
	Water separators	OY ON ONIA				
4.	Which method of detection is used by t	he responsible official?				
	Visual examination (condensed s	olvent on exterior surfa	ces)	۵		
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector					
	□N/A					
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?					
	b. Calibrated against a s (PID/FID only)?	standard gas prior to an	d after each use	ΩΥ ΩΝ		
	c. Inspected for leaks ar	nd obvious signs of wear	r on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in	use?	אם צם		
	e. Verified for accuracy	by use of duplicate sam	nples (calorimetric only)?	UY UN		
	Ebaleth F. Susku		12/21/00			
_	Elaleth F. Susky Inspector's Name (Please Print) Date of Inspection					
	Elsoleth F. Bush		ام ا ادادا			
_	Inspector's Signature		Approximate Date of 1	Next Inspection		

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: DRy Clean USA #1/310 FACILITY LOCATION: 1943 N. Pine Island Rd.	DATE: 1/24/00
FACILITY LOCATION: 1943 N. Pine Island Rd.	
Plantation FL	
Annual Reporting Period: December 1997 TO Dancember	20 <u>00</u>
Based on each term or condition of the Title V general air permit, my facility has remained in compli	ance 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: IS Now A Drop - of Store	
#1. Term or condition of the general permit that has not been in continuous compliance during the re	porting period stated above:
Exact period of non-compliance: fromto	
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 re	porting period stated above:
Exact period of non-compliance: fromto	
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 in this notification are true, accurate and complete. Further, my annual consumption of perchloroeth purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per combination facilities. RESPONSIBLE OFFICIAL: 10053	ylene solvent, based upon
Myr signature Guner no longer At this location due to re-classification	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.



Department of Environmental Protection

Jeb Bush Governor

(CUT HERE)

Division of Air Resource Management 2600 Blair Stone Road, MS 5510 Tallahassee, Florida 32399-2400

Colleen M. Castille 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

Tallahassee, FL 32315-3070

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

ease include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID# 112354 DRYCLEAN USA - #71310 1943 N. Pine Island RD PLANTATION, FL 33322 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

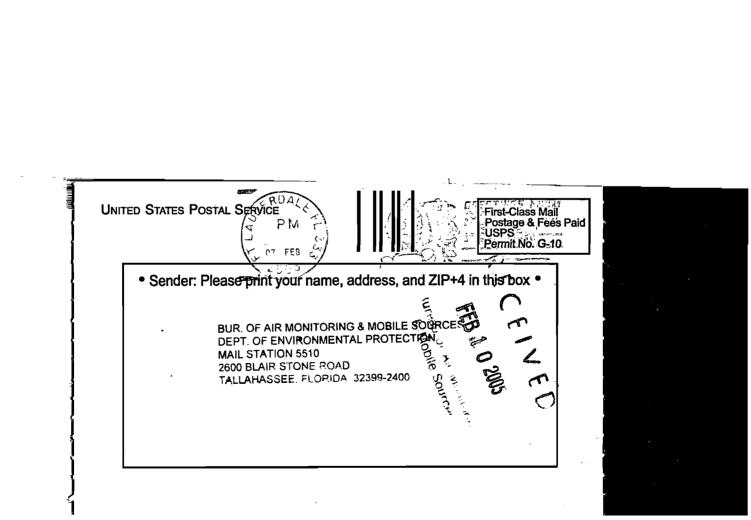
FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

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7	THE RELIGIOUS AND ALCO THE SECULOR THE THE SECTION SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
Į	1 Article Addressed to:	if YES, enter delivery address below:
}. }	AIRS ID# 112354 .1stC DRYCLEAN USA - #71310 1943 N. Pine Island RD	
] }	PLANTATION, FL 33322	3. Service Type Certified Mail
Į_	7004 2510 0002 3939 3	745 ted Delivery? (Extra Fee) Yes
{	2- Article Number (Transfer from service label)	
ĺ	PS Form 3811, August 2001 Domestic Ret	rum Receipt 2ACPRI-03-P-4081



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) 7 9 7975 Postage Certified Fee Return Receipt Fee (Endorsement Required) 1000 Restricted Delivery Fee (Endorsement Required) 0350 AIRS ID#0112354 Se DRYCLEAN USA - #71310 **EDDIE J RODRIGUEZ** 7007 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL 33351

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Glearly) C. Signature X Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
AIRS ID#0112354 DRYCLEAN USA - #71310 EDDIE J RODRIGUEZ 7771 W. OAKLAND PARK BLVD STE 201	
SUNRISE FL 33351	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee)
2 Article Number (Transfer from service label) 7001 0320 0	1001 7975 6691
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

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F. 1

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

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on the reverse side?	Complete items 1 and/or services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if spac permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
ADDRESS completed	AIRS ID#: 0112354 JACARANDA #11310 EDDIE: RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309	4b. Service 1 Registere Express I	Type Certified Mail Insured Ceipt for Merchandise COD	you for using Return Rec
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID#: 0112354 JACARANDA #11310 EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address \$ TOTAL Postage & Fees

Postmark or Date

P 265 302 393



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 # 0112354

DRYCLEAN USA - PLANTATION/N PINE ISLAND \$11310
ANGELO IZOUIERDO

7771 W. Oakland Park Blvd. #201 Sunrise, FL 33351

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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AIRS ID # 0112354
DRYCLEAN USA - #71310
EDDIE J RODRIGUEZ
7771 W. OAKLAND PARK BLVD STE 201
SUNRISE FL
33351

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETIIEN ADDRESS, FOLD, A TOP CLED LIVE.	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
AIRS ID # 0112354 DRYCLEAN USA - #71310 EDDIE J RODRIGUEZ 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL 33351	3. Service Type Certified Mail
]	4. Restricted Delivery? (Extra Fee) Yes
7001 0320 0001 7976 0766	
PS Form 3811, July 1999	

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	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)				
20					
0766	OFFICIAL USE				
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7	Certified Fee				
	Return Receipt Fee Here (Endorsement Required)				
1000	Restricted Delivery Fee (Endorsement Required)				
22	AIRS ID # 0112354 Total Poi DRYCLEAN USA - #71310				
033	Sent To EDDIE J RODRIGUEZ				
	7771 W. OAKLAND PARK BLVD STE 201				
7007	or PO Box City, State, 33351				
1					
1	PS Form 3800, January 2001 See Reverse for Instru	ctions			

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0112354

DRYCLEAN USA EDDIE RODRIGUEZ 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
 Comple's 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 # 0112354 DRYCLEAN USA - #71310 EDDIE J RODRIGUEZ 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL 33351 	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: No Service Type Acertified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes				
7001 0320 0001 7976 2333					
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789				

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0007	Restricted Delivery Fee (Endorsement Required)				
	AIRS ID # 0112354				
032	Sept To EDDIE I RODRIGUEZ				
	7771 W. OAKLAND PARK BLVD STE 201				
	Street, Apt. No. or PO Box No. SUNRISE FL				
7007	City, State, ZIP. 33351				
 	PS Form 3800, January 2001	See Reverse for Instructions			

(
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1,*2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Regeived by (Please Print Clearly) C. Signature C. Signature D. Is delivery address different from item 1?
Article Addressed to:	If YES, enter delivery address below:
AIRS ID # 0112354 DRYCLEAN USA - #71310 EDDIE J RODRIGUEZ 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL	
3351	3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
1900281000001021493	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic F	Return Receipt 102595-00-M-0952

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0000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)			-	Postmark Here	
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2000	Street, Ap SUNRIS 33351		THE THIRD	01	2201	
PS Form 3800, May 2000 See Reverse for Insti				uctions		



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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0112354

DRYCLEAN USA - #71310 EDDIE J RODRIGUEZ 7771 W. OAKLAND PARK BLVD STE 201 SUNRISE FL

33351

Bureau of Air Monitoring & Mobile Sources

FEB

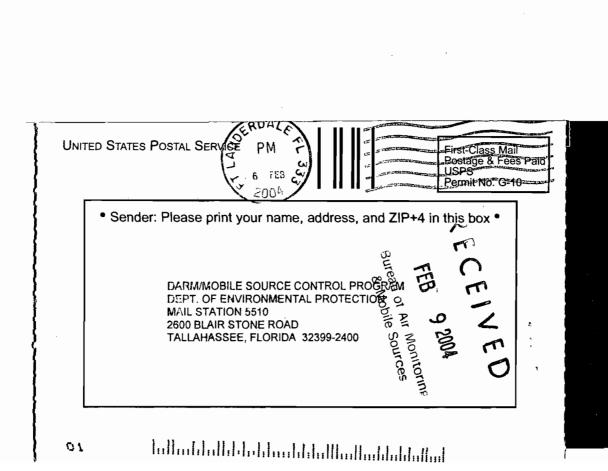
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٠,	Postage \$	
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	Return Reciept Fee (Endorsement Required)	~
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LT.	Total Postona & Fanc \$\ ID# 112354	
700	Sent To EDDIE RODRIGUEZ	
7	Street. DRYCLEAN USA - #71310	
	or POB 7771 W OAKLAND PARK BLVD # 201 City, Ste SUNRISE, FL 33351	
	PSForm	enolien

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
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1 Article Addressed to:		D. Is delivery address different from item 1?
ID# 112354 EDDIE RODRIGUEZ DRYCLEAN USA - #71310 7771 W OAKLAND PARK BLVD #2	201	
SUNRISE, FL 33351		3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise C.O.D.
- 		4. Restricted Delivery? (Extra Fee)
2 Article Number (Transfer from service label)	7003	55PO 0003 2P20 9233
PS Form 3811, August 2001 Dor	nestic Ret	urn Receipt 102595-02-M-1540



8252	U.S. Postal Service™ CERTIFIED MAIL™ REC (Domestic Mail Only; No Insurance C	Coverage Provided)
3939	OFFICIAL	USE
2000	Postage \$ Certified Fee	Postmerk Here
2510	Restricted Delivery Fee (Endorsement Required)	
4002	AIRS ID# 112354 3 rd Cert04 BORYCLEAN USA - #71310 1943 N. Pine Island RD	
~	PLANTATION, FL 33322	
	S. Com Sent fame Sons	See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Signature Agent Addresser Addres
AIRS ID# 112354 3 rd Cert04 DRYCLEAN USA - #71310	
1943 N. Pine Island RD PLANTATION, FL 33322	3. Service Type Certified Mail
- No. 2016	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number 7004 25	10 0002 3939 8252
PS Form 3811, August 2001 Domestic Re	sturn Receipt 102595-02-M-154

UNITED STATES POSTAL SERVICE



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

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

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

CEIVED

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<u>-</u>	For delivery informa	tion visit c	our webs	ite at w	ww.us	ps.co	m _®	
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510	Restricted Delivery Fee (Endorsement Required)							
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7[Street, Apt. No. PLANT	ΓΑΤΙΟΝ,	FL	33322				
	City, State, Zi.							
	PS:Förm 3800: June 200	24.1.		See	Ceve	se for	Instruc	tions

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ Complete items 1, 2, and 3. Also complete M item 4 if Restricted Delivery is desited. ■ Print your name and address on the reversed AR 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. 	B. Received by (Printed Name) C. Date of Dakvery
1 Article Addressed to:	D. is delivery address different from item 1?
AIRS ID#01123542 nd Cert 05 DRYCLEAN USA - #71310	
1943 N. Pine Island RD PLANTATION, FL 33322	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
7004 2510 0002 3939 09	<u> </u>
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

United States Postal Service



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

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

DATM/MOBILE SOURCE CONTROL PATRALIC DEPT. OF EMUTICINIMENTAL PROTECTION M. // STATION 0510 2500 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 329982400



Department of Environmental Protection

13101)

Jeb Bush Governor Division of Air Resource Management 2600 Blair Stone Road, MS 5510 Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

MAR 0 3 2006

FLL-01118-2006

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 is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

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AIRS ID# 112354 1st DRYCLEAN USA - #71310 1943 N. Pine Island RD PLANTATION, FL 33322 FLAIR ACCT. CODE 372020350013755010000 BENIFITTING OBJECT CODE 002000 BENIFITTING CATEGORY 000200

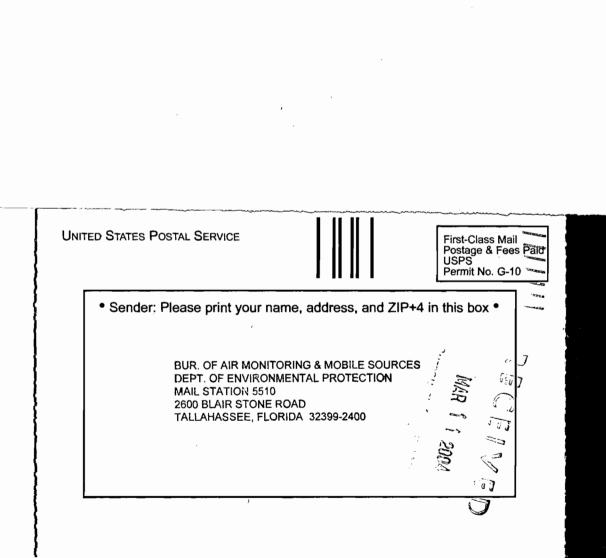
FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

Printed on recycled paper.

326.	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
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	Restricted Delivery Fee (Endorsement Required)			
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	SUNRISE,	FL 33351	•	structions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece or on the front if space permits. 1 Article Addressed to: 	B. Received by (Printerd Name) C. Date of Delivery
AIRS ID # 112354 EDDIE RODRIGUEZ DRYCLEAN USA -#71310 7771 W OAKLAND PARK BLVD STE 201 SUNRISE, FL 33351	3. Sepulce Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
N 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number (Transfer from service label) 7 0 0 3	3 0500 0004 0144 5326
PS Form 3811, August 2001 Dome	estic Return Receipt 102595-02-M-1540





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

DRYCLEAN USA# 11310 ANGELO IZQUIERDO 1875 W COMMERCIAL BLVD SUITE 140 FT LAUDERDALE FL 33309

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273