



# 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.

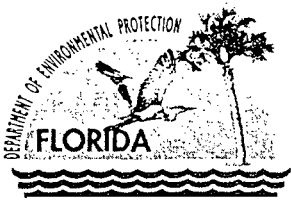
Sincerely,

  
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"



*Sandy*

# 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,

Sandra Bowman  
Environmental Manager  
Mobile Source Control Section  
Bureau of Air Monitoring  
and Mobile Sources

/SB

Enclosure

CRICKET OF CORAL SPRINGS  
11331 W. ATLANTIC BLVD  
CORAL SPRINGS, FL  
33371


0095

10 - 29 1997

PAY TO THE ORDER OF Dept. of Environmental Protection

\$ 50.00

*Fifty*

DOLLARS  Security features included. Details on back.

**SUNTRUST**

SunTrust Bank, South Florida, N.A.  
North Coral Springs Office  
Coral Springs, FL (954) 497-4786

FOR TITLE V General Permitting Office

*Elizabeth Cardon*

MP



# 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.

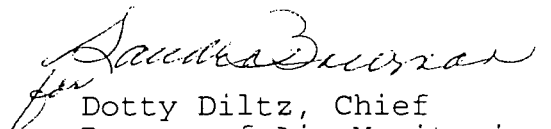
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

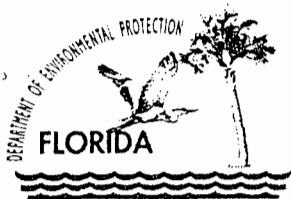
  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

/DD

cc: Mr. John Coppola, Broward County

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

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# 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

**RECEIVED**  
DEC 22 1997  
Air Quality  
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.

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,

*Coral Springs  
Broward  
County*

*Sandra Diltz*  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

Bureau of Air Monitoring  
& Mobile Sources

MAR 10 1998

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DD/jw

cc: Mr. Ewart Anderson, Dade County

# 0112387

p13 7. Add Organization/Firm.

p14 1(c) Should not be marked. Mark out and initial.

2(a) Add totals for each machine and put the sum in the space provided.

p15 (f) Required. Should be marked.

p16 Add Permit #'s of permits surrendered. (DEP issued permits only)  
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): <i>CRICKET CLEANERS OF CORAL SPAINES INC.</i>
2. Site Name (For example, plant name or number): <i>CRICKET CLEANERS OF CORAL SPAINES</i>
3. Hazardous Waste Generator Identification Number: <i>FLR 0000 31427</i>
4. Facility Location: Street Address: <i>11331 WEST ATLANTIC BOULEVARD</i> City: <i>CORAL SPAINES</i> County: <i>BROWARD</i> Zip Code: <i>33071</i>
5. Facility Identification Number (DEP Use): <div style="text-align: right; font-size: 1.5em;"><i>01123817</i></div>

### Responsible Official

6. Name and Title of Responsible Official: <i>FRANK MARLEO (PRESIDENT)</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>11331 WEST ATLANTIC BOULEVARD</i> City: <i>CORAL SPAINES</i> County: <i>BROWARD</i> Zip Code: <i>33071</i>
8. Responsible Official Telephone Number: Telephone: <i>(954) 341-1347</i> Fax: ( ) -

### Facility Contact (If different from Responsible Official)

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

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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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>#1 AVANTI #355E</i> <i>MIRACCLAW</i> <i>#2 M-165 R</i>									
<i>Example #1 03-OCT-93 12-NOV-93 #2 08-DEC-91 #3 02-MAR-92 02-MAR-92</i>									
Dry-to-Dry Unit		<i>#1 19NOV97</i>	<i>19NOV97</i>		<i>#2 19NOV97</i>	<i>19NOV97</i>			
(1) w/ ref. condenser	<i>(1)</i>	<i>19NOV97</i>	<i>19NOV97</i>	<i>(1)</i>	<i>19NOV97</i>	<i>19NOV97</i>			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

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

(c) No control devices are required to be installed

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

gallons *90 Gallons in 1 Dry Clean Unit*  
*110 Gals in 1 Dry Clean Unit*

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

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

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

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

Existing small area source

New small area source

Existing large area source

New large area source



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

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

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

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

All steam and hot water generating units exempt  
No such units on-site

### Equipment Monitoring and Recordkeeping Information

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

- (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

**Surrender of Existing Air Permit(s)**

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form: specifically, permit number(s)

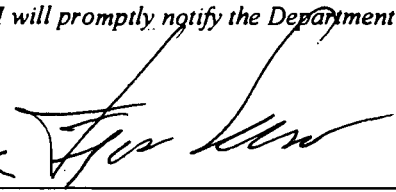
\_\_\_\_\_

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

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

x 

Signature

FRANK MARESCO

Date

1-23-97

Sandy,

On April 27 (Monday 3:30) I was informed by Elizabeth Cordona that she and Frank Herrera are partners in the business, so they may use Frank Herrera or Elizabeth Cordona as the RO. Any more questions call them at 954/341-1347. That's what she told me Sandy.

Pat spoke to Nancy Elizabeth until 4/27 (Monday) <sup>Herrera</sup> <sup>at Frank's</sup> <sup>out</sup> <sup>until</sup> <sup>4/27 (Monday)</sup>  
partners. Will you call and see if business has changed owners? ARMS lists the RO as Frank Herrera. If this is the case, the new owner will need a notification and the ARMS database will need to be changed. Please let me know. Thanks,  
partners 954-341-1347 Sandy

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:      ANNUAL            COMPLAINT/DISCOVERY        
    RE-INSPECTION     

AIRS ID#:	0112387	DATE:	1-10-98	TIME IN:	3:00	TIME OUT:	4:00
FACILITY NAME:	Cricket Cleaners of Coral Springs						
FACILITY LOCATION:	11331 West Atlantic Boulevard Coral Springs 33067						
RESPONSIBLE OFFICIAL:	Elizabeth Cardona	PHONE:	(561) 344-2140				
CONTACT NAME:	Elizabeth Cardona	PHONE:	341-1347				

RECEIVED  
 APR 20 1998  
 Bureau of Air Monitoring  
 & Mobile Sources

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup
2. Facility failed to notify DARM to use general permit

### PART II: CLASSIFICATION

Facility indicated on notification form that it is:  
 (check appropriate box)       No notification form  
     Drop store/out of business/petroleum

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

If no, please check the appropriate classification:

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

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

**PART III: GENERAL CONTROL REQUIREMENTS**

Is the responsible official of the dry cleaning facility:  
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
2. Examining the containers for leakage?  Y  N  N/A
3. Closing and securing machine doors except during loading/unloading?  Y  N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

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

A. Has the responsible official of all new sources and existing large area sources:  
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?  Y  N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?  Y  N  N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

B Thomas  
Inspector's Name (Please Print)

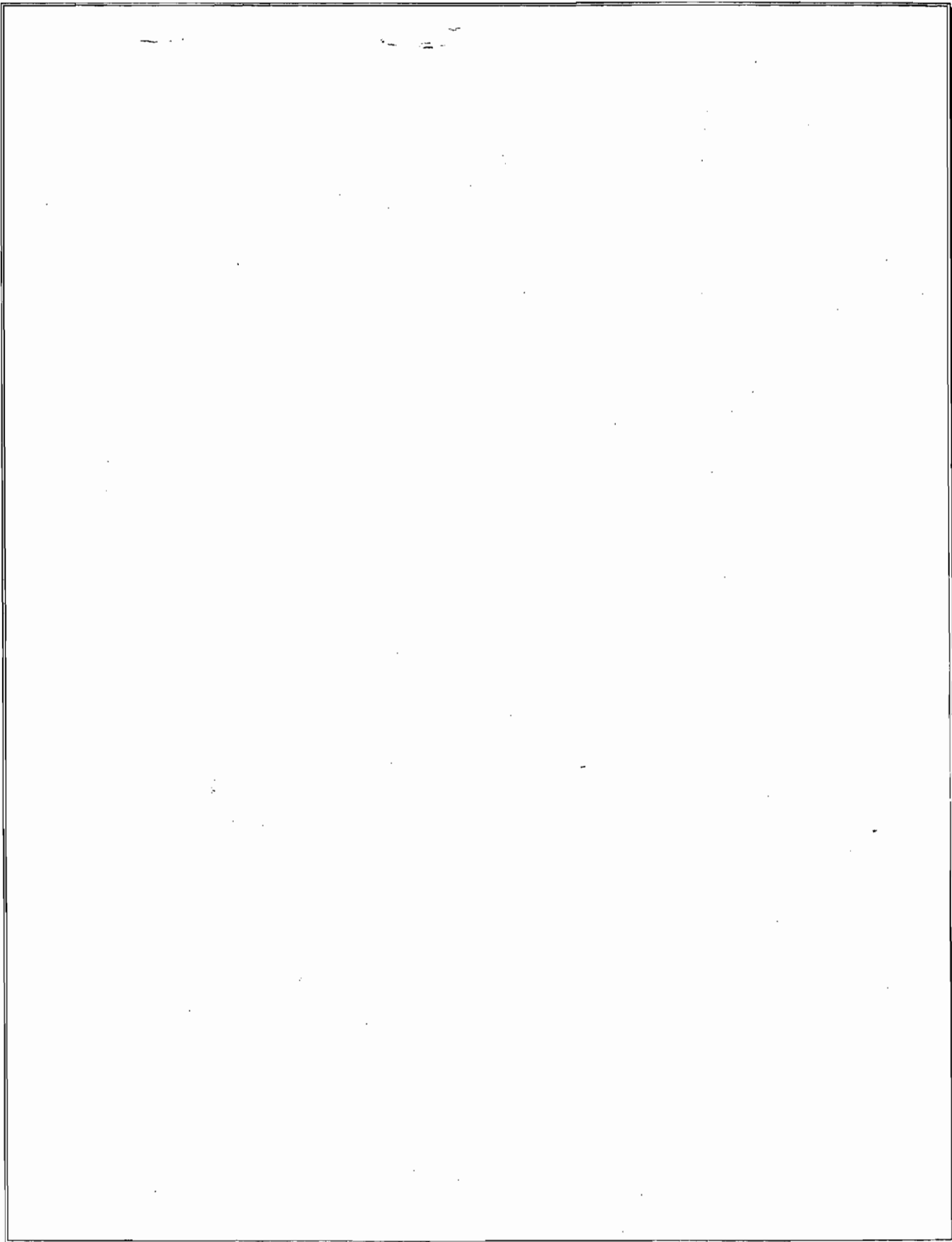
3-10-98  
Date of Inspection

[Signature]  
Inspector's Signature

March 99  
Approximate Date of Next Inspection

7

ADDITIONAL SITE INFORMATION:





# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
 RE-INSPECTION

AIRS ID#: <u>0112387</u>	DATE: <u>3-11-99</u>	TIME IN: <u>2:35</u>	TIME OUT: <u>3:15</u>
FACILITY NAME: <u>CRICKET CLEANERS</u>			
FACILITY LOCATION: <u>11331 W. ATLANTIC BLVD. CORAL SPRING, FL 33067</u>			
RESPONSIBLE OFFICIAL: <u>FRANK MARRERO</u>		PHONE: <u>341-1347</u>	
CONTACT NAME: <u>-</u>		PHONE: <u>-</u>	

RECEIVED

APR - 8 1999

Bureau of Air Monitoring  
& Mobile Sources

### PART I: NOTIFICATION

(check appropriate box)

1. New facility notified DARM 30 days prior to startup	<input checked="" type="checkbox"/>
2. Facility failed to notify DARM to use general permit	<input type="checkbox"/>

### PART II: CLASSIFICATION

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

<p><input type="checkbox"/> 1. Existing small area source                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed before 12/9/91)</p> <p><input type="checkbox"/> 3. Existing large area source                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed before 12/9/91)</p> <p><input type="checkbox"/> 5. This is a correct facility classification</p>	<p><input type="checkbox"/> No notification form</p> <p><input type="checkbox"/> Drop store/out of business/petroleum</p> <p><input type="checkbox"/> 2. New small area source                  dry-to-dry only, <math>x &lt; 140</math> gal/yr                  transfer only, <math>x &lt; 200</math> gal/yr                  both types, <math>x &lt; 140</math> gal/yr                  (constructed on or after 12/9/91)</p> <p><input checked="" type="checkbox"/> 4. New large area source                  dry-to-dry only, <math>140 \leq x \leq 2,100</math> gal/yr                  transfer only, <math>200 \leq x \leq 1,800</math> gal/yr                  both types, <math>140 \leq x \leq 1,800</math> gal/yr                  (constructed on or after 12/9/91)</p> <p><input checked="" type="checkbox"/> Y    <input type="checkbox"/> N    <input type="checkbox"/> Can not determine</p>
---	--

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 250 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

**Is the responsible official of the dry cleaning facility:**  
(check appropriate boxes)

1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
2. Examining the containers for leakage?  Y  N  N/A
3. Closing and securing machine doors except during loading/unloading?  Y  N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993**

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

**A. Has the responsible official of all new sources and existing large area sources:**  
(check appropriate boxes)

1. Equipped all machines with the appropriate vent controls?  Y  N
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

Has the responsible official:  
(check appropriate boxes)

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

**PART VI: LEAK DETECTION AND REPAIRS**

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

ART PENNETTA

Inspector's Name (Please Print)

3/11/99

Date of Inspection

*Art Pennetta*

Inspector's Signature

MARCH 2000

Approximate Date of Next Inspection

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

FACILITY NAME: CRICKET CLEANERS DATE: 3-11-99

FACILITY LOCATION: 11331 W. ATLANTIC BLVD. CORAL SPRINGS

Annual Reporting Period: MAR 10 1998 TO MAR 10 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: FRANCISCO MARRERO [Signature] 3/11/99  
Name (Please Print) Signature Date

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

# PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL  COMPLAINT/DISCOVERY   
RE-INSPECTION

AIRS ID#: 0112387 DATE: 2/15/2000 TIME IN: 11:00 TIME OUT: 11:35  
FACILITY NAME: CRICKET CLEANERS  
FACILITY LOCATION: 11331 W. ATLANTIC BLVD CORAL SPRINGS  
RESPONSIBLE OFFICIAL: FRANK MARRERO PHONE: (954) 341-1347  
CONTACT NAME: SAMIE PHONE: "

**PART I: NOTIFICATION**

(check appropriate box)

1. New facility notified DARM 30 days prior to startup

2. Facility failed to notify DARM to use general permit

Department of Air Monitoring & Mobile Sources  
MAR 10 2000  
RECEIVED

**PART II: CLASSIFICATION**

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

No notification form  
 Drop store/out of business/petroleum

A.

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

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

If no, please check the appropriate classification:

facility qualified for a general permit as number \_\_\_\_\_ above  
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 230 gallons.

**PART III: GENERAL CONTROL REQUIREMENTS**

**Is the responsible official of the dry cleaning facility:**  
(check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?  Y  N  N/A
- 2. Examining the containers for leakage?  Y  N  N/A
- 3. Closing and securing machine doors except during loading/unloading?  Y  N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  Y  N  N/A
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?  Y  N  N/A

**PART IV: PROCESS VENT CONTROLS**

**In Part II-A:**

**If classification 1 has been checked, no controls are required. Proceed to Part V.**

**If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).**

**If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993**

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

**A. Has the responsible official of all new sources and existing large area sources:**  
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?  Y  N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?  Y  N  N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?  Y  N  N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?  Y  N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?  Y  N  N/A
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?  Y  N

**B. Has the responsible official of an existing large or new large area source also:**

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

**PART V: RECORDKEEPING REQUIREMENTS**

**Has the responsible official:**  
(check appropriate boxes)

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



**PART VI: LEAK DETECTION AND REPAIRS**

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

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

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

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

4. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes)
- Halogen leak detector

**If using direct-reading instrumentation, is the equipment:**

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

ART PENNETTA

Inspector's Name (Please Print)

2/15/2000

Date of Inspection

*Art Pennetta*

Inspector's Signature

FEB 2001

Approximate Date of Next Inspection

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

FACILITY NAME: CRICKET CLEANERS DATE: 2/15/2000

FACILITY LOCATION: 11331 W. ATLANTIC BLVD CORAL SPRINGS 33071

Annual Reporting Period: 3/11 99 TO 2/15 2000

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  YES  NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from \_\_\_\_\_ to \_\_\_\_\_

Action(s) taken to achieve compliance: \_\_\_\_\_

Method used to demonstrate compliance: \_\_\_\_\_

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

RESPONSIBLE OFFICIAL: FRANCISCO MARRERO *Francisco* 2/15/00  
Name (Please Print) Signature Date

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



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**

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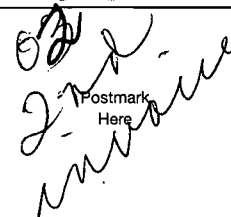
AIRS ID#0112387
CRICKET CLEANERS OF CORAL SPRINGS
FRANK MARRERO
11331 WEST ATLANTIC BLVD
CORAL SPRINGS FL
33071

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

Bureau of A. & Mobile S.  
 MAR 24 2003  
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U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
AIRS ID#0112387	
Sent to	CRICKET CLEANERS OF CORAL SPRINGS
Street or P.O. Box	FRANK MARRERO 11331 WEST ATLANTIC BLVD
City, State, ZIP+4	CORAL SPRINGS FL 33071
PS Form 3811	Instructions

7001 0320 0001 7976 3941

  
 Postmark Here

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0112387

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

 2. Article Number  
(Transfer from service label)

7001 0320 0001 7976 3941

**COMPLETE THIS SECTION ON DELIVERY**

 A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

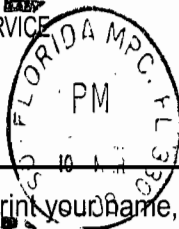
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

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

 4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 15510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

MAR 13 2003

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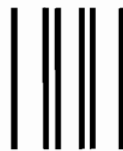
AIRS ID# 112387 1stC  
 CRICKET CLEANERS OF CORAL  
 SPRINGS  
 St 11331 WEST ATLANTIC BLVD  
 or  
 Ct CORAL SPRINGS, FL 33071

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 8556

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  <span style="float: right;">2-7</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">AIRS ID# 112387 1stC          CRICKET CLEANERS OF CORAL          SPRINGS          11331 WEST ATLANTIC BLVD          CORAL SPRINGS, FL 33071</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number</p> <p style="margin-left: 20px;">(Transfer from service label) <u>7003 0500 0004 0144 8556</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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 •

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DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

FEB 16 2005  
Air Monitoring  
Mobile Sources

-----  
**THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING**

445195 FEB 2 2005

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

**FOR GOVERNMENT USE ONLY**  
ORG.: 37550101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

*Printed on recycled paper.*

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8:10 AM  
MAIL ROOM SOURCE



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

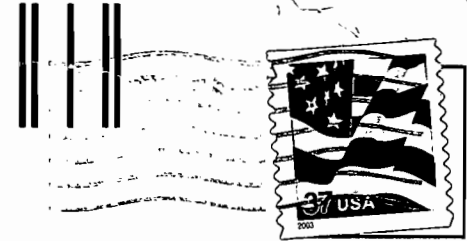
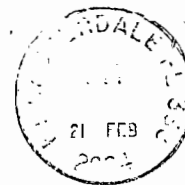
ID# 112387  
FRANK MARRERO  
CRICKET CLEANERS OF CORAL  
SPRINGS  
11331 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071

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

436756 2/23/04  
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FEB 27 2004  
Bureau of Air Monitoring  
& Mobile Sources

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



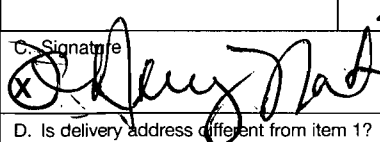
**TITLE V - General Permit**  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070

32315+3070 99

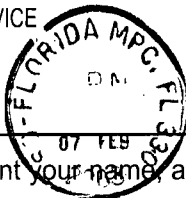


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<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total I</b>	AIRS ID#0112387
Sent To <b>CRICKET CLEANERS OF CORAL SPRINGS</b>	
FRANK MARRERO	
Street, or PO Box 11331 WEST ATLANTIC BLVD	
City, State 33071 CORAL SPRINGS FL	
PS Form 3800, January 2001 See Reverse for Instructions	

7001 0320 0001 7976 7505

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by <i>(Please Print Clearly)</i> B. Date of Delivery <b>2/7</b></p> <p>C. Signature </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID#0112387</p> <p>CRICKET CLEANERS OF CORAL SPRINGS FRANK MARRERO 11331 WEST ATLANTIC BLVD CORAL SPRINGS FL 33071</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Copy #)</p> <p>7001 0320 0001 7976 7505</p>	<p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

UNITED STATES POSTAL SERVICE



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

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

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

Bureau of Air Monitoring  
& Mobile Sources

FEB 10 2003

RECEIVED

32399+2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

412787 JAN 9 2002 ✓

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

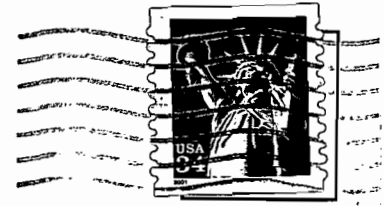
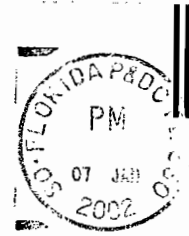
**TOTAL AMOUNT DUE: \$50.00**

**Do NOT Remove Label**

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

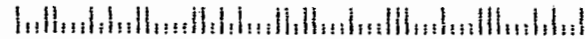
**FOR GOVERNMENT USE ONLY**  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273

**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

32315+3070 99



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

7000 1670 0013 3095 4185

OFFICIAL USE

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

Postmark  
Here  
*Receipt  
02*

Total Post 10 AIRS ID # 0112387001AG  
Sent To FRANK MARRERO  
Street, Apt. 1 CRICKET CLEANERS OF CORAL SPRINGS  
City, State, Z 11331 WEST ATLANTIC BLVD  
CORAL SPRINGS FL  
33071

PS Form 3800, July 1999 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

10 AIRS ID # 0112387001AG  
FRANK MARRERO  
CRICKET CLEANERS OF CORAL SPRINGS  
11331 WEST ATLANTIC BLVD  
CORAL SPRINGS FL  
33071

2. Article Number (Copy from service label)

*70001670001330954185*

PS Form 3811, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

*7/31*

C. Signature  Agent  Addressee  
*[Signature]*

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

3. Service Type

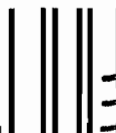
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED

AUG 08 2002

Bureau of Air Monitoring  
& Mobile Sources

22399+2400





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

402023

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

RECEIVED  
MAIL ROOM  
JAN - 8 01



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.

RECEIVED  
MAIL ROOM

**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  
Obj.: 002273

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0366683

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

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

RECEIVED  
MAIL ROOM  
APR-9 99

P 174 052 676

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

1999

PS Form 3800, April 1995

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

Fold at line over top of envelope to the right of the return address

**SENDER:**

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

Postmaster: Please advise if you wish to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

174052676

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- Return Receipt for Merchandise
- COD

7. Date of Delivery

2/27

5. Received By: (Print Name)

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

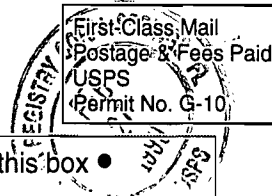
6. Signature: (Addressee or Agent)

X Nancy Marrero

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

2399+0400



P 174 052 305

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

PS Form 3800, April 1995

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

Is your RETURN ADDRESS completed on the reverse side?

**SEND**

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P174052305

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

4/3

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



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

• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

2599+5510



. Z 333 660 464 1999

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

AIRS ID # 0112387

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

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to the right of the return address

Is your RETURN ADDRESS completed on the reverse side?

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

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

2333660464

4b. Service Type

- Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

2/13

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

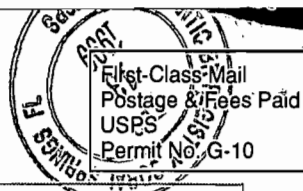
X Nancy Nordan

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

Thank you for using Return Receipt Service.



UNITED STATES POSTAL SERVICE



• Print your name, address, and ZIP Code in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

00046516



Fold at line over top of envelope to  
 of the return address

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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

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

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

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

2094212744

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

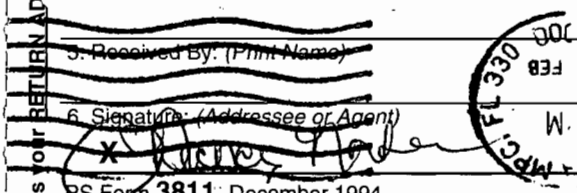
7. Date of Delivery

2/26

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)



PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 094 212 744

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

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Fold at line over top of envelope to the right of the return address

**SENDER: COMPLETE** **DELIVERY**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0112387

CRICKET CLEANERS OF CORAL SPRINGS  
FRANK MARRERO  
331 WEST ATLANTIC BLVD  
CORAL SPRINGS FL 33071

2 333 667 064

2. Article Number (Copy from service label)

A. Received by (Please Print Clearly) B. Date of Delivery  
2/12

C. Signature  Agent  
 Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Z 333 667 064

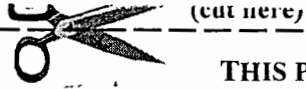
US Postal Service  
**Receipt for Certified Mail**  
 Insurance Coverage Provided.

AIRS ID # 0112387

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

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

PS Form 3800, April 1995



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

394920

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**

*#6106  
requested  
\$50 - duplicate  
payment*

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: B1  
 Fund: 20-2-035001  
 Obj.: 002273

RECEIVED  
 MAIL ROOM  
 MAY - 8 2000



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$75.00**

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: B1  
 Fund: 20-2-035001  
 Obj.: 002273

0394185

Bureau of Air Monitoring  
& Mobile Sources

APR 11 2000

RECEIVED

APR - 7 00

RECEIVED  
MAIL ROOM

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID # 0112387

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

2. Article Number (Copy from service label)

PS Form ~~3811~~, July 1999

**COMPLETE THIS SECTION ON DELIVERY**

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

4/3

C. Signature

*Frank Marrero*

- Agent
- Addressee

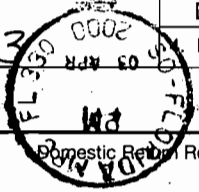
D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

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

Restricted Delivery? (Extra Fee)  Yes



Z 210 663 123

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

3200

PS Form 3800, April 1995

Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date	

Domestic Return Receipt

102595-99-M-1789