

Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary

December 16, 1997

Mr. Frank Marrero Cricket Cleaners of Coral Springs 11331 West Atlantic Boulevard Coral Springs, Florida 33071

Re: Facility No.: 0112387

Dear Mr. Marrero:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 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. Ewart Anderson, Dade County

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



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

November 6, 1997

0112387

Mr. Frank Marrero Cricket Cleaners of Coral Springs 11331 West Atlantic Boulevard Coral Springs, Florida 33071

Dear Mr. Marrero:

The Bureau of Air Monitoring and Mobile Sources recently received your Perchloroethylene Dry Cleaning Notification Form and check (#0095) in the amount of \$50.00.

We appreciate your submittal. However, your check is being returned to you since it is not due at this time. Fees are due and payable between January 15 and March 1 in the year following each year for which the facility is in operation and subject to the requirements of the general permit. The Department will send you an invoice in time for the next payment cycle.

If you have any questions, please call me at 904/488-6140.

Sincerely,

Sándra Bowman

Environmental Manager

Mobile Source Control Section

Bureau of Air Monitoring

and Mobile Sources

/SR

Enclosure

CRICKET OF COMISPYNGS

11331 W. ARRANTC BIVD

Oval Springs, 71.

33371

PAY TO THE Dept of Environment Protection

Fifty

DOLLARS DOLL



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

March 9, 1998

Mr. Frank Marrero Cricket Cleaners of Coral Springs 11331 West Atlantic Boulevard Coral Springs, Florida 33071

Re: Facility No. 0112387

Dear Mr. Marrero:

The Department has received the Title V General Permit Notification Form for the halogenated solvent degreasers facility that you submitted on November 5, 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

cc: Mr. John Coppola, Broward County

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



Department of Environmental Protection

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

December 16,

Virginia B. Wetherell Secretary

1991 E C S 1997

Management Division

Mr. Frank Marrero Cricket Cleaners of Coral Springs 11331 West Atlantic Boulevard Coral Springs, Florida 33071

Re: Facility No.: 0112387

Dear Mr. Marrero:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on November 5, 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.

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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,

Coval Springs Brownsed

County

Dotty Diltz, Chief
Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Evert Anderson, Dade Count

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

Printed on recycled paper.

RECEIVEU

MAR 10 (998)

Bureau of Air Monitoring

& Mobile Sources

#01/2387	
P13 7. add Organization/Firm.	
pro 1. ava Origonización/12 mm.	
p14 16) Should not be marked Warb	
out and initial.	
2(a) odd totals for each machine	
and put the sum in the	
space fromded.	
(f) Required Should be marked.	
1/6	
add fermit #'s of servits	
surrendered (Dep issued permits	
Responsible Official sign and	
date for changes.	

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual	owner).
Carlanada	owner).
CRICKET CLEANERS OF CORRC SPRINGS INC.	4
2. Site Name (For example, plant name or number):	
CRICKET CLEANERS OF CORAL SPRINGS	
3. Hazardous Waste Generator Identification Number:	
FCR000031427	·
4. Facility Location: Street Address: //33/ WEST ATLANTIC BOSLEVAN	
City: County: Zi	in Code:
City: County: Zi	7307/
5. Facility Identification Number (DEP Use):	
$\mathcal{O}/$	12387
Responsible Official	et e
6. Name and Title of Responsible Official:	
FRANK MARLERO (PRESIDENT) 7 Responsible Official Mailing Address:	
7. Responsible Official Mailing Address:	
Organization/Firm:	"
Street Address: 1/331 WEST ATLANTIC BOULEVAN	
City: CORAL SPRINGS COUNTY: BROWARD	Zip Code: 33.7/
8. Responsible Official Telephone Number:	
Telephone: (954) 341 - (347 Fax: ()	-
Facility Contact (If different from Responsible Officia	al)
9: Name and Title of Facility Contact (For example, plant manager):	
y. Stante and Title of Lacinty contact (For example, plant manager).	
10. Facility Contact Address:	
Street Address:	
	p Code:
, , , , , , , , , , , , , , , , , , , ,	r
11. Facility Contact Telephone Number:	$\overline{}$
Telephone: () - Fax: ()	

RECEIVED

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NOV 5 1997

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.

AUANTI 4355E	:	Date	Date		Date	Date		Date	Date
AVANTI #3556 MIKACCON ANNO 165 R Type of Machine		Machine	Control		Machine	Control		Machine	Control
1-1150 165 R		Initially	Device	l	Initially	Device		Initially	Device
ype of Machine	ΙD	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	14/	19 22 97	19 400 97	, 14 >	- 19 2.097	194497		<u> </u>	
(1) w/ ref. condenser	(1)		18MU 97		13 20.097	122.297			
(2) w/ carbon adsorber									
(3) w/ no controls									
Vasher Unit								•	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls					_				
ryer Unit									
(7) w/ ref. condenser			_						
(8) w/ carbon adsorber									
(9) w/ no controls									
eclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls			_					ĺ	
(b) Control devices are (c) No control devices (a) What was the total of the control of the control devices (b) If less than 12 montrol of the control of	are requanti	equired to be ty of perchlo ns 900	installed [(perc)	purchased in	ACIO ONA	, 7		
3. What is the facility's so (Indicate with an "X". Existing small ar	Selec ea soi	t one classifi	cation only.)	ew sn	nall area sour	ce []	Part II?	
Existing large are	ea sou	irce []	No	ew lai	rge area sour	ce 🔀	1		

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Effective: 6-25-96

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(Indicate with an "X".)	ed on machines p	oursuant to section (3) of F	art II of this notification form?
Existing large area source Carbon adsorber []	Refrigerated condenser	
New small area source Refrigerated condenser [
New large area source Refrigerated condenser [\times		
5. A facility which contains non-exer to Rule 62-213.300, F.A.C. Verify th exemption criteria or that no such uni	nat all steam and		
All steam and hot water generating un boiler HP or less), and (2) are fired e during which propane or fuel oil cont	exclusively by na	tural gas except for period	ds of natural gas curtailment
All steam and hot water generating ur No such units on-site	nits exempt	$\stackrel{\times}{\sqcup}$	
Equipmen	t Monitoring aı	nd Recordkeeping Inform	nation
Check all logs which are required to b	oe kept on-site ir	accordance with the requ	irements of this general permit:
(a) Purchase receipts and solvent purc	chases		\angle
(b) Leak detection inspection and repa	air		∠
(c) Refrigerated condenser temperature	re monitoring		乂
(d) Carbon adsorber exhaust perc con-	centration moni	toring	
(e) Instrument calibration			
(f) Start-up, shutdown, malfunction p	olan		

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Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:	
\times	I hereby surrender all existing air permits a facility indicated in this notification form:	
	No air permits currently exist for the oper this notification form.	ation of the facility indicated in
	Responsible Officia	al Certification
	Kesponsible Officia	ii cermeation
this notific statements maintain t	cation. I hereby certify, based on informatic made in this notification are true, accurate the air pollutant emissions units and air poli	ned in Part II of this form, of the facility addressed in on and belief formed after reasonable inquiry, that the and complete. Further, I agree to operate and lution control equipment described above so as to ermit as set forth in Part II of this notification form.
I will pron	nptly natify the Department of any changes	to the information contained in this notification.
×	en len	1-/23/97
Signature	Frank MAMELO	Date

Sandy, On April 27 (monday-3:30) Iwas informed by bligabeth Cordona that she and Fronk horrero are partners In the luisiness, so they may use Think marrero or bligsbeth Ordona as thexo.

Ony more questions call them at 954/34/18347.

Shut's what she told me Sandy. mer were heed at

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION		
i	98 TIME IN: 3.00 TIME OUT: 4:0	OP
FACILITY NAME: Cricket Clean	ers of Corst Springs of	
FACILITY LOCATION: 11 331 West		200
Coral Syria	-55 33067	6
RESPONSIBLE OFFICIAL: E/1216eth	Cardons PHONE: 344-2140	3
CONTACT NAME: Elizabeth	Cardona PHONE: 341-1347	oring
PART I: NOTIFICATION		
(check appropriate box)		·
1. New facility notified DARM 30 days prior to sta	artup C)
2. Facility failed to notify DARM to use general pe	ermit C	,
PART II: CLASSIFICATION		li li
Facility indicated on notification form that it is:	☐ No notification form	
	☐ No notification form ☐ Drop store/out of business/petrolet	ım
Facility indicated on notification form that it is: (check appropriate box)		ım .
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/petroled 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	ım
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroled 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	ım
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr 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 qualified for a get	Drop store/out of business/petrolete. 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 $12/9/91$) $\square Y \qquad \square N \qquad \square Can not determine$	ım

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

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	מם	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ΠN	□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	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box Y$	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

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

PART VI:	LEAK	DETE	CTION	AND	REPAIRS
----------	-------------	------	-------	-----	---------

(· .

1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?			≅ Y □N			
2.	Has the facility maintained a leak log?			® Y □N			
3.	Does the responsible official check the	following areas for leak	s?				
	Hose connections, fittings, couplings, and valves	■Y □N □N/A	Muck cookers	■Y·□N □N/A			
	Door gaskets and seating	TY ON ON/A	Stills	■Y □N □N/A			
	Filter gaskets and seating	TY ON ON/A	Exhaust dampers	TY ON ON/A			
	Pumps	TY ON ON/A	Diverter valves	■Y □N □N/A			
	Solvent tanks and containers	TY ON ON/A	Cartridge filter housings	■Y □N □N/A			
	Water separators	TY ON ON/A					
4.	Which method of detection is used by t	he responsible official?					
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)						
	Odor (noticeable perc odor)						
	Use of direct-reading instrumenta	ition (FID/PID/calorime	etric tubes)	3			
	Halogen leak detector						
	If using direct-reading instr	rumentation, is the equ	ipment:	■ N/A			
	a. Capable of detecting	perc vapor concentratio	ns in a range of 0-500 ppm?	OY ON			
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	ם אם אם			
	d. Kept in a clean and s	ecure area when not in	use?	OY ON			
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	NO YO			

(-)

B Thomas	3-10-98
Inspector's Name (Please Print)	Date of Inspection
et my	Morch 99
Inspector's Signature	Approximate Date of Next Inspection

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL		COMPLAINT/DISCO	OVERY	
	RE-INSPECTION	4 0			
AIRS ID#: 0112327	DATE: 3-//-9°	7 TIME I	N: 2:35 Food	E OUT	3:15
FACILITY NAME:CF	NOKET CLEAN	NERS	AD CORD SPE	NOT NOT	uces
	11221 70 116	ANTIC ICE	Bules	8 Mobile 35	3667
RESPONSIBLE OFFICIAL	: FRANK MA	RPERO .	PHONE: 341-1	1347	· .
CONTACT NAME:			PHONE:		
PART I: NOTIFICATION					
(check appropriate box)					
New facility notified DAR	M 30 davs prior to starts	up .			
2. Facility failed to notify DA		•			
PART II: CLASSIFICATION	ON .				
PART II: CLASSIFICATION Facility indicated on notificated			☐ No notification for	m	
Facility indicated on notificate (check appropriate box)			☐ No notification form☐ Drop store/out of b		oleum
Facility indicated on notification	urce al/yr	transfer only, x both types, x <	☐ Drop storc/out of b Frea source x < 140 gal/yr < 200 gal/yr		roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gatransfer only, x < 200 gal/both types, x < 140 gal/yr	urce al/yr al/yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	☐ Drop storc/out of bearing properties of b	usiness/petr	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80	urce al/yr yr	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140	Drop storc/out of by Frea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Frea source $140 \le x \le 2,100 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$ $00 \le x \le 1,800 \text{ gal/yr}$	usiness/petr	roleum
Facility indicated on notifical (check appropriate box) A. 1. Existing small area so dry-to-dry only, x < 140 gaternsfer only, x < 200 gal/both types, x < 140 gal/yr (constructed before 12/9/9) 3. Existing large area so dry-to-dry only, 140 ≤ x ≤ transfer only, 200 ≤ x ≤ 1, both types, 140 ≤ x ≤ 1,80 (constructed before 12/9/9) 5. This is a correct facility If no, please check the face	urce all/yr urce 2.100 gal/yr 800 gal/yr 0 gal/yr 1) classification ne appropriate classifica	dry-to-dry only, transfer only, x both types, x < (constructed on 4. New large a dry-to-dry only, transfer only, 20 both types, 140 (constructed on PY DN ation:	□ Drop storc/out of by Trea source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ 140 gal/yr or after $12/9/91$) Trea source $140 \le x \le 2,100 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ $140 \le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$) □ Can not determine	usiness/petr	roleum

FART 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?	ØY □N □N/A
2. Examining the containers for leakage?	ØY ON ON/A
3. Closing and securing machine doors except during loading/unloading?	QY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AN ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ØY □N □N/A
	·
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	v.
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minimaled prior to September 22, 1993	~
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	e et a
1. Equipped all machines with the appropriate vent controls?	AY ON
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?	VY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	al 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?	QY ON

verifying that the coolant had been completely charged?

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 loc on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	cated V Y DN
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON WN/A
Is the temperature differential equal to or greater than 20° F?	DY DN WN/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 v n/a
Is the perc concentration equal to or less than 100 ppm?	Y ON WAYA
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 ø √n/a
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON WW/A
6. Routed airflow to the carbon adsorber (if used) at all times?	ØY ON ON/A

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

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
in	spection?			⊠ Y □N		
2. Ha	as the facility maintained a leak log?			NO YND,		
3. D	oes the responsible official check the	following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	ɗy □n □n/a	Muck cookers	☑Y □N □N/A		
	Door gaskets and seating	MY ON ON/A	Stills	œY □n □n/a		
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	r on on/a		
	Pumps	CY ON ON/A	Diverter valves	OY ON ON/A		
	Solvent tanks and containers	MY ON ON/A	Cartridge filter housings	OY ON ON/A		
	Water separators	MY ON ON/A				
4. W	hich method of detection is used by t	he responsible official?				
	Visual examination (condensed se	olvent on exterior surfac	es)			
	Physical detection (airflow felt th	rough gaskets)				
	Odor (noticeable perc odor)					
	Use of direct-reading instrumenta	ation (FID/PID/calorime	tric tubes)			
	Halogen leak detector					
	If using direct-reading instr	umentation, is the equi	pment:	U N/A		
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	DY DN		
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and	l after each usc	מם "עם		
	c. Inspected for leaks ar	nd obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area when not in t	ise?	OY ON		
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON		
L						
			·			
	ART PENNOTES		3/11/99			
	Inspector's Name (Please Pri	nt)	Date of Inspe	ection		
	10.					
	lat Cornetts MARCH 2000					
	Inspector's Signature		Approximate Date of	Next Inspection		



Revised 09/15/97

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CRICKET CLEANERS		DATE: 3-11-99
FACILITY LOCATION: 11331 W. ATLANTIC	BLVP. CORAL	SPRINGS
		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	
Annual Reporting Period: MAR IO	19 <u>98</u> то	MAR 10 1999
Based on each term or condition of the Title V general air permi 62-213.300, Florida Administrative Code (F.A.C.), during the pe		
#1. Term or condition of the general permit that has not been in	continuous compliance du	ring the reporting period stated above
#1. Term of condition of the general permit that has not occur in	commuous compnance au	mig the reporting period stated above.
Exact period of non-compliance: from	. to	
Action(s) taken to achieve compliance:		· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:		
#2. Term or condition of the general permit that has not been in	continuous compliance du	ring the reporting period stated above:
• Term of condition of the general permit that has not been in	-	mig the reporting period stated above.
		
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	•	
	H	
As the responsible official, I hereby certify, based on information made in this notification are true, accurate and complete. Furth upon purchase receipts, does not exceed 2,100 gallons per year combination facilities.	er, my annual consumption	n of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: PANCISCO MARRE (Please Print)	Sig	enature Date

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

2

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 0112387 DATE: 215	2000 TIME IN: 11:00 TIME OUT: 11:35
FACILITY NAME:CRICKET CI	EAMERS
FACILITY LOCATION: 11331 W.	ATLANTIC BLUD CORAL SPRINGS
RESPONSIBLE OFFICIAL: FRANK CONTACT NAME: CAME	PHONE: (954) 341-1347
CONTACT NAME.	THORE.
·	M
PART I: NOTIFICATION	
(check appropriate box)	A M
1. New facility notified DARM 30 days prior to star	rtup Nobile 10
2. Facility failed to notify DARM to use general per	rtup of Air Mobile Source
	ceg O
PART II: CLASSIFICATION	ne Barrier Land
Facility indicated on notification form that it is: (check appropriate box) A. 1. Existing small area source	☐ No notification form ☐ Drop store/out of business/petrolcum 2. New small area source
I. Existing sinal area source —	
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$)	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)
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr	dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr	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
dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr 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 classifies facility qualified for a gen	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 $12/9/91$) $\square Y \square N \square Can$ not determine ation:

MY ON ON/A 1. Storing perchloroethylene in tightly sealed and impervious containers? MY ON ON/A Examining the containers for leakage? ØY ON 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 DN ØN/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 DN 1. Equipped all machines with the appropriate vent controls? MY 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 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?

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:

(check appropriate boxes)

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

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official:

Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ØY □N
2. Maintained rolling monthly total of perc consumption?	ey on
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DAY 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? Gor applicable direct reading instruments)	oy on opr√a
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A
6. Maintained startup/shutdown/malfunction plan?	אם אם
7. Maintained deviation reports?	אואם אם אם אם
Problem corrected?	אלאם אם גם
8. Maintained compliance plan, if applicable?	אואם אם צם

PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			DAY ON	
2. Has the facility maintained a leak log?			or on	
3. Does the responsible official check the	following areas for leaks?			
Hose connections, fittings, couplings, and valves	ØY ON ON/A	Muck cookers	or on ona	
Door gaskets and seating	Y ON ON/A	Stills	DY ON ON/A	
Filter gaskets and seating	MY ON ON/A	Exhaust dampers	OY ON ON/A	
Pumps	OY ON ON/A	Diverter valves	MY ON ON/A	
Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	MY ON ON/A	
Water separators	MY ON ON/A			
4. Which method of detection is used by the	ne responsible official?			
Visual examination (condensed so	olvent on exterior surfaces)		(3	
Physical detection (airflow felt the	ough gaskets)	1		
Odor (noticeable perc odor)			Ø	
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)		
Halogen leak detector		•		
If using direct-reading instru	mentation, is the equipme	ent:	™N/A	
a. Capable of detecting p	erc vapor concentrations in	a range of 0-500 ppm?	OY ON	
b. Calibrated against a st (PID/FID only)?	andard gas prior to and afte	er each use	OY ON	
c. Inspected for leaks and	d obvious signs of wear on a	a weekly basis?	□Y □N	
d. Kept in a clean and se	cure area when not in use?	1	□Y □N	
e. Verified for accuracy l	by use of duplicate samples	(calorimetric only)?	DY DN	
ART PENNETON		2/15/200	· · · · · · · · · · · · · · · · · · ·	
Inspector's Name (Please Prin	t)	Date of Inspec		
Of Partle		Fea 200		
Inspector's Signature		Approximate Date of N	- 1 	

AIRS ID#:

ACE

Revised 01/18/00

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: CRICKET	CLEANERS			DA^	TE: 2/15/2000
FACILITY LOCATION: 1331					
	-				
Annual Reporting Period: 3/11		<u>??</u> то		2/15	20
Based on each term or condition of the Titl	e V general air permit, my	facility has re	mained in c	ompliance with I	DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period	covered by th	is statement	. YES	□NO
If NO, complete the following:					
#1. Term or condition of the general permi	it that has not been in cont	inuous compli	ance during	the reporting per	riod stated above:
· · · · · · · · · · · · · · · · · · ·					
Exact period of non-compliance: from			to	· <u>·</u>	
Action(s) taken to achieve compliance:		 			
Method used to demonstrate compliance:					
#2. Term or condition of the general permi	it that has not been in cont	inuous compli	ance during	the reporting per	iod stated above:
Exact period of non-compliance: from			to		
Action(s) taken to achieve compliance:					
Method used to demonstrate compliance:	·				
As the responsible official, I hereby certify,	hand on information and	I ballas samual	affan naga o	anhla isansima sha	at the estationisms made
in this notification are true, accurate and continuous receipts, does not exceed 2,100 go combination facilities.	omplete. Further, my ann	ual consumptio	on of perchl	oroethylene solve	ent, based upon
RESPONSIBLE OFFICIAL: AND		55	ule	an i	MODIM
Na	nme (Please Print)	"	Signat	ure	Date '

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



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

426409 MAR24 2003

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

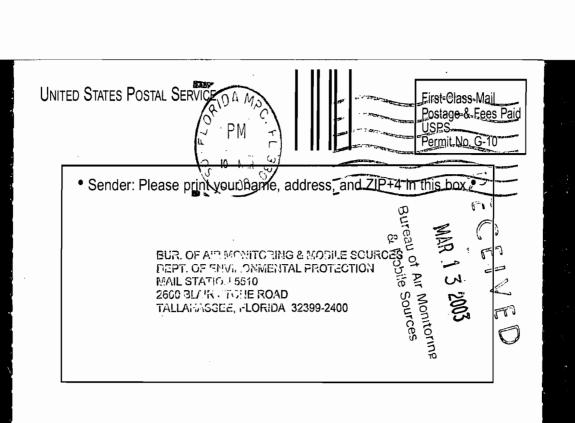
Do NOT Remove Label

AIRS ID#0112387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A177 Fund: 20-2-035001 Obj.: 002273

		Service D MAIL RECE Inly; No Insurance C	
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9-	OF F	ICIAL	USE
75	Postage	\$	\mathcal{C}
7976	Certified Fee		A Postmark
- T	Return Receipt Fee (Endorsement Required)		Here
1000	Restricted Delivery Fee (Endorsement Required)		N.
2	Total Bostoco & Econ	d AIDS I	D#0112387
03	Sent CRICKET CLE	ANERS OF CORAL S	
_=	Stree HAGI WEST ATLANTIC BLVD		
7001	or PC 11331 WEST ATLANTIC BLVD		
7	33071	00.12	
	PS F		Instructions

(

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature Agent Addresse B. Received by (Printed Name) C. Date of Delive			
1. Article Addressed to: AIRS ID#0112387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No			
11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071	3. Service Type ☑ Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.			
	4. Restricted Delivery? (Extra Fee)			
Article Number (Transfer from service label) 7001 0320	0001 7976 3941			
PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1035			



8556	(Domestic Mail Only: No Insurance Coverage Provided)			
0744	For delivery inform	ation visit our website	'· _	
0 200 0004 0	Postage Certified Fee Return Reciept Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	8	Postmark Here	
AIRS ID# 112387 1stC CRICKET CLEANERS OF CORAL St SPRINGS 11331 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 PS Form 3800, June 2002 See Reverse for Instructions				

	/	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVE	ERY
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.	A Signature X Procedured by (Printed Alema)	☐ Agent ☐ Addressee Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C	2-7
1. Article Addressed to:	D. Is delivery address different from item to If YES, enter delivery address below:	? ☐ Yes ☐ No
AIKS 1D# 112387 1SIC CRICKET CLEANERS OF CORAL SPRINGS		
11331 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071	3. Service Type Certified Mall Express Mall Registered Insured Mail C.O.D.	t for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7003 0500 (Transfer from service label) 0004 0144 8556	
PS Form 3811, February 2004 Domestic Retu	ırn 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 PREDIATION 6 2005
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400 Module Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445195 FEB 22005

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 112387 10 CRICKET CLEANERS OF CORAL SPRINGS 11331 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: AI

FUND: 20-2-035001 OBJECT: 002273 THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00 3 Anonitor

Do NOT Remove Label

ID# 112387 FRANK MARRERO CRICKET CLEANERS OF CORAL **SPRINGS** 11331 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071

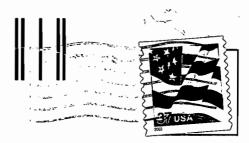
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

CRICKET CLEANERS 4669 University Dr. Coral Springs, FL 33067 (954) 344-2140



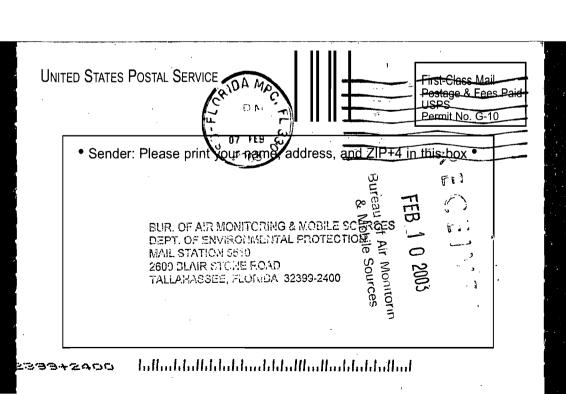


TITLE V - General Permit Receipts
Post Office Box 3070
Tallahassee, FL 32315-3070

Tallantifullimilletinidillimbatllantiflimbilat

<u></u>	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Prov	ided)
750.	OFFICIALYUŚ	
7976	Postage \$ Certified Fee	2
1000	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
7001 0320	Total I AIRS ID#0112387 Sent To CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO Street, , 11331 WEST ATLANTIC BLVD or PO B CORAL SPRINGS FL City, Sta 33071 PS Form 3800, January 2001	

THORESHOLDS OF ENDERON HIGH				
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 delivery address different from item 1?			
Airs ID#0112387 CRICKET CLEANERS OF CORAL SPRINGS	If YES, enter delivery address below:			
FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number (Copy 7 7 0 0 1 0 3 2 0 0 0 0 1 7 9 7 6 7 5 0 5				
PS Form 3811, July 1999 Domestic Ret	turn Receipt 102595-99-M-1789			





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412787 JAN 92002

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 # 0112387
CRICKET CLEANERS OF CORAL SPRINGS
FRANK MARRERO
11331 WEST ATLANTIC BLVD
CORAL SPRINGS FL
33071

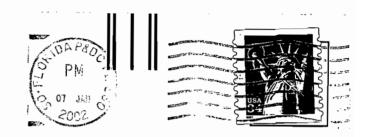
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

CRICKET CLEANERS

4669 University Dr. Coral Springs, FL 33067 (954) 344-2140



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

32313+3070 99



	U.S. Postal Se CERTIFIED (Domestic Mail On	MAIL RECI	EIPT Coverage Provided)	
0013 3045	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	5	Postube k	,
2000 1670	CDICKET	MARRERO CLEANERS OF (EST ATLANTIC B SPRINGS FL	112387001AG CORAL SPRINGS LVD See Reverse for Instru	ctions

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 Agent Agent D. Is delivery address different from item 12 Yes
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
10 AIRS ID # 0112387001AG FRANK MARRERO CRICKET CLEANERS OF CORAL SPRINGS	· · · · · · · · · · · · · · · · · · ·
11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 4000 67000 (3 3095 4)	85
PS Form 3811, July 1999 Domestic Retu	ırn Receipt 102595-99-M-1789

United States Postal Service

PM

Perturbed & Frees Paid
Uspe
Permit No. G.10

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

DARM/MOBILE SOURCE CONTROL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2406 0 8 2002

Bureau of Air Monitoring
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0112387
CRICKET CLEANERS OF CORAL SPRINGS
FRANK MARRERO
11331 WEST ATLANTIC BLVD
CORAL SPRINGS FL 33071

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AN -8 01

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

300318

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. $\begin{array}{c} \text{NECEIVED} \\ \text{NAIL ROOM} \end{array}$

TOTAL AMOUNT DUE: \$50.00 Jan 20 98

Do NOT Remove Label

AIRS ID#0112387

CRICKET CLEANERS OF CORAL SPRINGS INC

FRANK MARRERO 11331 WEST ATLANTIC BLVD

CORAL SPRINGS FL 33071

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оы.: 002273

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$75.00

Do NOT Remove Label

AIRS ID # 0112387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 PR-9 99

FOR GOVERNMENT USE ONLY

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

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PS Form 3800 , April 1995	Postmark or Date	

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United States Postal Service

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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2500 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

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	© Complete items 1 and/or 2 for additional between. © 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 spacpermit. White *Return Receipt Requested* on the mailpiece below the article white *Return Receipt will show to whom the article was delivered and delivered. AIRS ID # 01 12387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 5. Received By: (Print Mame) 6 Signature (Addressee or Agent) X	©Complete items 1 ana/or 2 for addition to be vices. ©Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 01 12387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 ARE TORAL SPRINGS FL 33071 S. Received By: (Print Name) 8. Addressee and fee is	© Complete items 1 and/or 2 for additional between. © Complete items 3, 4a, and 4b. © Print your name and address on the reverse of this form so that we can return this card to you. © Attach this form to the front of the mailpiece, or on the back if space does not permit. © Write "Return Receipt Requested" on the mailpiece below the article number. © The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: AIRS ID # 01 12387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 AIRS ID # 01 12387 Begistered Express Mail Return Receipt for Merchandise 7. Date of Delivery 5. Received By: (Print Mame) 8. Addressee's Address (Only and fee is paid)





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the reverse side?	 Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write "Return Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 	e does not e number.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
ADDRESS completed on	AIRS ID # 0112387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071	4a. Article N 4b. Service Register Express Return Re 7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD	for using Return
Is voor RETURN	The state of the s	8. Addresse and fee is	e's Address (Only if requested s paid) Domestic Return Receipt	Thank you

US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to AIRS ID # 0112387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 Cerumed ree Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addresse's Address TOTAL Postage & Fees Postmark or Date

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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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee
1. Article Addressed to: AIRS ID # 0112387 RICKET CLEANERS OF CORAL SPRINGS RANK MARRERO	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
RAL SPRINGS FL 33071	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) Yes
PS Form 3811, July 1999 Domestic R	Return Receipt 102595-99-M-1789
Z 333 667 US Postal Service Receipt for Certifie CRICKET CLEANERS OF FRANK MARRERO 11331 WEST ATLANTIC B CORAL SPRINGS FL 3307	ed Mail ded. AIRS ID # 0112587 CORAL SPRINGS
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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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 # 0112387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Obj.: 002273



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

TOTAL AMOUNT DUE: \$75.00

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: 	A. Received by (Please Print Clearly) C. Signature D. Is delivery address different from item 1? If YES, enter delivery address below: No
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PS Form 3811, July 1999	Per Receipt 102595-99-M-1789

US Postal Service Receipt for Certified Mail AIRS ID # 0112387 CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071 Postage Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date Postmark or Date