

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

June 25, 1997

Mr. Zulriqar Lakha Sunshine Dry Cleaners 8680 Griffin Road Cooper City, Florida 33328

Re: Facility No.: 0112375

Dear Mr. Lakha:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on May 19, 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, 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

	#01/2375
	4 4
	Sunshine Drycleaner
_	spoke with Zulfigar Lakha-
-	10/10/97
	4/4/-
- 13	1 1 1 1 1 1 7 - 5 1 /
P.13	6. add title-President
:./	
P.14	1.(c) mark out "V" 4. Should be new small area Source W/refrig. con.
D.15	4. Should be new small area
•	Source Wrefrig. Con.
	:
-	-
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Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	BISMILLAH INC
2.	Site Name (For example, plant name or number):
	SUNSHINE DRYCLEANER
3.	Hazardous Waste Generator Identification Number:
	FLN 00000513
4.	Facility Location: Street Address:
	City: Of Co. Colocad & County: Zin Code:
	City: Pf fo GRIFFIN A County: Zip Code: Cooff (City Brow41) 33328 Facility Identification Number (DEP Use):
5.	Facility Identification Number (DEP Use):
	10/12375
9998	
	Responsible Official
(6)°	Name and Title of Responsible Official:
CARS.	ZULIGAZ LAKHA
7.	,
	Organization/Firm:
	Street Address: City: Same as ahove County: Zip Code:
	Zip code.
8.	
	Telephone: (954) 660 - $/540$ Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - / / / / / / / / / / / / / / / / / /
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DEP Form No. 62-213.900(2) Effective: 6-25-96

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Bureau of Air Monitoring & 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.

UNION UZOOO Type of Machine			Date	l	Date	Date		Date .	Date
		Machine	Control		Machine	Control		Machine	Control
		Initially	Device		Initially	Device		Initially	Device
	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installe
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91	, , , , , , , , , , , , , , , , , , ,	#3	02-MAR-92	02-MA
Dry-to-Dry Unit	70.	ng 7. On	7						
(1) w/ ref. condenser	7/1	10-0494	100794						
(2) w/ carbon adsorber						_			
(3) w/ no controls	1		1.						
Washer Unit	1								<u> </u>
(4) w/ ref. condenser							-		
(5) w/ carbon adsorber									
(6) w/ no controls	1								
Dryer Unit	1	•			-	_			<u>. </u>
(7) w/ ref. condenser									
(8) w/ carbon adsorber							-		
(9) w/ no controls	1						-		
Reclaimer Unit	1					•			:
(10) w/ ref. condenser						·			
(11) w/carbon adsorber	-								
(12) w/ no controls	+-						<u> </u>		
(b) Control devices ar	•		yet installed installed	, —		-			

DEP Form No. 62-213.900(2)

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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)

Please indicat	e with an "X" the appropriate selection:
<u></u>	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
this notifi statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s 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 ith all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	mptly notify the Department of any changes to the information contained in this notification.
	a Lalih? GI QAR LAKHA. Date
Signature 2011	CIQAR LAKHA

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL	COMPLAIN	NT/DISCOVERY	RE-INSPECTION
TIME IN: 2:30 TIME OUT:	3:30	AIRS ID#:	12375
TYPE OF FACILITY: Dry Clesaer			
FACILITY NAME: Sunskine Day	Cleaners	•	DATE: 12-15-97
FACILITY LOCATION: 8680 Griff	in Road		
Cooper City	Florida	33328	
	Lokha	PHONE NUMBER:_	680-1540
Based on the results of the compliance requires compliance with DEP Rule 62-213.300, Florid		-	ity is round to be in
Based on the results of the compliance requires discrepancies were noted:	ments evaluated du	ring this inspection, the follo	wing compliance
COMPLIANCE REQUIREMENT/PRO	BLEM	FOLLOW-UP ACTION	ON REQUIRED
•			
	1		······································
COMMENTS:			
		i	,
The Annual Compliance Certification form has been pr	operly certified	I submitted to the inspector	VECTO NOT
			YES NO
DATE OF NEXT INSPECTION: Dece	Approxir	rate)	
INSPECTION CONDUCTED BY: B Tho		•	
0	(Please P	rint)	
INSPECTOR'S SIGNATURE:	7	PHONE NUMBER:_	519-1459
	Page	•	Pavisad 10/96

AUKO ID#: 011 ~2//

BEST AVAILABLE COPY

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

0112375

FACILITY NAME: 5.	inshine	Dry	Cles	~ e13			_DATE:	12-15-87
FACILITY LOCATION: _	8680	Gr, f	fin	Rosd				_
FACILITY LOCATION: _	Cooper	City	E/	ride	Ž33	328		
_	·			•		-		
Annual Reporting Period:	De	ZCEM	ber	19 <u>96</u>	то	Dece	Mber	19 <i>97</i>
Based on each term or condi 62-213.300, Florida Admini		_	_					P Rule □NO
If NO, complete the following	ıg:							
#1. Term or condition of the	e general permit	that has not	been in co	ontinuous o	compliance du	ring the repo	rting perio	d stated above:
Exact period of non-complia	ınce: from _					CEI	/ E r	
Action(s) taken to achieve co	ompliance;						V [}	
Method used to demonstrate	compliance:					JAN 2 6	998	
#2. Term or condition of the	e general permit	that has not	been in co	ontinuous (Bur e compliance du	au of Air Mo Mobile Sou	onitorin _ė FGR § perio	d stated above:
Exact period of non-complia	nnce: from _				to			
Action(s) taken to achieve o	ompliance:			•	<i>3</i>			
Method used to demonstrate	compliance:							
As the responsible official, I made in this notification are upon rolling averages of puryear for transfer or combine RESPONSIBLE OFFICIA	e true, accurate a rchase receipts, a ation facilities. L: ZVLF1(and complete	e. Further seed 2,100 AKHA	, my annu	al consumption	n of perchlor	oethylene	solvent, based

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.

TIME IN: 9:30 TIME OUT: 10:3	O AIRS 10#: 0/1 23 75
	erc
11	ONTE: 04/10/98
ACICILI GGGITTIGT	vel
	rida 33378
RESPONSIBLE OFFICIAL: ZULFIGAR LAKE	1 A PHONE NUMBER (954) 680-1540
Based on the results of the compliance requirements evaluate	
compliance with DEP Rule 62-213.300, Florida Administration of the compliance requirements evaluate the compliance requirements evaluate the compliance requirements.	
discrepancies were noted:	ica daring init inspection, in a fortowing compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
taility is in Couplion ce	RECEIVED Bureau of Air Monit
	& MAY 2 ED
	eau or 199g
·	Bureau of Air Monitoring Bureau of Air Monitoring
	-Ources ing
COMMENTS	
	•
The Annual Compliance Certification form has been properly certifi	ied And submittigd to the inspector YESIZE NOI
DATE OF NEXT INSPECTION: 04/10/98	11 1999
(Ap	provimace)
	IN OPRIS
	ease Print)
ENSPECTOR'S SIGNATURE:	PHONE NUMBER: (454/519-1420
Page 2	Lot 2. Revised 10/96
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM DATE: 04 FACILITY NAME: FACILITY LOCATION: Annual Reporting Period: Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213,300. Florida Administrative Code (F.A.C.), during the period covered by this statement. 🏻 YES \square NO If NO, complete the following: #1. Term or condition of the general permit that has not been in continuous compliance during the porting period stated above: Exact period of non-compliance: from Bureau of Air Monitoring Action(s) taken to achieve compliance: & Mobile Sources Method used to demonstrate compliance: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: Exact period of non-compliance: from Action(s) taken to achieve compliance: Bureau of Air Monitoring Method used to demonstrate compliance: & Mobile Sources

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 1,100 gallons per year for dry-to dry facilities or 1,300 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL:

ZULFIQAR LAKH

Name (Please Print)

Jalaho Signature 4/10/98

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 _ 1 of 2

TYPE OF DISPECTION: AMOUNT	BEST AVAILABLE COPT
RE-1NSPECTTO	•
AIRS ID#: 01/2375 DATE: 04/16	Dry Cleaners (30) TONE OUT 10:54
FACTLITY NAME: Semstine	Duy Cleaners gay 2,
FACILITY LOCATION: 8680 6	
Cooper	City Florida 33398 Ourcason
RESPONSIBLE OFFICIAL : ZULFIGH	1R LAKHA PEONE (454) 680-1540
CONTACT MAME:	\$EONE:
PART I: NOTIFICATION	
(check appropriate box)	
E. New facility notified DARM(3) days offer to sta	Y qun
2. Facility failed to notify DARM to use general pe	imm:
PART U: CLASSIFICATION	
Facility indicated on notification form that it is: (eneck appropriate soc.) A.	 □ No notalication form □ Drop storefort of business/petrolenm
t. Existing small area source. The angles only is 4 (40) gauge transfer only is 4 (40) galage transfer only is 4 (200) galage transfer only is 6 (40) galage transfer only is 6 (40) galage transfer only in (40).	2. New small area source arry-to-lary only, i.e. 1 (40 yally) transfer only i.e. 1 (40 yally) onth types, i.e. 1 (40 yally) constanced on or after (1700);
3 - 8 disting large urea source ————————————————————————————————————	1. New large area source. ————————————————————————————————————
f. This is a correct factory massification	At 3N 3Can not retermine
(indicate theory the logregoriate trassition	

facility quanties for a general permit as number ______ above.
 facility exceeds above timits and is not dispose for a general permit.

B. The total quantity of perchloroethylene (perch purchased within the preceding 12 months by this one demands

facturer was 55 gailons

	the responsible official of the dry cleaning facility: heck appropriate boxes)	BEST AVAILABLE CO)PY	
Į.	Storing perchloroethylene in tightly sealed and impervious contain	ners?	ND YD	S ÁVA
2.	Examining the containers for leakage?	· · · · · · · · · · · · · · · · · · ·	אם אם	AWA
j.	Closing and securing machine doors except during loading/infload	iing?	NE YE	:
±.	Draining carthdge filters in their housing or in sealed containers to least 24 hours prior to disposal?	for ac	NC YA	AW⊡
j.	Maintaining solvent-to-carbon ratios and steam pressure for carbo beds according to the manufacturer is specifications?	n adsorber	AC AC	¥N/A

PART IV: PROCESS VENT CONTROLS

In Part (C-A)

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

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

If classification I 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 pour to September 12, 1993

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

۴.	. Has the c	esponsible	official of	all new	inucces	and a	xisting l	arge .	icea	3001005	
	seck appropr							-			
:	Francoso 1	il imperioes	icia the to	0.000000							

Equioped all machines with the appropriate rent controls!

To denset upon opening the coord $oldsymbol{X}_{i}$ and $oldsymbol{X}_{i}$ and $oldsymbol{X}_{i}$ and $oldsymbol{X}_{i}$ and $oldsymbol{X}_{i}$ and $oldsymbol{X}_{i}$

Measured and recorded the temperature of the oritles exhaust stream of a refrequenced
 Description of the processing passes.

3 Aspaired or regusted the sompthent within 14 hours of the exhaust temperature of the

condenser intreeded 431 FM

a continue that the configuration of interior of interior continued.

XE DN DN 4

X(Y □)

ARLE COPY	LABL	VAI	Α	ES 1	. B

	Name of the last o			
8	. 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?	IJΥ	IJХ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ZN	, AMD
	Is the temperature differential equal to or greater than 20° F?	ūΫ	ИD	AWE
;	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?	ΞY	ЭN	
	is the percisoncentration equal to or less than 100 ppm?	ÄΑ	ЭN	⊒N/ ÷
	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 3 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 indet?	⊐ ₹	ZN	BNIA
;	Equipped transfer machines (dryers, reclaimers, and washers) आरोपनात्वाणवंद्यवी condenser coils?	ŒΥ	IJΝ	∃N/A
ó	Routed aurillow to the carbon adsorber (it used) at all times?	ΉY	⊒N	∃M/A

PART V. RECORDKEEPING REQUIREMENTS					
(cyeck hobiobusic poxes) (cyeck hobiobusic poxes)	·				
(Maintained receipts for percipurchased?	\$ Y 3 N				
2. Maintained roiling monthly total of perc consumption?	¥Y ⊇N				
Maintained leak detection inspection and repair reports for the following					
i documentation of leaks repaired with 14 hrs for:	AME NE YZ				
o idocumentation of parts ordered to repair leak and leak repaired with 1 days and parts installed with 3 days of receipt?	AN DN DNA				
4. Maintained calibration data? ifor applicable actor require instruments.	DY DN X MA				
). Maintained exhaust duct monitoring data on pero concentrations."	DY DN 🗫 A				
் Manifaced securiorshindown/malginetion plan '	₹YY DN				
Maintained déviation réports?	DY DN X n 4				
Problem torrected*	20 28 % 8.4				
4 Maintained compliance plan, if applicable 1	DA DN R wy				

iuzbecaou,		BEST AVAILABLE COPY		X :		
2.	Has the facility maintained a leak log?	DEG! WAVIEWED			ДÝ	ΩN :
ĵ.	Does the responsible official check the fo	llowing area	as for leaks?	•		
	Hose connections, fittings, couplings, and valves	AL DA C	AÑA	Muck cookers	` .at . ⟨	אואבי אב
	Door gaskets and seating	AN ON O	ZN/A '	Salls .	MY (AME ME
	Filter gaskets and seating	AN ⊡N C	ZW.¥	Exhaust dampers	ΩŸ (ANDE NE
	. Primos	वर वस व	AME	Diverter valves	JY:	YNX X N⊏
	Solvent tanks and containers	‡ ₹ □ N □	A/MC	Curvidge filter housings	XX.	אואב אב
	Water separators	¥A □M €	エンフト			
<u>.</u>	Which method of detection is used by the	oldiznogzst s	e ಎರ್.c:ಟೆ.'			
	Visual examination (condensed sol	ייפחנ מת באנפ	:೧೯೮೮ ಕ್ಷಣ ಕ್ಷಣ ಕ್ಷಣ ಕ್ಷಣ ಕ್ಷಣ ಕ್ಷಣ ಕ್ಷಣ ಕ್ಷಣ		Z	•
	Sphaics queechou (जायावन हिस्सी क्रांस	ough gaskets	5)		7.	
	Odor (nouceable perciodor)				¥	
	Use of direct-reading instrumentati	ion (FD/P(D/calonmethe	(ubes)	☐ A	1/1
	Halogen leak detector				· · · ·	// / ⁴
	If using direct-reading instru	ເຫຍຸກໃນ(ເຄດ.	is the equipme	ent:	·DM.	٠.
	 Cupable of detecting p 	era vapor co	יווכבוונישנוסעצ וע	T ranke or ()- 990 bbw ,	$\Box .$	ンに
	fSD\LD outh), p - Стіфістка тватих і те	andard gas	onorio ind ute	er each use	⊒¥	3N
	a (inspected for leaks und	d povious sig	gns or wear on .	i weekly pasis!	JΥ	ンと
	d. Kept in a dean and se	cure area wi	ובם חסנ וח עצב '		ΣY	コバ
	a Ventied for accuracy i	טא הצפ טנ ממנ	olicate samples	(vinc orașin notași	⊐Y	るの

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Date of Enspection

Approximate Date of Next (Aspection

BEST AVAILABLE COPY COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0// 2375 DATE: 12-15-97 TIME IN: 2:30 TIME OUT: 3:30 FACILITY NAME: Sunsking Dry Clesners FACILITY LOCATION: 8680 Griffin Road Cooper City, Florida 33328

RESPONSIBLE OFFICIAL: Zulfigar Lakha PHONE: 680-1540 CONTACT NAME: Zulfiger Lakha PHONE: 680-1540

PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to startup	۵
2. Facility failed to notify DARM to use general permit	_j o

Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A.	a prop store/out or business/peablemit
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

(check appropriate boxes) ZY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY 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 AY ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber ZY 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) MY ON 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 ZY 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 weckly/bi-weckly basis? MY ON ON'A 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condensor 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:

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 located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ОУ ОИ
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?	A/NO NO YO
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON ONA
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?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	אם אם אם.
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	DY ON
2. Maintained rolling monthly averages of perc consumption?	MO AM
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY 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?	GY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	MY ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	MY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	OY ON
7. Maintained deviation reports?	MY ON ON/A
Problem corrected?	DN DN/A
8. Maintained compliance plan, if applicable?	DY ON ON/A

P.	PART VI: LEAK DETECTION AND REPAIRS					
l.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY ON		
2.	Has the facility maintained a leak log?		•	מם עם		
3.	Does the responsible official check the	following areas for leaks?				
	Hose connections, fittings, couplings, and valves	ØY □N □N/A	Muck cookers	ØY □N □N/A		
	Door gaskets and seating	PY ON ON/A	Stills	ØY □N □N/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	ØY □N □N/A		
	Pumps	PY ON ONA	Diverter valves	מאם אם אַעק		
	Solvent tanks and containers	PY ON ON/A	Cartridge filter housings	GY ON ON/A		
	Water separators	ØY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed so	olvent on exterior surfaces)	<u>a</u>		
	Physical detection (airflow felt thr	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
	Halogen leak detector			Z - Z		
	If using direct-reading instru	umentation, is the equipo	nent:	□N/A		
	a. Capable of detecting p	perc vapor concentrations	in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a s (PID/FID only)?	tandard gas prior to and a	fter each usc	OY ON		
	c. Inspected for leaks an	d obvious signs of wear or	a weekly basis?	OY ON		
	d. Kept in a clean and se	ecure area when not in use	?	DY DN		
	e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	מם עם		
 			1			
_						
	B Thomas		12-15-9	77 :		
	Inspector's Name (Please Prin	nt)	Date of Inspe	ction		
	& B		Decembe	r 1998		

Approximate Date of Next Inspection

Inspector's Signature

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0358569

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 # 0112375

SUNSHINE DRYCLEANER ZULRIQUAF LAKHA 8680 GRIFFIN ROAD COOPER CITY FL 33328 MAIL ROOM
JAN 27 99

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

AIRS ID#: 01/2375

PCX

Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

ustine !	Ding (1	eoner)	DATE: <u>04/13/99</u>
60 Guffi	<u> </u>	/ -	RECE	IVED
yer City	, House	la 330.	28	A O SUVÝ
April	19 <u>9 </u>	<u>Р</u> то	Aprile	Air Monitoring 19 9 9
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permit that has not be	een in continuou	s compliance dur	ing the reporti	ng period stated above:
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permit that has not be	een in continuou	s compliance dur	ing the reporti	ng period stated above:
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curate and complete. eed 2,100 gallons per ZULFIDAP	Further, my ann year for dry-to	nual consumption dry facilities or l	of perchloroet ,800 gallons pe Relie	hylene solvent, based
	Title V general air Code (F.A.C.), during permit that has not be me: permit that has	1996 The Title V general air permit, my facility code (F.A.C.), during the period cover permit that has not been in continuous me: permit that has not b	1998 TO The Title V general air permit, my facility has remained code (F.A.C.), during the period covered by this statem permit that has not been in continuous compliance during that has not been in continuous compliance during that has not been in continuous compliance during the permit that has not been in continuous compliance durin	1998 TO Specify Flow do 33088 MAY 1998 TO Great State of English Road 1998 TO Great State of English Road MAY MAY MAY MAY MAY MAY MAY MA

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECTION: ANNUAL RE-INSPECTION	ON COMPLAINT/DISCOVERY ON
FACILITY NAME: <u>Sienslive</u> D FACILITY LOCATION: <u>8680</u> Gi	iffin Rovol
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to star 2. Facility failed to notify DARM to use general per	·
PART II: CLASSIFICATION	
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	☐ No notification form ☐ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)	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	ሻ Y □N □Can not determine
	ation: neral permit as number above nits and is not eligible for a general permit

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? EY ON ON/A 2. Examining the containers for leakage? EY ON 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY ON ONA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DNA 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 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 MY ON ON/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated KY ON condenser on a weekly/bi-weekly basis? 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?

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	ПΝ	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y !	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ΠY	ΠN	□N/A
	(s the perc concentration equal to or less than 100 ppm?			□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 (□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	□N/A

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

PART	VI: LEAK DETECTION AND R	EPAIRS				
1. Does	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
insp	ection?			₽ Y □N		
2. Has	the facility maintained a leak log?	•.		GY ON		
3. Does	3. Does the responsible official check the following areas for leaks?					
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	М́Y □N ÖN/A		
	Door gaskets and seating	MY ON ON/A	Stills	KY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	RY ON ON/A		
	Pumps	MY ON ON/A	Diverter valves	BY ON ON/A		
	Solvent tanks and containers	ØY ON ON/A	Cartridge filter housings	NY ON ON/A		
	Water separators	MY ON ON/A				
4. Whic	ch method of detection is used by th	ne responsible official?				
1.50 -	Visual examination (condensed so	lvent on exterior surfaces)		Q ′		
	Physical detection (airflow felt thr	ough gaskets)		प्र		
	Odor (noticeable perc odor)			A		
	Use of direct-reading instrumentat	tion (FID/PID/calorimetric	tubes)	- N/A		
	Halogen leak detector	. *				
	If using direct-reading instru	imentation, is the equipme	ent:	□N/A		
	a. Capable of detecting of	perc vapor concentrations in	a range of 0-500 ppm?	אם צם		
	b. Calibrated against a st (PID/FID only)?	andard gas prior to and afte	er each use	מם עם		
	c. Inspected for leaks and	d obvious signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and secure area when not in use?			OY ON		
	e. Verified for accuracy	by use of duplicate samples	(calorimetric only)?	OY ON		

OCTAVIAN OPRIS	09/13/99
Inspector's Name (Please Print)	Date of Inspection
and a	April 2000
Inspector's Signature	Approximate Date of Next Inspection

TERCHLUKUL I HYLENE DRY CLEANERS TITLE V GENERAL PERMIT

TITLE V GENERAL PERMIT
COMPLIANCE INSPECTION CHECKLIST

BEST AVAILABLE COPY

RE-INSPECTION: ANNUAL RE-INSPECTION:	ON Gen# FLR 000 000513		
AIRS ID#: 0112375 DATE: 02/17/ FACILITY NAME: Dushive Day FACILITY LOCATION: 3680 Gaif 2 full time Cooper City Employees RESPONSIBLE OFFICIAL: Tulfigma CONTACT NAME:	fin Roc.		
PART I: NOTIFICATION	. ga		
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general portions.	•		
PART II: CLASSIFICATION			
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)	□ No notification form □ Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)		
 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classification 			
facility qualified for a general permit as number above facility exceeds above limits and is not eligible for a general permit B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30-60 gallons.			

Is the responsible official of the dry cleaning facility: (check appropriate boxes) ON ON/A 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 least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber 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) PY DN 1. Equipped all machines with the appropriate vent controls? ORY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after אם צום 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?	□Y.	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	QY	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	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	\Box Y	ПΝ	□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?	ΟY	□и	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПИ	DN/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
١.	Maintained receipts for perc purchased?	DY ON	
2.	Maintained rolling monthly total of perc consumption?	DY ON	
3.	Maintained leak detection inspection and repair reports for the following:	NuLeaks	
	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 TINA	
4.	Maintained calibration data? (for applicable direct reading instruments)	DY □N □N/A	
5.	Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A	
6.	Maintained startup/shutdown/malfunction plan?	OHY ON	
7.	Maintained deviation reports?	OY ON ON/A	
	Problem corrected?	dy on daya	
8.	Maintained compliance plan, if applicable?	ON ON/A	

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	Does the responsible official conduct a v	veekly (for small sources	, bi-weekly) leak detection ar	nd repair	
	inspection?		•	DY ON	
2.	Has the facility maintained a leak log?			ON ON	
3.	3. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	MY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	OPY ON ON/A	
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	CAY ON ON/A	
	Pumps	DY ON ON/A	Diverter valves	DRY DIN DIN/A	
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	CAY 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	5)		
	Physical detection (airflow felt thro	ough gaskets)			
Odor (noticeable perc odor)					
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
Halogen leak detector			a		
If using direct-reading instrumentation, is the equipment:			ON/A		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?			OY ON		
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?				OY ON	
c. Inspected for leaks and obvious signs of wear on a weekly basis?			OY ON		
d. Kept in a clean and secure area when not in use?			OY ON		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			DY DN		
	Elizabeth F. Susky Inspector's Name (Please Print) Date of Inspection				
Lyalch & Ducky Inspector's Signature OalBot Approximate Date of Next Inspection					
	Inspector's Signature		Approximate Date of 1	Next Inspection	

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Bro

FACILITY NAME: Dunishing Day Closenes	DATE: 63 AHOC			
FACILITY LOCATION: 8680 Juffer Rd				
Googser City FL 33338				
Annual Reporting Period: April 20 60 TO	February 2000			
Based on each term or condition of the Title V general air permit, my facility has remained in complian	nce with DEP Rule			
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	yes 🗖no			
If NO, complete the following:				
#1. Term or condition of the general permit that has not been in continuous compliance during the rep	orting 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 repo	orting period stated above:			
Exact period of non-compliance: from				
Action(s) taken to achieve compliance:	:			
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.				
RESPONSIBLE OFFICIAL: ZVG-, QAI- LAKIIA HELGELLS Name (Please Print) Signature	Date 2000			

^{*}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.

JRS 10#: 01/2375

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Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

		···
FACILITY NAME: SUNShine	Dry Cleaners	DATE: 4/6/01
FACILITY LOCATION: 868C	cotten Rd.	
Corpor	CHU FL	
Annual Reporting Period: For Lary	12 2002 ro April	<u>(o</u> 20 <u>01</u>
Based on each term or condition of the Title V	general air permit, my facility has remained in complian	nce with DEP Rule
	C.), during the period covered by this statement.	yes 🗆no
If NO, complete the following:	sala a di salabat e gara en el	
#1. Term or condition of the general permit the	at has not 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:		:
San dear Agents 1971 All Sales	t has not been in continuous compliance during the repo	
#2. Term or condition of the general permit tha	t has not been in continuous compliance during the repo	rting period stated above:
And the second s	a second	
Exact period of non-compliance: from	to the same and th	300
Action(s) taken to achieve compliance:	entre su	
Method used to demonstrate compliance:		Commission of the second
to the second of		And the second of the second o
in this notification are true, accurate and comple purchase receipts, does not exceed 2,100 gallon combination facilities. RESPONSIBLE OFFICIAL:	ed on information and belief formed after reasonable inverse. Further, my annual consumption of perchloroethyles per year for dry-to dry facilities or 1,800 gallons per year for LAICHA Please Print) Signature	ene solvent, based upon
	·····································	44
	Lorunge Sources Monitoring Source Sources all done order to usest your surunal countiered certification teds	irements, It is at the
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BISMILLAH INC ZULRIQUAF LAKHA 8680 GRIFFIN ROAD COOPER CITY FL 33328 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

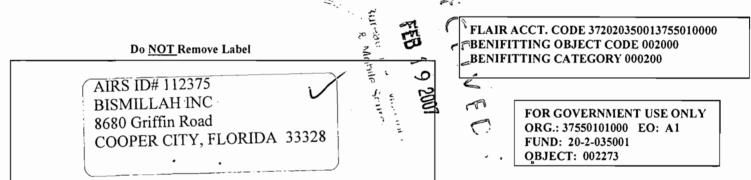
Fund: 20-2-035001 Obj.: 002273

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TOTAL AMOUNT DUE: \$50.00

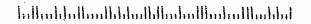


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AIRS ID# 112375 SUNSHINE DRYCLEANER 8680 Griffin Road COOPER CITY, FL 33328

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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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444664 JAN18206

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Bureau of Air Monitoring

Bureau of Air Monitoring

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 112375 10 SUNSHINE DRYCLEANER 8680 Griffin Road COOPER CITY, FL 33328

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FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: A1

FUND: 20-2-035001 **OBJECT: 002273**

.. nere)



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434327 DEC152003

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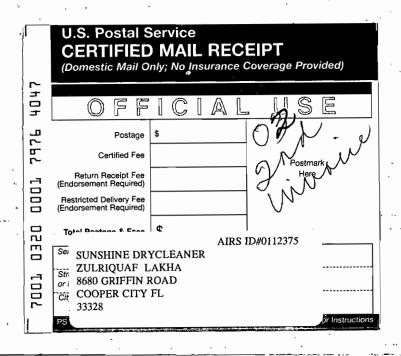
TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

112375 ZULRIQUAF LAKHA SUNSHINE DRYCLEANER 8680 GRIFFIN ROAD COOPER CITY FL 33328

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



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 A. Signature Adgent Addressee B. Received by (Printed Name) C. Date of Delivery Addressee
Article Addressed to: AIRS ID#0112375 SUNSHINE DRYCLEANER ZULRIQUAF LAKHA	D. Is delivery address different from item 1?
8680 GRIFFIN ROAD COOPER CITY FL 33328	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7001 0320	0001 7976 4047
DO 5 2011 Avenue 0001	400505 00 M 4005

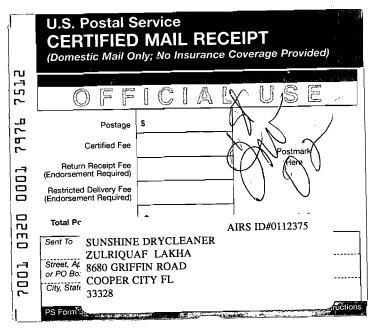
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EUR. OF AIR MONITORING & MOBILE SCARCES
DEPT. OF FINAL DIMENTAL PROTECTION
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2600 BL/JIK : 100 E ROAD
TALLAHASSEE, HORIDA 32399-2400



NOPIOE ENVELOBEITO THE FIGHT	A RENDITS STOKER AT
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. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 12 Yes
Article Addressed to: AIRS ID#0112375 SUNSHINE DRYCLEANER	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
ZULRIQUAF LAKHA	
8680 GRIFFIN ROAD COOPER CITY FL	3: Service Type
33328	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
·	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from 7001 0320 0	001 7976 7512
DC Form 2011 July 1000 Domestic Do	B int

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

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Prov	ided)			
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5.7	OFFICIAL US				
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	Restricted Delivery Fee (Endorsement Required)				
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032	AIRS ID#0112375				
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← ∃	Stree ZULRIQUAF LAKHA or P. 8680 GRIFFIN ROAD City, COOPER CITY FL				
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~	33328	. []			
	PS F	Instructions			

SENDER: COMPLETE THIS SECTION		COMF	PLETE THIS SE	CTION ON DE	LIVERY
 Complete items 1, 2, and 3. Also complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the major on the front if space permits. 	verse		eived by (Prin		Agent Addressee C. Date of Delivery em 1? Yes
Article Addressed to:		l	,	different from it ery address bel	
AIRS ID SUNSHINE DRYCLEANER ZULRIQUAF LAKHA 8680 GRIFFIN ROAD	#0112375				
COOPER CITY FL			yice Type	П г	, 4-31
33328	أر		Certified Mail Registered Insured Mail	☐ Express M☐ Return Re☐ C.O.D.	ceipt for Merchandise
		4. Re	stricted Deliver	y? (Extra Fee)	☐ Yes
2. Article Number 7001 0320	0001 7	976	5952		
PS Form 3811, August 2001	Domestic Retu	urn Rece	eipt		102595-02-M-1540

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9420		MAIL REC	EIPT Coverage Provided)
4125	Postage Certified Fee	\$	Postmark
9200	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)		Here
	Total	IRS ID # 0112375	
0600	Recipiu	DRYCLEANER AF LAKHA	
7000	Street, 8680 GRIFI COOPER C	FIN ROAD EITY FL 33328	
	PS Form 3800; February	2000	See Reverse for Instructions

406533 FEB28 2001

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0112375

SUNSHINE DRYCLEANER ZULRIQUAF LAKHA 8680 GRIFFIN ROAD COOPER CITY FL 33328

FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035001 Obj.: 002273



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AIRS ID # 01 12375
SUNSHINE DRYCLEANER
ZULRIQUAF LAKHA
8680 GRIFFIN ROAD
COOPER CITY FL
33328

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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AIRS ID # 0112375

SUNSHINE DRYCLEANER ZULRIQUAF LAKHA 8680 GRIFFIN ROAD COOPER CITY FL 33328

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional s Complete items 3, 4a, and 4b. Print your name and address on the revercard to you. Attach this form to the front of the mailpied permit. Write 'Return Receipt Requested' on the number of the second s	se of this form so that we ce, or on the back if space nailpiece below the article	e does not e number.	2. Restricte Consult postmas	s (for an ee's Address
IN ADDRESS completed	BISMILLAH INC ZÜLRIQUAF LAKHA 8680 GRIFFIN ROAD COOPER CITY FL 33328	AIRS ID 0112375	b. Service 1 Registers Express I	33 613 Type ed Mail ceipt for Merchandise	<u>.</u>
Is your RETUR	6. Signature: (Addresseeror Agent) No. 100 (Print Name) Received By: (Print Name) 6. Signature: (Addresseeror Agent) No. 100 (Print Name)		8. Addressee and fee is	e's Address (Only paid) Domestic Ret	

	Z 333 6	13 305	
	US Postal Service Receipt for Cer	tified Mail	
	BISMILLAH INC ZULRIQUAF LAKHA 8680 GRIFFIN ROAD COOPER CITY FL 333		75
	Postage	\$	
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	Special Delivery Fee		
$\left[\right]$	Restricted Delivery Fee		
5	Return Receipt Showing to Whom & Date Delivered		
}	Return Receipt Showing to Whom, Date, & Addressee's Address		
3	TOTAL Postage & Fees	\$	
i citti coc, pui i coc	Postmark or Date		

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. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee D. Is delived address different from item 1?
Article Addressed to:	If YES lenger delivery address below:
AIRS ID # 0112375 SUNSHINE DRYCLEANER ZULRIQUAF LAKHA	
8680 GRIFFIN ROAD COOPER CITY FL 33328	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
,	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7825 6	7/3
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

m	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
F 7 I				
25	Postage .	\$		
7.8	Certified Fee		Postmark	
9200	Return Receipt Fee (Endorsement Required)		Here	
	· Restricted Delivery Fee (Endorsement Required)			
0090	Tota		ID# 0112375	
8	Recip SUNSHINE I ZULRIQUAF	ORYCLEANER LAKHA	-	
7000	Street 8680 GRIFFIT	N ROAD		
701	City, §			
anijar .	PS Form 3800, February 2	2000	See Reverse for In	structions



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AIRS ID#0112375

SUNSHINE DRYCLEANER ZULRIQUAF LAKHA 8680 GRIFFIN ROAD COOPER CITY FL 33328 FOR GOVERNMENTUSE ONLY Org.: 37550101000 EO: A1 Fund: 20-2-035001 Obj.: 002273