

Department of **Environmental Protection**

leb Bush Governor

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

David B. Struhs Secretary

February 25, 2004

Ms. Vivienne Singer Aristocrat Cleaners 6745 Pembroke Road Pembroke Pines, Florida 33023

Dear Ms. Singer:

Thank you for your note notifying the department that your business, Aristocrat Cleaners (AIRS ID #0112364), has closed. The department received your note on February 23.

Rule 62-213.300, Florida Administrative Code (F.A.C.), stipulates that the responsible official shall notify the department in writing of any changes requiring corrections to information contained in the notification form. As a result of your note, the facility status for Aristocrat Cleaners has been changed to *inactive* in the database.

In addition, Rule 62-213.300, F.A.C., stipulates that an annual emissions fee is due and payable for the **preceding** year in which the facility was in operation and subject to the requirements of the general permit. Our records indicate that Aristocrat Cleaners operated as a Title V general permit facility in 2003. Therefore, the annual operation fee for which you were recently invoiced is now due.

If you have any additional questions or need additional information, please contact me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/

cc: Cliff Bittle, Broward County

3/16/97

0112364 -001 Insetwate 2/24/2004



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

CLOSED

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

BUDINESS CLOSES

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

ID# 112364 VIVIENNE SINGER ARISTOCRAT CLEANERS 6745 PEMBROKE ROAD PEMBROKE PINES, FL 33023 Bureau of Air Monitorine & Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



Department of Environmental Protection

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

David B. Struhs Secretary

February 4, 2004

NOTICE OF ANNUAL OPERATION FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: Users of Title V Air General Permits

Records in the Division of Air Resource Management indicate that you operate a source of air pollution and that you have claimed eligibility for your facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual operation fee as established by the Department in Rule 62-213.205, F.A.C.

Your annual operation fee is \$50 for calendar year **2003**. A notice of your obligation to pay the annual operation fee was sent to you by first class U.S. mail, along with an invoice form and instructions. If you have already submitted the annual operation fee in response to that request, please disregard this letter.

If you have not yet submitted the annual operation fee, this notice (with the enclosed replacement invoice) is being sent in accordance with Rule 62-213.205(1)(g), F.A.C., as a reminder that any annual operation fee not postmarked by **March 1, 2004**, may be subject to a 50% penalty, plus interest computed in accordance with Section 220.807, F.S. In addition, please be aware that under Rule 62-213.205(1)(g), F.A.C., failure to timely pay any required annual operation fee, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joseph Kahn, Chief Bureau of Air Monitoring

and Mobile Sources

/JK

Enclosure: Invoice Form

"More Protection, Less Process"

Printed on recycled paper.

,	# 0112364
	Aristocrat Cleaners
	-spoke with Vivienne Singer- 3/7/97 - faxed letter
P.13	6. add title - Owner
7.14	1.(c) mark out "V" and initial
	2.1a) see attached fax— pick up or iginal letter and send to me.
	3. Should be new small area Source
P.15	4. should be new small area
	Source W/refrig. Con. 5.(f) required
· · · · · · · · · · · · · · · · · · ·	

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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

	racinty Name and Location
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	ARISTOCIAT CLEANENS
2.	Site Name (For example, plant name or number):
	Anistocamo Chanen
3.	Hazardous Waste Generator Identification Number:
	FLO 981 003 486
4.	Street Address: 6745 PEMBNOPE ROAD
	City: PEMBRALE PINES County: Browne Zip Code: 33023
:5:	Facility Identification Number (DEP Use): 0//2364
\$ PM(F) /27	Responsible Official
(6)	Name and Title of Responsible Official:
	VIVIENNE SINGER
7.	Responsible Official Mailing Address: 6745 Pembroke Rab
	Street Address: ANIST. CHAT CLEANERS
	City: PEMBATLE PINES County: Browns Zip Code: 33-23
8.	Responsible Official Telephone Number:
	Telephone: (954) 983-5210 Fax: (954) 983-0710
	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: Zip Code:
11.	Facility Contact Telephone Number: Telephone: () - Fax: () -

RECEIVED

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

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MAR 3 1997

Bureau of Air Menitorine & Mobile Sources

Facility Information

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

_					,					
(T)	MENESTAR		Date	Date		Date	Date		Date .	Date
_	R5473		Machine	Control		Machine	Control		Machine	Control
12	MEALSTAN ASY73		Initially	Device		Initially	Device		Initially	Device
	Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
	Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
	Dry-to-Dry Unit	0	AY T. OA	<u></u>	0	MY T. DN				
	(1) w/ ref. condenser	141	184-696	1844696		1814696	1844696			
	(2) w/ carbon adsorber	<u> </u>								
	(3) w/ no controls								 	
	Washer Unit		1				•			
	(4) w/ ref. condenser									
	(5) w/ carbon adsorber								1	,
	(6) w/ no controls									
	Dryer Unit			•						
	(7) w/ ref. condenser									
	(8) w/ carbon adsorber	<u> </u>							1	
	(9) w/ no controls				_					
	Reclaimer Unit					<u> </u>				ı
	(10) w/ ref. condenser									
	(11) w/carbon adsorber									
	(12) w/ no controls	<u> </u>							1	
			-			ı			.1	
	(b) Control devices are	e reau	uired, but not	vet installed	ſ	1				
	(0) 0001 00.1000 00.		• • • • • • • • • • • • • • • • • •	,	_					
	(c) No control devices	are r	eauired to be	installed [_	ĺ				
						_				
é	2(a) What was the total of	guant	ity of perchlo	roethylene (perc)	purchased in	n the latest 12	mor	iths?	
`	M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	gallo		, \	• ′	•				
		•				•				
	(b) If less than 12 mont	ths, h	ow many?	months	;					
	Check why it is less] New store	: [] Did	not k	eep records:	[]
	•					•			•	
										•
							•			
6	(3) What is the facility's so	urce	classification	based on the	e defi	nitions found	d in section (3) of	Part II?	
	(Indicate with an "X".						·			
				•				_		
ieu	Existing small at	ea so	urce []	Ne	ew sm	all area sour	ce []		
100			<u>, -</u>							•
PE	Existing large ar	ea so	urce []	Ne	ew lar	ge area sour	ce []		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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(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:
(a) Purchase receipts and solvent purchases
(b) Leak detection inspection and repair
(c) Refrigerated condenser temperature monitoring
(d) Carbon adsorber exhaust perc concentration monitoring
(e) Instrument calibration
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

	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 tha um	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in
this notif statemen maintain	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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.
this notif statemen maintain comply v	ication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts 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



Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

April 1, 1997

Ms. Vivienne Singer Aristocrat Cleaners 6745 Pembroke Road Pembroke Pines, Florida 33023

Re: Facility No. 0112364

Dear Ms. Singer:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 3, 1997.

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"



6745 Pembroke Road • Pembroke Pines, Florida 33023 • (305) 983-5210 • Fax (305) 983-0710

3/7/97

To marneo-

In the next 12 month forced we enticepate howing to see less thow 140 gallous of Park, Spann being our new mockens.

Respectfully Turana Surger

אביזגבב זטיזטיץ

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

0112364

facility name: <u>Aristocrat</u> Cleans	3RS	DATE:	11/18/97
FACILITY LOCATION: 6745 PEMBRCKE			
•			
Annual Reporting Period: NOV 18	19 <u>76</u> TO	NCV 18	19 9 7
Based on each term or condition of the Title V general air per 62-213.300, Florida Administrative Code (F.A.C.), during the	•	<u> </u>	EP Rule NO
If NO, complete the following:			
#1. Term or condition of the general permit that has not been	n in continuous compliance	during the reporting peri	od stated above:
Exact period of non-compliance: from	to_		
• • • • • • • • • • • • • • • • • • • •			
Action(s) taken to achieve compliance:			
Action(s) taken to achieve compliance: Method used to demonstrate compliance:			
•	n in continuous compliance		
Method used to demonstrate compliance:	n in continuous compliance	during the reporting peri	
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been		RECE	
Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been Exact period of non-compliance: from		RECE DEC 1	IVED 5 1997
#2. Term or condition of the general permit that has not been Exact period of non-compliance: from Action(s) taken to achieve compliance:		RECE DEC 1	IVED

*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 ____.

TYPE OF INSPECTION: ANNI COMPLAINT/DISCOVER RE-INSPECTION
TIME IN: 12:00 p. m. TIME OUT: 13:00 j. m. AIRS ID#: 0/12369 TYPE OF FACILITY: Dry Cleaners - Perk FACILITY NAME: Arishocrot Cleaners DATE: 03/17/97
FACILITY LOCATION: 6745 lembrone Rol. Pembrone lines, F/. 33023
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
Facility is in Compliance
A STATE OF THE STA
E SOURCES THE
COMMENTS:
The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: March 1999 (Approximate)
INSPECTION CONDUCTED BY: OTAVIAN OPRIS (Please Print)
INSPECTOR'S SIGNATURE: PHONE NUMBER (954) 519-1420
Page 2 of 2. Revised 10/9

Revised 10/96



(cut nete)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

305451

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 0112364

ARISTOCRAT CLEANERS VIVIENNE SINGER 6745 PEMBROKE ROAD PEMBROKE PINES FL 33023 MAR 17
Bureau of Air 1
& Mobile S

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	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
your RETURN ADDRESS completed of	ARISTOCRAT CLEANERS VIVIENNE SINGER 6745 PEMBROKE ROAD PEMBROKE PINES FL 33023 5. Received By: (Print Name) 6. Signature: (Addressee or Agent)	4b. Service Registere Express Return Rec	Type ad A Certified Mail Insured ceipt for Merchandise COD effiver Only if requested	אסמ וסו מאווול וופנמו זו
<u>s</u>	PS Form 3811 , December 1994		Domestic Return Receipt	ļ

Z 333 613 317 US Postal Service Receipt for Certified Mail AIRS ID 0112364 ARISTOCRAT CLEANERS VIVIENNE SINGER 6745.PEMBROKE ROAD PEMBROKE PINES FL 33023 \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whorn & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ TOTAL Postage & Fees Postmark or Date

I	DRY CLEANER A	AIR QUALITY G	ENERAL PE	RMIT 🔑 🔈
1		IPLIANCE CERTIF		M JEC
	ARISTOC VIVIENN 6745 PEM	AIRS ID 0 CRAT CLEANERS IE SINGER IBROKE ROAD KE PINES FL 33023		RMIT RECEIV MAR 1 / 1998 Sureau of Air Monitoring
	۸.	Do <u>NOT</u> Remove Label		
Annual Reporting Period:	Jen 90	719 то	Del	9719
Based on each term or condition	n of the Title V general air	r permit, my facility has re	emained in complian	ce with DEP Rule
62-213.300, Florida Administra	tive Code (F.A.C.), durin	g the period covered by th	is statement. 🗹 Y	es 🗖 no
If NO, complete the following:			· · · · · · · · · · · · · · · · · · ·	
#1. Term or condition of the ge	neral permit that has not	been in continuous compl	iance during the repo	orting period stated above:
Exact period of non-compliance	: from		to	
Action(s) taken to achieve comp	oliance:		<u>. </u>	
Method used to demonstrate cor	npliance:			
#2. Term or condition of the ge	neral permit that has not	been in continuous compli	ance during the repo	rting period stated above:
·- · · · · · · · · · · · · · · · · · ·	*			
Action(s) taken to achieve comp	pliance:			
Method used to demonstrate co	mpliance:			<u>·</u>
As the responsible official, I here notification are true, accurate an does not exceed 2,100 gallons per	d complete. Further, my an	inual consumption of perch	loroethylene solvent, t	based upon purchase receipts,

^{*}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

			P
FACILITY NAME: Aristoca	st Cleaners	DAT	TE: 03/48/98
FACILITY LOCATION: 6745	Pembroueld.	Q _I	No. P
Penebra	one lives, Ft.	33023	20,20
			6 1 E
Annual Reporting Period:	rch 19 <u>97</u>	TO March	OLL ON 19 19 18
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		3	DEP Rule
02-213.300, Florida Administrative Code (F.	A.C.), during the period covered	Toy this statement. A 123	
If NO, complete the following:			
#1. Term or condition of the general permit	that has not been in continuous	compliance during the reporting p	eriod stated above:
Exact period of non-compliance: from		to	
exact period of non-compniance. Ironi			
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 p	eriod 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, to made in this notification are true, accurate a upon purchase receipts, does not exceed 2,1 combination facilities. RESPONSIBLE OFFICIAL: V/V/2	and complete. Further, my annu	al consumption of perchloroethyle	ene solvent, based
Nar	ne (Please Print)	Signature	03/17/00

^{*}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

KI CLEA	TATIV
RMIT	
CHECKLIST	

	ANNUAL RE-INSPECTION	o B	COMPLAINT/DIS	COVERY	P
AIRS ID#: 0//2364 IFACILITY NAME:	istociat (leon broue	ers Rd.	\$ 800 p	3: OF PAR MONITORING
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 1	30 days prior to startup				23
2. Facility failed to notify DARA	A to use general permit				a
PART II: CLASSIFICATION					
Facility indicated on notification			☐ No notification f	1	
(check appropriate box)	on form that it is:		☐ Drop store/out o		roleum
(check appropriate box) A. 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)	ce 🗆 2. r dry trai bot	nsfer only, x h types, x <	☐ Drop store/out o rea source x < 140 gal/yr < 200 gal/yr		roleum
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	te	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20th types, 140	Drop store/out o rea source x < 140 gal/yr < 200 gal/yr 140 gal/yr or after 12/9/91)	f business/pet	roleum
A. 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 $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2.1$ transfer only, $200 \le x \le 1.800$ g both types, $140 \le x \le 1.800$ g	2. Tr dry trai bot (co te \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20 th types, 140 enstructed on	Drop store/out o rea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) rea source $140 \le x \le 2.100 \text{ gal/yr}$ $\le x \le 1.800 \text{ gal/yr}$	f business/pet	roleum
A. 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) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,1 transfer only, 200 ≤ x ≤ 1,800 both types, 140 ≤ x ≤ 1,800 g (constructed before 12/9/91) 5. This is a correct facility class of the second constructed before 12/9/91.	2. Tr dry trai bot (co te \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	r-to-dry only, nsfer only, x h types, x < nstructed on New large a r-to-dry only, nsfer only, 20 h types, 140 enstructed on Y \begin{align*} \text{New large a remains only, 20 h types, 140 enstructed on y \begin{align*} \text{New large a remains only, 20 h types, 140 enstructed on y \begin{align*} \text{New large a remains a remains only, 20 h types, 140 enstructed on y \begin{align*} \text{New large a remains a remains only, 20 h types, 140 enstructed on y \begin{align*} New large a remains a r	Drop store/out of the property of the propert	f business/pet	roleum

	·			
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?	□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 Pa	art 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 (complete A and B below).	refrigerated condenser			
A. Has the responsible official of all new sources and existing large area sourc (check appropriate boxes)	es:			
1. Equipped all machines with the appropriate vent controls?	DA ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ØY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from th condenser upon opening the door?	e TAY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ŻNY □N			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the				

MY ON ON/A

MD VA

6. Conducted all temperature monitoring after an appropriate cooldown period and after

verifying that the coolant had been completely charged?

condenser exceeded 45° F?

В.	Has the responsible official of an existing large or new large area source also:		
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON	□N/A
	Is the temperature differential equal to or greater than 20° F?	OY ON	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON	□N/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY QN	□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) DY ON 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? MD AM 3. Maintained leak detection inspection and repair reports for the following: MY ON ON/A a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? MY ON ONA AND YOU 4. Maintained calibration data? (for applicable direct reading instruments) DY DN ØN/A 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? AL ON MY ON ON/A 7. Maintained deviation reports? MY ON ON/A Problem corrected? DY DN XVIA 8. Maintained compliance plan, if applicable?

PART	PART VI: LEAK DETECTION ND REPAIRS				
l. Doe	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
insţ	pection?			χΑΛ ⊡Ν	
2. Has	the facility maintained a leak log?			AY ON	
3. Do€	es the responsible official check the	following areas for leaks?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	AN ON ON/A	
	Door gaskets and seating	AN ON ONIA	Stills	May on on/a	
	Filter gaskets and seating	MY ON ONA	Exhaust dampers	OY ON MINA	
	Pumps	PAY ON ON/A	Diverter valves	ANA NO YO	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	AN ON ON/A	
	Water separators	AND ND YA			
4. Wh	ich method of detection is used by the	ne responsible official?			
	Visual examination (condensed so	olvent on exterior surfaces)		7	
	Physical detection (airflow felt the	rough gaskets)		፟≯	
Odor (noticeable perc odor)			\$		
	Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)	Ø	
Halogen leak detector			- BN/A		
	If using direct-reading instr	umentation, is the equipm	ent:	X IN/A	
	a. Capable of detecting p	perc vapor concentrations in	n a range of 0-500 ppm?	UV UN	
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and aft	er each use	OY ON	
	c. Inspected for leaks an	d obvious signs of wear on	a weekly basis?	ND YD	
	d. Kept in a clean and se	ecure area when not in use?		□Y □N	
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	□Y □N	

OCTAVIAN OPRIS	03/17/97
Inspector's Name (Please Print)	Date of Inspection
a A	Mir. d. 1999
Inspector's Signature	Approximate Date of Next Inspection

	ST AVAILABLE COPY IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11:05 TIME OUT: 11:30	AIRS ID#: 011 2364
TYPE OF FACILITY: PERC DRY CLEANER	
FACILITY NAME: ARISTOCRAT CLEANER	S DATE: 11/18/97
FACILITY LOCATION: 6745 PEMBROKE R	D. POMBROKE PINES FL. 33023
RESPONSIBLE OFFICIAL: VIVIENNE SINGER	PHONE NUMBER: (954)983-5210
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluated:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	,
	-
COMMENTS:	
<i>→</i>	
···	
The Annual Compliance Certification form has been properly certif	Tied and submitted to the inspector. YES NO
	1998
	pproximate)

ART PENNETTA

Other Pennetts

PHONE NUMBER: (954) 59-1428

Page___of___.

INSPECTION CONDUCTED BY:

INSPECTOR'S SIGNATURE:_

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOVERY D
AIRS ID#: 012364 DATE: 11/18/	77 TIME IN: 11:05 TIME OUT: 11:30
	BROKE RD. PEHDROKE PLUES FL.
	E SINGER PHONE: (954) 983-5210 PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	artup
2. Facility failed to notify DARM to use general pe	ermit O
PART II: CLASSIFICATION	
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:	
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 both types, x < 140 gal/yr (constructed before 1279 34) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 1,200 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,000 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 gallyr transfer only, x < 200 gallyr both types, x < 140 gallyr (constructed before 1279 34) 3. Existing large area source dry-to-dry only, 140 \leq x \leq 1,00 gallyr transfer only, 200 \leq x \leq 1,800 gallyr both types, 140 \leq x \leq 1,00 gallyr (constructed before 1273 31) 5. This is a correct facility classification If no, please check the appropriate classification gallyr qualified for a get	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, $140 \le x \le 2,100$ 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 $12/9/91$)

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?	DY DN DN/A		
2. Examining the containers for leakage?	OY ON ON/A		
3. Closing and securing machine doors except during loading/unloading?	NO YO		
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?	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 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 ref (complete A and B below).	rigerated condenser		
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	•		
1. Equipped all machines with the appropriate vent controls?	d Y □N		
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	MY ON ON/A		
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	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?	DY 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?	MY ON		

0	i	12	3	نعا	4

	0112364
B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser I on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	located
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?	OY ON ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ONA
Is the perc concentration equal to or less than 100 ppm?	DY DN D
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?	n, □Y □N □[::,
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	MY ON
2. Maintained rolling monthly averages of perc consumption?	⊠ ₹ □N
3. Maintained leak detection inspection and repair reports for the following:	•
a. documentation of leaks repaired w/in 24 hrs? or;	ZY 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?	S ON ON A
4. Maintained calibration data? (for applicable direct reading instruments)	AVA NO YO
5. Maintained exhaust duct monitoring data on perc concentrations?	. DY DN QN/A
6. Maintained startup/shutdown/malfunction plan?	ØY OH
7. Maintained deviation reports?	MY ON ONA
Problem corrected?	. אין אם אם אין
8. Maintained compliance plan, if applicable?	DY DN PN/A

PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? ØÝ $\square N$ 2. Has the facility maintained a leak log? 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, MY ON ON/A MY ON ON/A Muck cookers couplings, and valves DY ON ON/A ØY ON ON/A Door gaskets and seating Stills DY ON ON/A DY ON ON/A Filter gaskets and seating Exhaust dampers MY ON ON/A EY ON ON/A Diverter valves Pumps Cartridge filter housings Y N N/A DY ON ON/A Solvent tanks and containers Y ON ON/A Water separators 4. Which method of detection is used by the responsible official? 7 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 TH N/A If using direct-reading instrumentation, is the equipment: a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? DY DN b. Calibrated against a standard gas prior to and after each use $\square Y \square N$ (PID/FID only)? c. Inspected for leaks and obvious signs of wear on a weekly basis? \Box Y \Box N d. Kept in a clean and secure area when not in use? DY DN DY DN e. Verified for accuracy by use of duplicate samples (calorimetric only)? Date of Inspection

Inspector's Signature

Approximate Date of Next Inspection

ACC

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Aristona	& Cleaners	DATE	· 04/12/99
FACILITY LOCATION: 6745 P.	embrone Rol	RECEL	V E D
Pembroue	Pines, F1. 3	OZZ MAY 10	1999
		••••	
Annual Reporting Period:	19TO	Bureau of Air & Mobile S	Monitoring ources 19
Based on each term or condition of the Title V gener	ral air permit, my facility has r	emained in compliance with D	EP Rule
62-213.300, Florida Administrative Code (F.A.C.), o			Пио
If NO, complete the following:			
#1. Term or condition of the general permit that has	s not been in continuous compl	iance during the reporting per	od 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	s not been in continuous compl	iance during the reporting per	od 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 or made in this notification are true, accurate and comupon purchase receipts, does not exceed 2,100 gallo combination facilities.	plete. Further, my annual con	sumption of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL: VIVIENN	E SINGER 1	uroune /	Lengo !
Name (Plea	se rumu)	эідпасше	04/12/

*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.

LENCTILOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST BEST AVAILABLE COPY

TYPE OF INSPECTION: ANNUAL & COMPLAINT/DISCOVERY

RE-INSPECTIO	— ис
FACILITY NAME: Aistocrat FACILITY LOCATION: 6745 Perubroue RESPONSIBLE OFFICIAL: Virienn	Pines, Fl. 33023
PART 1: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	·
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2.100$ gal/yr transfer only, $200 \le x \le 1.800$ gal/yr 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	□Y □N □Can not determine · .
☐ facility exceeds above lin	cation: neral permit as number above mits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu	

Is the responsible official of the dry cleaning facility: (check appropriate boxes) MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? STY ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? MD YD 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? SY ON ON/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? ANA ON DY PART IV: PROCESS VENT CONTROLS In Part II-A: If classification I 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? MD ADA 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 NA UN UNIA 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? ADY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the MY 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

B.	Has the responsible official of an existing large or new large area source also:			
١.	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?	A Y	ΩΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	⊅ Y	DИ	□N/A .
	Is the temperature differential equal to or greater than 20° F?	À	ПN	□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?	ΥŒ	ΩΝ	\$ N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ПN	¾ 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	ДN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ØΥ	ΩN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ĎΥ	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ÒZYY □N
2. Maintained rolling monthly total of perc consumption?	MA. □N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or:	ANAD ND YED
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 on on/a
4. Maintained calibration data? (for applicable direct reading instruments)	MY ON MN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN XXN/A
6. Maintained startup/shutdown/malfunction plan?	DAY DN
7. Maintained deviation reports?	OY ON PAN/A
Problem corrected?	OY ON STN/A
8. Maintained compliance plan, if applicable?	DY DN QN/A

PA	ART VI: LEAK DETECTION AND R	EPAIRS					
1.	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				ŻΙΥ	מם	
2.	Has the facility maintained a leak log?		•.		ďΥ	מם	
3.	Does the responsible official check the f	ollowing a	areas for leaks?				
	Hose connections, fittings, couplings, and valves	DEY ON	I □N/A	Muck cookers	אם אלם	ON/A	
	Door gaskets and seating	DAY ON	I □N/A	Stills	AN ON	□N/A	
	Filter gaskets and seating	AL OV	I □N/A	Exhaust dampers	AL OH	□N/A	
	Pumps	DAY ON	I DN/A	Diverter valves	AY ON	□N/A	
	Solvent tanks and containers	AL OV	N/A	Cartridge filter housings	ØYY □N	□N/A	
	Water separators	MY ON	1 DNIA				
4.	Which method of detection is used by th	e responsi	ble official?				
	Visual examination (condensed so	lvent on e	xterior surfaces)		Ą		
	Physical detection (airtlow felt thro	ough gask	ets)		A		
	Odor (noticeable perc odor)				A		
	Use of direct-reading instrumentat	ion (FID/F	PID/calorimetric t	ubes)	□ N/A		
	Halogen leak detector				A		
	If using direct-reading instru	mentatio	n, is the equipme	ent:	□N/A		
	a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	UN UN	+	
	b. Calibrated against a str (PID/FID only)?	andard gas	s prior to and afte	r each use	אם אם	1	
	c. Inspected for leaks and	a obvious	signs of wear on	a weekly basis?	ØY □N	;	
	d. Kept in a clean and sec	ØY □N	į				
	e. Verified for accuracy l	OY ON	1				

OCTAVIAN OPRIS	04/12/99
Inspector's Name (Please Print)	Date of Inspection
	April 2000
Inspector's Signature	Approximate Date of Next Inspection



Board of County Commissioners, Broward County, Florida Department of Natural Resource Protection POLLUTION PREVENTION AND REMEDIATION PROGRAMS DIVISION



HAZARDOUS MATERIAL MANAGEMENT ADDENDUM TO TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

WASTE GENERATED

Waste Type Code	Chemical name	Storage Method (Code ¹)	Disposal Method (Code ²)	e.	Container Size (GaL) or WT. (LBS)	Total Quantity (Gallons)	Monthly Use (Gallons)	Hauler Name
М3	Perchloroethylene	11	16		15	45	10	MCF Sexterns Allowh
NO	Dry Cleaning Filters	11	16		25	25	10	4(F System Allowsa,
72 Tanks 73 40 to 1 74 Sm. S 75 Open 76 Piled of 1 76 Garba 77 Garba 78 Lab P 79 Other 79 Other 70 Mediu 71 Antifr 71 Bulk	1 - Above Ground - Below Ground - Below Ground 55-Gallon Drums ize Containers (0-9 Gals.) Pits, Ponds, or Lagoons on Ground, Floor, or Other Surf ger Refuse Container acks Good Storage Method Cleaner/Washer Machines um Containers (10 to 39 Gallon eeze Stored Separately Labeled RCRA Waste Container	ace 06 07 08 09 10 s) 11 12 13	Landfill - G Buried on P Pit or Pond Permitted H Public Sewe Septic Tank Recycled or Blended or Hazardous Deap Well Filtration O Onsite Neur	azardo roperty azardo Reuse Burned Waste ! injectio nily ralizati	us Waste Facility d for Fuel incineration n on Only		16 Hazar 17 Surfax 18 Open 19 Evapo 20 Used d 21 Comm 22 Metal 23 Unive 24 CESQ	- ''
Hazardoi	ount of hazardous waste us waste disposal manife or inspection.					ons.	lable upon	ØYes ⊃No
Was any	hazardous material/was	te discarde	ed into dum	ıpster	s or refuse co	ontainers?		OYes DNo
All secor	ndary containment has s	ufficient v	olume to ho	old ma	aterial requir	ed.		Yes ONo
septic tai	nins in a hazardous materak or storm water system is materials.							ØYes ⊃No
	up inspection by Polluti i, is required at this site.	ion Preven	tion Persor	inel, t	o address po	ssible enforce	ement	OYes XNo
Commo	ents:							
					•	_		
						-		
	-						_	

Acces

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME:	Anistoca	at Cleaner	r.S			DATE: 6/2/200	0
FACILITY NAME:FACILITY LOCATION:	6745	Pambroke	Road				
	Pembro	Ke Pines	FL.				
							
Annual Reporting Period: _	June	2	2000	то	june 2,	20~	<u>/</u>
Based on each term or condi- 62-213.300, Florida Admini			•			_	
If NO, complete the following	ng:						
#1. Term or condition of the	e general permit	that has not been in	n continuous c	ompliance du	ring the reportin	ng period stated above:	
Exact period of non-complia	ance: from			to			
Action(s) taken to achieve co	ompliance:						
Method used to demonstrate	compliance:			_ 			
#2. Term or condition of the	e general permit t	that has not been in	1 continuous c	ompliance du	ring the reportin	ng period stated above:	
Exact period of non-complia	ince: from			to			
Action(s) taken to achieve co	ompliance:						
Method used to demonstrate	compliance:						
As the responsible official, I in this notification are true, a purchase receipts, does not e combination facilities. RESPONSIBLE OFFICIA	accurate and con exceed 2,100 gall	iplete. Further, m	y annual const	imption of peties or 1,800	rchloroethylene	solvent, based upon	ade

^{*}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.

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	RE-INSPECTION	ON	a	COMPLAINI	DISCOVERY	u
AIRS ID#: 011,2364	DATE: June	2,2000 1	IME IN	1000	TIME OUT:	1040
FACILITY NAME:	istocrat cla	anges	4/6/0	Valu	Cleaners	
FACILITY LOCATION:	6745 Pa	mbrake	Rd		ア	
	Pembroke	Pines	KT.	Bure	M	
RESPONSIBLE OFFICIAL			ale 1	PHONE: 3	785-50A	
CONTACT NAME:	same	2	1	HONEsoc	Es ame	
PART I: NOTIFICATION					torne	0
(check appropriate box)						
	I 30 days prior to sta	ıdın				
,	1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION	Y					
Facility indicated on notificat (check appropriate box)	ion form that it is:			☐ No notificat☐ Drop store/c	ion form out of business/p	etrolcum
1. Existing small area soundry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area sour	'yr	transfer of both type	y only, x nly, $x < 2$ s, $x < 140$ ted on or	< 140 gal/yr 200 gal/yr) gal/yr after 12/9/91)		
dry-to-dry only, $140 \le x \le 2$, transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before $12/9/91$)	100 gal/yr 0 gal/yr	dry-to-dry transfer o both types	only, 14 nly, 200 ; s, 140 ≤ x	$0 \le x \le 2,100$ $\le x \le 1,800$ ga $x \le 1,800$ gal/y after 12/9/91)	gal/yr l/yr	
5. This is a correct facility cl	assification	©Ý (א כ	Can not deter	mine	
	appropriate classific ty qualified for a ger ty exceeds above lim	neral permi			above permit	
B. The total quantity of perchlo	rocthylene (perc) pu	irchased wi	thin the p	receding 12 m	onths by this dr	y cleaning

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? □N □N/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 DY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY ON BNA beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) DY DN 1. Equipped all machines with the appropriate vent controls? DY DN DN/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 condenser on a weekly/bi-weekly basis? DY DN 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? DY DN

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?	ΟY	ПN	
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?	ПY	ПN	□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?	ШY	UN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠИ	□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,	ΠV	ΠN	□N/A
	or expansion; and downstream from no other inlet?	u ı	UN	UN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПN	□N/A

PART V: RECORDKEEPING REQUIREMENTS							
Has the responsible official: (check appropriate boxes)							
1. Maintained receipts for perc purchased?	ØY ON						
2. Maintained rolling monthly total of perc consumption?	ery on						
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?	ØY ON ON/A						
4. Maintained calibration data? (for applicable direct reading instruments)	אומט מס צם						
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A						
6. Maintained startup/shutdown/malfunction plan?	מם צים						
7. Maintained deviation reports?	DY DN EIN/A						
Problem corrected?	OY ON 199N/A						
8. Maintained compliance plan, if applicable?	חואים אם צם						

P	ART VI: LEAK DETECTION AND R	EPAIKS			
ĺ.	Does the responsible official conduct a v	veekly (for small sources	, bi-weekly) leak detection ar	nd repair	
	inspection?			OY ON	
2.	Has the facility maintained a leak log?			אם אַם	
3.	Does the responsible official check the f	ollowing areas for leaks?	•		
	Hose connections, fittings, couplings, and valves	CY ON ON/A	Muck cookers	DY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	DY ON ON/A	
	Filter gaskets and seating	COY ON ON/A	Exhaust dampers	OY ON ON/A	
	Pumps	MY ON ON/A	Diverter valves	BY ON ON/A	
	Solvent tanks and containers	TY ON ON/A	Cartridge filter housings	MY ON ON/A	
	Water separators	MY ON ON/A			
4.	Which method of detection is used by th	e responsible official?			
	Visual examination (condensed so	lvent on exterior surfaces	s)		
	Physical detection (airflow felt thro	ough gaskets)		e	
,	Odor (noticeable perc odor)			a	
	Use of direct-reading instrumentat	ic tubes)	O N/A		
	Halogen leak detector			O N/A	
	If using direct-reading instru	⊡N/A			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				
	b. Calibrated against a sta (PID/FID only)?	andard gas prior to and a	after each use	OY ON	
	c. Inspected for leaks and	l obvious signs of wear o	n a weekly basis?	MO Y	
	d. Kept in a clean and sec	cure area when not in us	e?	CY ON	
	e. Verified for accuracy b	y use of duplicate sample	es (calorimetric only)?	OY 'ON	
	2			**	
	Paul R. Shelfon June 2, 20				
	Inspector's Name (Please Print	1)	Date of Inspe	ction	
	Part Shellen	>	June2, 20	80/	
_	Inspector's Signature		Approximate Date of 1	Next Inspection	

6	SENDER: of senvelope to of the return address	Fold at line Idnix edt			- }
rse side?	Complete items 1 and/or 2 for additional services. Complete items 3, 4a and 4b. Print your name and address on the reverse of this form so that we card to you.	e can return this	1	o receive the rvices (for an	ai
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.		I = : :::	lressee's Address	Service
‡	 Write "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered an 		2. LJ Res	stricted Delivery	
티	delivered.		Consult pos	tmaster for fee.	<u>e</u> (
	3. Article Addressed to:	4a. Article N		/	Receipt
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SS	6745 PEMBROKE ROAD	☐ Express I	Mail	☐ Insured	using
DDRESS	PEMBROKE PINES FL 33023	☐ Return Red	ceipt for Mercha	yndise ☐ COD	
Y		7. Date of De	elivery	90	you for
RETUR	5. Received By: (Print Name)	8. Addressee and fee is		Only if réquested	Thank
s your	6. Signature? (Addressee or Agent)				}
{ =	PS Form 3811, December 1994		Domestic	Return Receipt	

P 174 05	5 55P 1000
US Postal Service	\ \
RISTOCRAT CLEAN IVIENNE SINGER 745 PEMBROKE ROA EMBROKE PINES FL	AD .
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	

SENDER: "Complete items 1 and/or 2 for addit complete items 3, 4a, and 4b. "Print your name and address on the card to you. "Attach this form to the front of the new the n		can return this	l also wish to i following servi extra fee):	
Attach this form to the front of the n	nailpiece, or on the back if space	does not	1. 🗆 Addre	ssee's Address
■ Write "Return Receipt Requested" of ■ The Return Receipt will show to wh			2. 🗆 Restri	cted Delivery
delivered.	ioni the article was delivered and	i trie date	Consult postm	aster for fee.
3. Article Addressed to:	AIRS ID # 0112364	4a. Article Nu	36134	 7/
ARISTOCRAT CLEANER	S	4b. Service T	ype	
8 VIVIENNE SINGER	•	☐ Registere	d ·	<u></u> Certified
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PS Form **3800**,

TOTAL Postage & Fees
Postmark or Date

0362729

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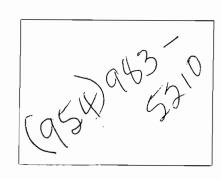
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ARISTOCRAT CLEANERS VIVIENNE SINGER 6745 PEMBROKE ROAD PEMBROKE PINES FL 33023

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



7696	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
500 000 01H4	Postage \$ Certified Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)
7003	Total Post Total Post VIVIENNE SINGER Sent To ARISTOCRAT CLEANERS 6745 PEMBROKE ROAD or PO Box A City, State,: PS Form 3800, June 2002 See Reverse for Instructions



. 405926 FEB22 2001 Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. /

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ARISTOCRAT CLEANERS VIVIENNE SINGER 6745 PEMBROKE ROAD PEMBROKE PINES FL 33023 FOR GOVERNMENT USE ONLY

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Obj.: 002273



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ARISTOCRAT CLEANERS
VIVIENNE SINGER ALEXANDER MESA

6745 PEMBROKE ROAD PEMBROKE PINES FL

33023

FOR GOVERNMENT USE OF Y Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273



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AIRS ID # 01 12364
ARISTOCRAT CLEANERS
VIVIENNE SINGER
6745 PEMBROKE ROAD
PEMBROKE PINES FL
33023

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

NOER: COMPLETE THE SECTION 14 OF RETURN ADDRESS.	SOUNCE THIS SECTION ON DELIVERY 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: AIRS ID # 0112304 RISTOCRAT CLEANERS IVIENNE SINGER 145 PEMBROKE ROAD MBROKE PINES FL	A. Beceived by (Please Print Clearly) C. Signature Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
⁴ 00287000001027485	3. Service Type Certified Mail
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■ 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: 2. If YES, enter delivery address below: 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 102595-00-M-0952	PLACE STICKER AT TOP OF ENVELOPE	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: If YES, enter delivery address below: \(\triangle	 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, 	C. Signature Agent Addressee
VIVIENNE SINGER ARISTOCRAT CLEANERS 6745 PEMBROKE ROAD PEMBROKE PINES FL 33023 3. Service Type Certified Mail	Article Addressed to:	The desired districts and the second
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PEMBROKE PINES FL 33023	3. Service Type Certified Mail Registered Insured Mail C.O.D.
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1	or PO Box No. 6745 PEMBROKE ROAD
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	PS Form 3800.

SENDER: COMPLETE THIS S	SECTION	COMPLETE THIS SECTION ON DELIVERY
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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 DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 lalladabillalalalarilalallallarilarilalalaril 0 i

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VIVIENNE SINGER ARISTOCRAT CLEANERS 6745 PEMBROKE ROAD PEMBROKE PINES, FL 33023

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Fund: 20-2-035001 Obj.: 002273



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MAR - 2 2000 B AFF

Bureau of Air Monitoring

ARISTOCRAT CLEANERS
VIVENNE SINGER
6745 PEMBROKE ROAD
PEMBROKE PINES FL 33023

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Bureau of Air Monitoring

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o2-213(1)(g), 1.25.3, rather to minery pay any required annual emissions ree, penalty, or interest constitutes grounds for revocation of the Title V Air General Permit.

To submit your fee payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Dotty Diltz, Chief Bureau of Air Monitoring and Mobile Sources

/DD

Enclosure: Invoice Form

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

Printed on recycled paper.

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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. ARISTOCRAT CLEANERS VIVIENNE SINGER 5745 PEMBROKE ROAD	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X D. Is relivery address different from item 1? Yes If YES, enter delivery address below:
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AIRS ID # 0112364

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