

# Department of Environmental Protection

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

Virginia B. Wetherell Secretary

April 27, 1998

Mr. Shaliza Hannack Cleaners Plus 7431 Northwest 57th Street Tamarac, Florida 33319

Re: Facility No.: 0112409

Dear Mr. Hannack:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 3, 1998.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. John Coppola, Broward County

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

TO WHOM IT MAY CONCERN

RE: EIN No. 59-363-9682 Broadway Dry Cleaners

e de la companya de la color d

Accept this letter as your authorization to change the name of Cleaners + Plus to Broadway Dry Cleaners effective immediately.

Please note your records accordingly.

If you have any questions, please give me a call at 941-643-3520.

Sincerely,

Janet But ler

0112409 p15 add permit numbers of DEP usued permits only. If none, p16 responsible official signa 4/13/98 Spor lie is the president o les Enterprises

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

		<b>6</b>
1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	6
	SHALIZ ENTERPRISES	Sources
2.	Site Name (For example, plant name or number):	
	CLEANEN PLUS	
3.	Hazardous Waste Generator Identification Number:	
	FLR 000014142	
4.	Facility Location: 7431 W.W. I's STREET  Street Address:	
	City: TAMANAE County: Bruss Zip Code: 33319	
5.	Facility Identification Number (DEP Use):	
rika. Istor		
	Responsible Official	
6.	Name and Title of Responsible Official:	
	SHALIZA HAMACH SINGH	
7.	Responsible Official Mailing Address: 7431 N.W. 57th STAKET	
	Organization/Firm:  Street Address:  7431 N-W 17 5 5 TACM	
	City: TAMANAC County: Brown Zip Code: 33319	
8.	Responsible Official Telephone Number:	
	Telephone: (954) 722-1500 Fax: (	
	Facility Contact (If different from Responsible Official)	
<del></del>	<u> </u>	
9.	Name and Title of Facility Contact (For example, plant manager):	
10.	Facility Contact Address:	
	Street Address:	
	City: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: Fax: ( )	

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

### **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.

850-82		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1		12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	_
Dry-to-Dry Unit		DAY T.	024	Li, Syl				res reest.	o ar this mail and a Sign marakett
(1) w/ ref. condenser	(1)		1889196		Transfer and the second	The second secon	sis.17 PH.R	9 1 4 40 C W C C C C C C C C C C C C C C C C C	1.21 1.70 1.70
(2) w/ carbon adsorber	· · ·		, , , , , ,						
(3) w/ no controls									
Washer Unit			MATTER A.T.	Jana	Repoletani	HANCE!	-5-£0	·传统:"以及	fate capp de
(4) w/ ref. condenser		1			1	I			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	<b>*</b> 4								
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	rei e	LE SENSE	Ada January	1,3% p	ki Bulkkie		110		2.45种产生
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									
			•	_					
(b) Control devices are  (c) No control devices  2.(a) What was the total of the second of the secon	are re quanti gallo	equired to be ity of perchlons ons	installed [	× perc)	_] purchased in				

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification for (Indicate with an "X".)	m?
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 pursu 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:	uant
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (29 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 perr	mit:
(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	

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### Surrender of Existing Air Permit(s)

Please indicate	with an "X" the appropriate selection:
<u>×</u> 1	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain t	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the smade in this notification are true, accurate and complete. Further, I agree to operate and he air pollutant emissions units and air pollution control equipment described above so as to the thin the thin this notification form.
	THACIZA HARACKS MON Date

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

# **BEST AVAILABLE COPY**



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

-ELMOTT KUSHNER

ELLIGHT KUSHMER CLEANERS PLAS

7431 NW 57TH STREET TAMARAC FL 33319

#### Do NOT Remove Label

Annual Reporting Period: MARC	19	97 TO	MARCH	9 1978
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•	<u> </u>	DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in contin	uous compliance du	ring the reporting p	eriod stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				P
#2. Term or condition of the general permit	that has not been in contin	uous compliance du	ring the reporting p	Find stated above:
Exact period of non-compliance: from		to	S 3	19 7
Action(s) taken to achieve compliance:			on ce	
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, bas notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-t	urther, my annual consumpti	on of perchloroethyle	ne solvent, based up	on purchase receipts,
RESPONSIBLE OFFICIAL: S. HAR	12+CK_S 117 (-17) ne (Please Print)	Sig	C(CV)	3 afci 8 Date

<sup>\*</sup>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.

INSPECTION SUMMARY REPORT ANNUAL COMPLAINTODISCOVERY TYPE OF INSPECTION: TIME OUT: 3: 00 TIME IN: 2:00 TYPE OF FACILITY: 2/4 FACILITY NAME: FACILITY LOCATION: 7431 NW 57 Street RESPONSIBLE OFFICIAL: Shaling Harrocks insh PHONE NUMBER: 722-1500 Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.). Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted: FOLLOW-UP ACTION REQUIRED COMPLIANCE REQUIREMENT/PROBLEM New owner to file application New Ownership PRCK LANDON OUR OUT OF THE SOURCE SOU COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector.	S NO
DATE OF NEXT INSPECTION: February 1999	
(Approximate)	
INSPECTION CONDUCTED BY: Bol Thomas	
(Please Print)	
INSPECTOR'S SIGNATURE: 6/1000 PHONE NUMBER: 5/9-	-1459
' Page of	Revised 10/96

# PÉACHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPLIANCE INSPECTION CHECKLIST  TYPE OF INSPECTION:  ANNUAL COMPLAINT/DISCOVERY  RE-INSPECTION CHECKLIST  OF THE OUT: 2:00 TIME OUT: 2:00 TIME OUT: 2:00	
RE-INSPECTION D	~
Olig Ti.	1
	20
AIRS ID#: 011 2409 DATE: 2-25-98 TIME IN: 2:00 TIME OUT: 3:30	2
FACILITY NAME: Clevners Phs	· .
FACILITY LOCATION: 743/ NW 57 Street	
Tomoroc	
RESPONSIBLE OFFICIAL: Shalind Harracksing PHONE: 722-1500  CONTACT NAME: Shalina Harracksing PHONE: 722-1500	
CONTACT NAME: Sheling Hurracksing PHONE: 722-1500	
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	
PART II: CLASSIFICATION  Facility indicated on notification form that it is:	
Facility indicated on notification form that it is:    No notification form	1
Facility indicated on notification form that it is:  (check appropriate box)  (check appropriate box)  (check appropriate box)	1
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source	1
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source	1
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	1
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 transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)    No notification form	1
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 transfer only, x < 200 gal/yr both types, x < 140 gal/yr tooth types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source No notification form  No notification form  Check appropriate box)  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)	1
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 to-dry only to-dry only transfer only types, x < 140 gal/yr types, x < 140 gal/yr transfer only types, x < 140 gal/yr types, x	1
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 to-dry only that it is:  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 both types, $x < 140$ gal/yr (constructed before $12/9/91$ )  1. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	1
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 transfer only, $x < 200$ gal/yr both types, $x < 140$ 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 dry-to-dry only, $140 \le x \le 2,100$ gal/yr dry-to-dry only, $140 \le x \le 2,100$ gal/yr	1
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, $x < 140 \text{ gal/yr}$ transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$ (constructed before $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$ transfer only, $140 \le x \le 1,800 \text{ gal/yr}$ transfer only, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$	1
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 $12/9/91$ )  2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )  3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )  1. 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 before $12/9/91$ )  2. New small area source dry-to-dry only, $x < 140$ gal/yr (constructed on or after $x < 140$ gal/yr transfer only, $x < 140$ gal/yr transfer only $x < 140$ gal/yr transfer only, $x < 140$ gal/yr t	1
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source  dry-to-dry only, $x < 140$ gal/yr  transfer only, $x < 200$ gal/yr  both types, $x < 140$ gal/yr  (constructed before $12/9/91$ )  3. Existing large area source  dry-to-dry only, $140 \le x \le 2,100$ gal/yr  transfer only, $200 \le x \le 1,800$ gal/yr  both types, $200 \le x \le 1,800$ gal/yr  transfer only, $200 \le x \le 1,800$ gal/yr  both types, $200 \le x \le 1,800$ gal/yr  constructed before $200 \le x \le 1,800$ gal/yr  both types, $200 \le x \le 1,800$ gal/yr  constructed on or after $200 \le x \le 1,800$ gal/yr  both types, $200 \le x \le 1,800$ gal/yr  constructed on or after $200 \le x \le 1,800$ gal/yr  construct	1
Facility indicated on notification form that it is:  (check appropriate box)  A.  1. Existing small area source	1

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?										
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?										
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 refrig (complete A below).	erated condenser									
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 refrig (complete A and B below).	gerated condenser									
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	'									
1. Equipped all machines with the appropriate vent controls?	<b>■</b> 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?	TY ON ON/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?	TY ON ON/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:			
l.	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?	ΩY	ПΝ	
.2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	Π̈Υ	ИП	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber if machines are equipped with a carbon adsorber?	ΟY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΩИ	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΟY	OИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ДИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	ŊO Y
2. Maintained rolling monthly total of perc consumption?	₩Y □W
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?	NY ON ON/A
4. Maintained calibration data? (for applicable direct reading instruments)	NV ON ON/A
5. Maintained exhaust duct monitoring data on perc concentrations?	AVA NO Y
6. Maintained startup/shutdown/malfunction plan?	ØY □N
7. Maintained deviation reports?	TY ON ON/A
Problem corrected?	AVA NO YO
8. Maintained compliance plan, if applicable?	A/N

1	D	A	D	T	τ.	η.	T	E.	A 1	Ľ.	n	T	١7	rı	7	$\sim$	ry.	$\boldsymbol{\cap}$	N	A		JT	١.	ומ	r D		m	, c	٠
	М.	ч	м		·			. F. /	•	<b>n</b>	-13	, ,	. 1		٩.1			. ,	N	- 4	v	v 1		ĸ	н. Р	- 4		•	

1.	Does the responsible official conduct a	weekly (for small sources	s, bi-weekly) leak detection ar	nd repair	
	inspection?			ŊΥ	ПΝ
2.	Has the facility maintained a leak log?			₽Y	ПN
3.	Does the responsible official check the				
	Hose connections, fittings, couplings, and valves	PY ON ON/A	Muck cookers	<b>®</b> Y □	IN □N/A
	Door gaskets and seating	NY ON ON/A	Stills	SY C	IN □N/A
	Filter gaskets and seating	TY ON ON/A	Exhaust dampers	<b>⊕</b> Y □	IN □N/A
	Pumps	ây □n □n/a	Diverter valves	<b>Ø</b> Y □	IN □N/A
	Solvent tanks and containers	<b>∄</b> Y □N □N/A	Cartridge filter housings	<b>d</b> Y □	IN ON/A
	Water separators	₽Y ON ON/A			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed s	solvent on exterior surface	es)		
	Physical detection (airflow felt th	rrough gaskets)			
	Odor (noticeable perc odor)				
	Use of direct-reading instrument	ation (FID/PID/calorimetr	ric tubes)		
	Halogen leak detector				
	If using direct-reading inst	rumentation, is the equip	ment:	□N/A	
	a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?		N
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each usc	OY C	אנ
	c. Inspected for leaks a	nd obvious signs of wear o	on a weekly basis?	OY C	JИ
	d. Kept in a clean and	secure area when not in us	se?	OY C	אנ
	e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?		NE

Inspector's Name (Please Print)

2-25-98

Date of Inspection

Feb 99

Inspector's Signature

Approximate Date of Next Inspection

### ADDITIONAL SITE INFORMATION:

Facility under new ownership

Facility under new ownership

Application forms left with new owners

Facility in continued operation

Facility in compliance and in good order.

# PERCHLOROETHYLENE DRY CLEANERS

# TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	ANNUAL RE-INSPECTION	<b>a</b>	COMPLAINT/DISC	COVERY	
AIRS ID#: 01/2409  FACILITY NAME:	leaner's Plua 7431 N.W. Tamorae, Floi : Ahaliga Har	57 <sup>m</sup> Ot eida 33 Inack	319	Bureau of Air Monile Four	K E ( E ) 31
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM	1 30 days prior to startuj	p			
2. Facility failed to notify DAF	RM to use general permi	it			
	<del> </del>		· · · · ·		
PART II: CLASSIFICATIO	N				
Facility indicated on notificat	tion form that it is		☐ No notification for	<del></del>	
(check appropriate box)  A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	rce 2./yr dr	ansfer only, x oth types, x <	☐ Drop store/out of area source x < 140 gal/yr < 200 gal/yr		oleum
A.  1. Existing small area sou dry-to-dry only, x < 140 gal transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area sour dry-to-dry only, 140 ≤ x ≤ 2 transfer only, 200 ≤ x ≤ 1,80 both types, 140 ≤ x ≤ 1,800 (constructed before 12/9/91)  5. This is a correct facility of facil	rce	ry-to-dry only, ransfer only, x oth types, x < constructed on.  New large a ry-to-dry only, ransfer only, 20 oth types, 140 constructed on.  IY  No.	Drop store/out of area source $x < 140 \text{ gal/yr}$ $< 200 \text{ gal/yr}$ $140 \text{ gal/yr}$ or after $12/9/91$ )  Area source $140 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ or after $12/9/91$ )  Can not determine $12/9/91$ above	business/petr	oleum

# (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? ON ON/A 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? □N □N/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 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 condenser exceeded 45° F? Informed curren to install temp gauge Re-Inspected on 6/23/99 DY ON ON/A 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:

B.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	□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?	ΠY	ПN	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	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?	ΠY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПN	□N/A

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

### PART VI: LEAK DETECTION AND REPAIRS 1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair ΠN inspection? 2. Has the facility maintained a leak log? ΠN 3. Does the responsible official check the following areas for leaks? Hose connections, fittings, ON ON ON/A DY ON ON/A couplings, and valves Muck cookers DY ON ON/A eay on on/a Door gaskets and seating Stills OY ON ON/A Filter gaskets and seating MY ON ON/A Exhaust dampers DY ON ONA MY DN DN/A Diverter valves Pumps Solvent tanks and containers Cartridge filter housings OY ON ON/A Water separators Y ON ON/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 DAN/A If using direct-reading instrumentation, is the equipment: OY ON a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? b. Calibrated against a standard gas prior to and after each use (PID/FID only)? NO YO DY DN c. Inspected for leaks and obvious signs of wear on a weekly basis? d. Kept in a clean and secure area when not in use? DY DN OY ON e. Verified for accuracy by use of duplicate samples (calorimetric only)? Elizabeth F. Susky Inspector's Name (Please Print) Elizabeth F. Susky Inspector's Signature Date of Inspection Approximate Date of Next Inspection

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Cleaners Plus :	DATE: <u>6/15/99</u>
FACILITY LOCATION: #431 N. W. S7th St.	
Tamarac, FL 338 kg	
Annual Reporting Period: 1998 TO Que	ne 19 <u>99</u>
Based on each term or condition of the Title V general air permit, my facility has remained in comp 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	~ / _
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	
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	
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 made in this notification are true, accurate and complete. Further, my annual consumption of percupon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry politics or 1,800 gas combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature	chloroethylene solvent, based

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

Page \_\_\_\_\_ of \_\_\_\_\_.

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY **RE-INSPECTION** FLR000014122 11:15 am 11.00am AIRS ID#: 01/2469 DATE: 03/20/00 TIME IN: 4000 TIME OUT: FACILITY NAME: Cleaner's Plus-FACILITY LOCATION: 7431 RESPONSIBLE OFFICIAL: Shaliza Harmack CONTACT NAME: 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 PART II: CLASSIFICATION Facility indicated on notification form that it is: ☐ No notification form (check appropriate box) ☐ Drop store/out of business/petroleum A. 1. Existing small area source 2. New small area source dry-to-dry only, x < 140 gal/yr dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr both types,  $x < 140 \text{ gal/yr}^{-1}$ (constructed before 12/9/91) (constructed on or after 12/9/91) 3. Existing large area source 4. New large area source dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ dry-to-dry only,  $140 \le x \le 2{,}100 \text{ gal/yr}$ transfer only, 200 < x < 1.800 gal/yr transfer only, 200 < x < 1,800 gal/yr both types,  $140 \le x \le 1,800 \text{ gal/yr}$ both types, 140 < x < 1,800 gal/yr (constructed before 12/9/91) (constructed on or after 12/9/91) 5. This is a correct facility classification □Can not determine  $\Box Y$  $\square N$ 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 100-120 gallons.

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

**BEST AVAILABLE COPY** 

NAZIR MOHAMMED

# Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY ON ONA 1. Storing perchloroethylene in tightly sealed and impervious containers? ON ON/A 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at DY DN DN/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN DX/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). Curbon 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? DY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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 condenser exceeded 45°F? Charer Has installed temp. gauge. 6. Conducted all temperature monitoring after an appropriate cooldown period and after

PART III: GENERAL CONTROL REQUIREMENTS

verifying that the coolant had been completely charged?

B	. Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΟY	□и	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΟY	ОΝ	□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?	ΠY	ПИ	□N/A

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

weekly (for small source	es, bi-weekly) leak detection ar					
		ON NO				
		MD K				
3. Does the responsible official check the following areas for leaks?						
DY ON ON/A	Muck cookers	OY ON ON/A				
MY ON ON/A	Stills	DY ON ON/A				
DY ON ON/A	Exhaust dampers	DY ON ON/A				
ON ON/A	Diverter valves	OX ON ON/A				
OVY ON ON/A	Cartridge filter housings	DY DN DNA				
MY ON ON/A						
e responsible official?						
lvent on exterior surfac	es)					
ough gaskets)						
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?						
andard gas prior to and	after each use	OY ON				
d obvious signs of wear	on a weekly basis?	OY ON				
cure area when not in u	sc?	OY ON				
		OY ON				
	<del></del>					
	1					
Inspector's Name (Please Print)  43 00 100  Date of Inspection						
Inspector's Name (Please Print)  Date of Inspection  John Fland  Inspector's Signature  Approximate Date of Next Inspection						
		Vext Inspection				
	Following areas for leaks  OY ON ON/A  The responsible official?  Olvent on exterior surfaction ough gaskets)  The country of the equivalence o	Muck cookers				

# BEST AVAILABLE COPY ANNUAL COMPLIANCE CERTIFICATION FORM

	Cleaner's Pl		<i></i>		_DAIE: _05	120/05
CILITY LOCATION:	••					
	Tamaras,	FLorida	.3.3319			
nnual Reporting Period:	Ture		19 <u>99</u> TO	· Marc	h	7000
used on each term or cond -213,300, Florida Admin	_	•	•		_	
NO, complete the followi	ng:		1			
l. Term or condition of th	ne general permit that b	nas not been in c	ontinuous complia	nce during the repo	rting period sta	ted above:
ract period of non-compli	ance: from			to		
cuon(s) taken to achieve c	compliance:					
lethod used to demonstrate	compliance:					
2. Term or condition of th			ontinuous complia			
•				<u> </u>		
auen(s) taken to achieve c	·					
ethod used to demonstrate	compliance:					

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

Page \_\_\_\_\_\_ of \_\_\_\_\_.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE	· · ·			
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
<ul> <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,</li> </ul>	A. Signature  X			
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?			
10 AIRS ID# 0112409001AG CLEANERS PLUS SHALIZA HARRACH SINGH				
7431 NW 57TH STREET TAMARAC FL 33319	3. Service Type  Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.			
	4. Restricted Delivery? (Extra Fee)			
2. Article Nur 7001 0320 0001 7976	3156			
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-1540			

1	U.S. Postal Service: CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
31.56	OFFICIAL USE
9262 1000	Postage  Certified Fee  Return Receipt Fee (Endorsement Required)  Restricted Delivery Fee (Endorsement Required)
7001 0320	Total Postag 10 AIRS ID# 0112409001AG  CLEANERS PLUS SHALIZA HARRACH SINGH  Street, Apt. No 7431 NW 57TH STREET or PO Box No. TAMARAC FL 33319  City, State, ZIP
Į	PS Form 3800, January 2001 See Reverse for Instructions

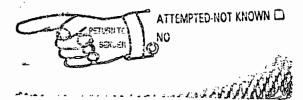
STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MS 5510-37550 304000
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

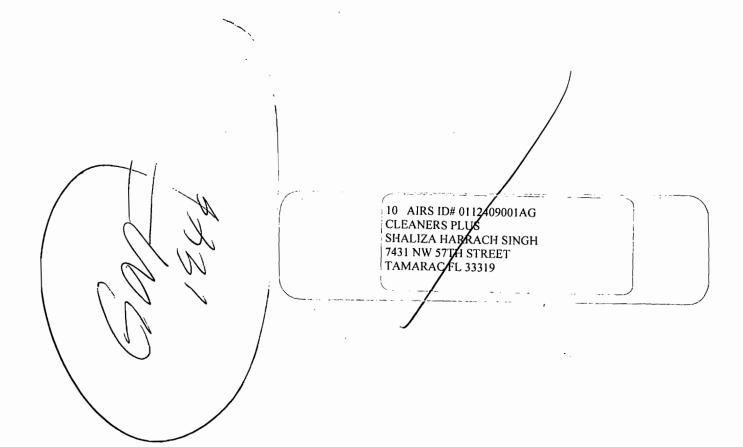


7001 0320 0001 7976 315E









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### **TOTAL AMOUNT DUE: \$50.00**

#### Do NOT Remove Label

AIRS ID # 0112409 CLEANERS PLUS SHALIZA HARRACH SINGH 7431 NW 57TH STREET TAMARAC FL 33319 FOR GOVERNMENT USE ONLOW Org.: 37550101000 EO: BNO Fund: 20-2-035001 Obj.: 002273

402014

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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# **TOTAL AMOUNT DUE: \$50.00**

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ANF DRY CLEANERS
FELIX PIMENTEL
10870 WILES ROAD
CORAL SPRINGS FL 33067

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

RECEIVED MAIL ROOM

JAN -8 01

AIRS ID # 0112409  AIRS ID # 0112409  EANERS PLUS ALIZA HARRACH SINGH  I NW 57TH STREET MARAC FL 33319  3. Service Type Certified Mail Registered Return Receipt for Merchandia Insured Mail Insured Mail CO.D.  4. Restricted Delivery? (Extra Fee) Yes  Yes  1 Yes  2 Article Number (Copy from service label)	•		olevire-le-901 19y0		
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 # 0112409  ANERS PLUS  LIZA HARRACH SINGH INV 57TH STREET  AARAC FL 33319  AREAC FL 33319  AREAC FL 33319  AREAC FL 33319  Domestic Return Receipt  Insured Mail  Agent   Address Mail   Express Mail   Registered   Return Receipt for Merchandic   Insured Mail   C.O.D.  AREAC FL 33319  AREAC FL 33319  Domestic Return Receipt  Insured Mail  AIRS ID # 0112409  AREAC FL 33319  AREAC FL 33319  AREAC FL 33319  Domestic Return Receipt  AREAC FL 33319  Domestic Return Receipt  AREAC FL 33319  AREACC FL 33319  AREACC FL 33319  AREACC FL 33319  AREACCE FLUS  SHALIZA HARRACH SINGH  7431 NW 57TH STREET  TAMARAC FL 33319  AREACCE FLUS  SHALIZA HARRACH SINGH  7431 NW 57TH STREET  TAMARAC FL 33319  AREACCE FLUS  SHALIZA HARRACH SINGH  7431 NW 57TH STREET  TAMARAC FL 33319  AREACCE FLUS  SHALIZA HARRACH SINGH  7431 NW 57TH STREET  TAMARAC FL 33319  AREACCE FLUS  SHALIZA HARRACH SINGH  7431 NW 57TH STREET  TAMARAC FL 33319  AREACCE FLUS  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Receipt Showing to Whom, Dale Delivered Flow Fee  Return Rece	SENDER: COMPLETE TH	S SEC	TION	DMPLETE THIS SECTION ON D	ELIVERY
AIRS ID # 0112409  AIRS ID # 0112409  AIRS PLUS ALIZA HARRACH SINGH INV 57TH STREET  MARAC FL 33319	<ul> <li>item 4 if Restricted Delive</li> <li>Print your name and address that we can return the</li> <li>Attach this card to the ba</li> </ul>	ry is de ess on card to ck of th	sired. the reverse you.	Signature	Agent Addressed
ANERS PLUS LIZA HARRACH SINGH NW 57TH STREET    ARAC FL 33319	1. Article Addressed to:				
Insured Mail   C.O.D.     2 333 664 040     4 Restricted Delivery? (Extra Fee)   Yes     2 Article Number (Copy from service label)     PS Form 3811, July 1999   Domestic Return Receipt     2 333 667 040     PS Form 3811, July 1999   Domestic Return Receipt     2 333 667 040     PS Form 3811, July 1999   Domestic Return Receipt     2 333 667 040     PS Form 3811, July 1999   Domestic Return Receipt     2 333 667 040     PS Form 3811, July 1999   Domestic Return Receipt     AIRS ID # 0112409     CLEANERS PLUS	ANERS PLUS ALIZA HARRACH SINGH I NW 57TH STRÆET	RS ID <sub>.</sub> #	3.	Certified Mail	
PS Form 3811, July 1999  Domestic Return Receipt  Z 333 LL7 070  US Postal Service  Receipt for Certified Mail  AIRS ID # 0112409  SHALIZA HARRACH SINGH 7431 NW 57TH STREET TAMARAC FL 33319  Postage  Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to Whom, Date, & Addressee's Address				•	eceipt for Merchandise
2. Article Number (Copy from service label)  PS Form 3811, July 1999  Domestic Return Receipt  2 333 Lb7 D7D  US Postal Service  Receipt for Certified Mail  AIRS ID # 0112409  CLEANERS PLUS  SHALIZA HARRACH SINGH  7431 NW 57TH STREET  TAMARAC FL 33319  Postage  Special Delivery Fee  Restricted Delivery Fee	Z 333 667 6	94	b 4.	Restricted Delivery? (Extra Fee)	☐ Yes
Z 333 667 070  US Postal Service Receipt for Certified Mail  AIRS ID # 0112409  CLEANERS PLUS SHALIZA HARRACH SINGH 7431 NW 57TH STREET TAMARAC FL 33319  Postage \$ Certified Fee  Special Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date Deliversed Return Receipt Showing to Whom, Date, & Addressee's Address					
US Postal Service Receipt for Certified Mail  AIRS ID # 0112409  CLEANERS PLUS SHALIZA HARRACH SINGH 7431 NW 57TH STREET TAMARAC FL 33319  Postage  Certified Fee Special Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Address of Address  Return Receipt Showing to Whom, Date, & Address of Address	PS Form 3811, July 1999		Domestic Return F	Receipt	102595-99-M-1789
Certified Fee  Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addressee's Address		SI 74	Z 333 I US Postal Service Receipt for Cel LEANERS PLUS HALIZA HARRACH 31 NW 57TH STREE	rtified Mail AIRS ID # 0112409 SINGH	
Special Delivery Fee  Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addressee's Address			Postage	\$	
Restricted Delivery Fee  Return Receipt Showing to Whom & Date Delivered  Return Receipt Showing to Whom, Date, & Addressee's Address			Certified Fee		
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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 # 0112409 SHALIZA HARRACH SINGH

7431 NW 57TH STREET TAMARAC FL 33319

**CLEANERS PLUS** 

FOR GOVERNMENT USE OF Y

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

Obj.: 002273



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