0250694



### Department of Environmental Protection

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

Virginia B. Wetherell .
Secretary

September 3, 1996

Mr. Jerrold Ofgang Crest Quality Cleaners 9200 Bird Road Miami, Florida 33165

Dear Mr. Ofgang:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 8, 1996.

Please note that in November 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 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. Ewart Anderson, Dade County

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

	# 0250694  MBR Drive-In Cleaners  -spoke with Rone - 8/21/96
p. 13	6. need title – owner 9. need title – assistant
p.14	1. (a) identify machine #2, and date control device installed for second machine needs to be moved down to line (1) (c) does not need an "X" 3. should be new large area Source 4. should be new large area Source w/ refrig. con. 5. (d) does not need an "X", not required

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
MBR DRIVE-IN CLEANERS
2. Site Name (For example, plant name or number):
CREST QUALITY CLEANERS
3. Hazardous Waste Generator Identification Number:
* F.L.098103:0299
4. Facility Location: Street Address: 9208 BIRD Road Miami, Fla. City: County: DADE Zip Code: 33/85
City: MIAMI County: DADE Zip Code: 33/85
5. Facility Identification Number (DEP Use):
0250694
Responsible Official
6) Name and Title of Responsible Official:
JERROLD OFGANG
7. Responsible Official Mailing Address: 9200 Organization/Firm: CREST QUAI, TY ELEANERS Street Address:
City: Miami County: DADE Zip Code: 3316
8. Responsible Official Telephone Number:
Telephone: (305) 226 - 6778 Fax: ( ) -
Facility Contact (If different from Responsible Official)
[9] Name and Title of Facility Contact (For example, plant manager):
Kene DUARRIC
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:  Telephone: (305) 726 273   Fax: ( ) -

RECEIVED

AUG 8 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

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
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	# /	07-07-85		Ħ	3/10/94	3/15/95		and the second of the second o	
(1) w/ ref. condenser			6-16-95	•	1	4			
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	15 17	j de Singua							SCHARG.
(4) w/ ref. condenser									
(5) w/ carbon adsorber								1	
(6) w/ no controls			1						
Dryer Unit			Addres IV - J. I	7 p. 1 7.	all of decidents		g jeyn		TRIUSSEN- F
(7) w/ ref. condenser		I I I I I I I I I I I I I I I I I I I							1
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	ally and p		l eni i da la	e e i e	ing pier		.,		<u>l</u> Sjálfa í Síle þár,
(10) w/ ref. condenser		I	The same of the sa		T	1		1	
(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?									
(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 []  .C.									

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4) What control technology is required on machines pursuant to section (5) of (Indicate with an "X".)	Part II of this notification form?
Existing large area source Carbon adsorber  Refrigerated condenser	<b>1</b>
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 Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit 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 boiler HP or less), and (2) are fired exclusively by natural gas except for perioduring which propane or fuel oil containing no more than one percent sulfur is	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Infor	mation
Check all logs which are required to be kept on-site in accordance with the req	uirements of this general permit:
(a) Purchase receipts and solvent purchases	X
(b) Leak detection inspection and repair	$(\star)$
(c) Refrigerated condenser temperature monitoring	$(\lambda)$
Carbon adsorber exhaust perc concentration monitoring	ス (大) (大) (大)
(e) Instrument calibration	1
(f) Start-up, shutdown, malfunction plan	$\triangle$

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

	(-)					
Please indicate	e 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.						
Signature	$\frac{\sqrt{30/96}}{\sqrt{\text{Date}}}$					

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



## Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 August 20, 2001

David B. Struhs Secretary

Mr. Jerrold Ofgang Crest Quality Cleaners, Inc. 9200 Bird Road Miami, Florida 33165

Dear Mr. Ofgang:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on August 20.

In reviewing your submittal, it was noted that Crest Quality Cleaners, Inc., elected to surrender its existing Title V air general permit (AIRS 1D 0250694). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

General Permits Section
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman .

Bureau of Air Monitoring and Mobile Sources

SB/jw Enclosure

cc: Ms. Mallika Muthia, Dade County

"More Protection, Less Process"

Printed on recycled paper.

## TITLE V AIR QUALITY GENERAL PERMIT SPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CON	RE-INSPECTION
TIME IN: 11: 20 am TIME OUT: 12: 30	
TYPE OF FACILITY - Quality of	and Pry Cleaners
	DATE: 6.30.97
FACILITY LOCATION: 9200 Bind Road	
marie, J.L.	
RESPONSIBLE OFFICIAL: Jezzald Offana	PHONE NUMBER: 226-223/
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
no pue puchase log.	must maintain said log.
No repair documentation log	Must maintain a repair log on-site.
•	
COMMENTS:	
	<b>s</b> :
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 6.98	pproximate)
INSPECTION CONDUCTED BY: Rosana R	Please Print)
INSPECTOR'S SIGNATURE: Taxana	PHONE NUMBER: 372-6442
Page	

AIRS 10#: 0250694

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

JUL 1 4 1997

STATE

FACILITY NAME: CREST Quali	ty Cleaners Man	Air Quality
FACILITY LOCATION: 9200 Bied		
miami FL	•	
Annual Reporting Period: JAN	1996 то <u>вес</u>	
Based on each term or condition of the Title V general a 62-213.300, Florida Administrative Code (F.A.C.), duri		DEP Rule ☑NO
If NO, complete the following:	•	
#1. Term or condition of the general permit that has no	t been in continuous compliance during the reporting p	eriod stated above:
Exact period of non-compliance: from 3	as 96 to sec 96	
Action(s) taken to achieve compliance:	UTAIN PAPER WORK UPTODA	re
Method used to demonstrate compliance: New	LOGS TO BE INFLEMENTE	<b>D</b> .
#2. Term or condition of the general permit that has no	ot been in continuous compliance during the reporting p	period stated above:
Exact period of non-compliance: from	totoRECE	IVED
Action(s) taken to achieve compliance:		
Method used to demonstrate compliance:	Bureau of Ai	2 1997
As the responsible official, I hereby certify, based on in		Sources
made in this notification are true, accurate and compleupon rolling averages of purchase receipts, does not ex year for transfer or combination facilities.		
RESPONSIBLE OFFICIAL: JERROLD ON Name (Please I	Frang Signature	7/1/97 Date
	/ / /	_ 0.00

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

DEPT. OF ENVIRONMENTAL 248955 |
RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540



CREST QUALITY CLEANERS 9200 BIRD ROAD MIAMI, FLORIDA 33165 305-226-2231 Air Quality
Management Division

June 30, 1997

#### To DERM:

Sincerely yours,

This is to inform you that the Spenser Major Dry-to-Dry unit previously used by this facility, was taken off-line and terminated on December 30, 1996. It remains inoperable and will not be put back into use.

A replacement has not yet been acquired.

RECEIVED

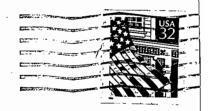
AUG 2 2 1997

Bureau of Air Monitoring & Mobile Sources

Arthur Williamson, director of operations

Crest Quality Cleaners And Shirt Service 9200 BIRD ROAD MIAMI, FI 22165 (305) 226-2201





METROPOLITAN DASE COUNTY ÉVIES. RES.
AHN: ROSANA RIVERA
33 S.W. 2ND. AVENUE
SUITE 900
MIAMI, FLORIDA 33130-152

التبارات الباليان البالم الأرتين البالي البياليان

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	N C	COMPLAINT/DISCO	OVERY			
AIRS ID#: <u>0250694</u> D. FACILITY NAME: <u>Crest</u> FACILITY LOCATION: <u>9</u>	Quality 200 Bird	Cleaner Road	IN: <u>// 20am</u> TIM a) /65				
PART I: NOTIFICATION	•		· ·				
(check appropriate box)  1. Existing facility notified DAR  2. New facility notified DARM 3  3. Facility failed to notify DARM	0 days prior to star	•			<b>E</b>		
PART II: CLASSIFICATION  Facility indicated on notification							
(check appropriate box)							
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)	e 🗆	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr				
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" ga="" gal="" only,="" td="" transfer="" types,="" y=""><td>) gal/yr al/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	) gal/yr al/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>				
This is a correct facility classific	ation	OPY ON					
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 266 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?	DRY ON
2. Examining the containers for leakage?	DY ON
3. Closing and securing machine doors except during loading/unloading?	ØÝ ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DAY ON
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY ON DANIA
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).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber musinstalled prior to September 22, 1993	_
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	gerated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	
Equipped all machines with the appropriate vent controls?	DY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DAY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A
Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	er on
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN ENA
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON

B. Has the responsible official of an existing large or new large area sour	ce also:
Measured and recorded the exhaust temperature on the outlet side of the coon dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ondenser located
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY DN BENA
Is the temperature differential equal to or greater than 20° F?	OY ON WA
3. Measured and recorded the perc concentration in the exhaust stream week at the end of the final drying cycle while the machine is venting to the ads if machines are equipped with a carbon adsorber?	orber,
Is the perc concentration equal to or less than 100 ppm?	DY DN BAA
4. Assured that the sampling port on the carbon adsorber exhaust for measure perc concentrations is at least 8 duct diameters downstream of any bend, corresponding is at least 2 duct diameters upstream from any bend, contract or expansion; and downstream from no other inlet?	ontraction,
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	lual DY ON PN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON BYN/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	
	MO MA
(check appropriate boxes)	אם אם אם אם
(check appropriate boxes)  1. Maintained receipts for perc purchased?	
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:</li> </ol>	רם אם אם
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 24 hrs?</li> </ul> </li> </ol>	□Y CN  (/in 2 days
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>	OY CAN  OY CAN  OY CAN
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> </ol>	OY CAN OY CAN Win 2 days OY CAN OY ON CANA
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	OY CM OY CM OY CM OY CM OY ON CM/A OY ON CMA OY ON CMA
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	OY CM
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?</li> </ol>	OY CM OY CM OY CM OY CM OY ON CM/A OY ON CMA OY ON CMA
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	OY CM OY CM OY CM OY CM OY ON CM/A OY ON CMA OY ON CMA OY ON CMA OY ON CMA
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> <li>Maintained deviation reports?         <ul> <li>Problem corrected?</li> </ul> </li> </ol>	OY CM OY CM OY CM OY CM OY ON CM/A OY ON CMA OY ON CMA OY ON CMA OY ON CMA

2.	Which method of detection is used by t	he respons	ible official?				
	Visual examination (condensed s	<b>e</b>					
	Physical detection (airflow felt th	<b>T</b>					
	Odor (noticeable perc odor)	<b>D</b>					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	If using direct-reading instrum	entation, i	s the equipment:	NONE			
	a. Capable of detecting	perc vapor	concentrations in	a range of 0-500 ppm?	OY ON		
	<ul> <li>b. Calibrated against a standard gas prior to and after each use (PID/FID only)?</li> </ul>						
	c. Inspected for leaks ar	ıd obvious	signs of wear on a	a weekly basis?	OY ON		
	d. Kept in a clean and s	ecure area	when not in use?		OY ON		
	e. Verified for accuracy	by use of	duplicate samples	(calorimetric only)?	OY ON		
3.		DN DN					
<ul> <li>3. Has the facility maintained a leak log?</li> <li>4. Does the responsible official check the following areas for leaks?</li> </ul>							
	Hose connections, fittings, couplings, and valves	<b>D</b> Y	Ои	Muck cookers	OYY ON		
	Door gaskets and seating	OY	□N	Stills	ON ON		
	Filter gaskets and seating	OY .	ΩΝ	Exhaust dampers	ON PE		
	Pumps	QY .	ПN	Diverter valves	DY ON		
	Solvent tanks and containers	CY	□N	Cartridge filter housings	ON PE		
	Water separators	OP!	ОИ				
		-					
	ARTHUR Williamson	•			•		
	Name of Responsible Offici						
	Rosana RIVERA			6.30.9	7		

ARTHUR Williamson	
Name of Responsible Official	
Rosana RiverA	6.30.97
Inspector's Name (Please Print)	Date of Inspection
Basana Rivera	6.98
Inspector's Signature	Approximate Date of Next Inspection

annual Compliance Certification Form handed out to m. Williamson to have R.O. fiel and sign.

#### CREST QUALITY CLEANERS 9200 BIRD ROAD MIAMI, FLORIDA 33165 305-226-2231

June 30, 1997

#### To DERM:

This is to inform you that the Spenser Major Dry-to-Dry unit previously used by this facility, was taken off-line and terminated on December 30, 1996. It remains inoperable and will not be put back into use.

A replacement has not yet been acquired.

Sincerely yours,

Jerrøld Ofgang owner

Arthur Williamson, director of operations



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

AIRS ID 0250694

MBR DRIVE-IN CLEANERS

JERROLD OFGANG

9200 BIRD ROAD

MIAMI FL 33165

Do NOT Remove Label

Annual Reporting Period: 3Aw 134	95	_19 <u>7</u> TO	Dec	31 4	1998
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.		•		(~ <b>T</b> -	DEP Rule
If NO, complete the following:					
#1. Term or condition of the general permit	that has not been in co	ntinuous complia	ance during	the reporting p	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 co	ntinuous complia	ance during	-01	N 8 108
Exact period of non-compliance: from			to	SONOS NA NA NA NA	
Action(s) taken to achieve compliance:	· . 		ą	DUIJOHUOV	1 404
Method used to demonstrate compliance:	• • • • • • • • • • • • • • • • • • • •			42 V	( Aq <sub>1</sub> ) 3 A
As the responsible official, I hereby certify, base notification are true, accurate and complete. Fi does not exceed 2,100 gallons per year for dry-to	urther, my annual consu	imption of perchlo gallons per year foi	roethylene s	nquiry, that the s olvent, based up	statements made in this on purchase receipts,
RESPONSIBLE OFFICIAL:	ne (Please Print)		Signatų	de (	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.

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY	
	RE-INSPECTION		
AIRS 10#: 250694 E	DATE: 9-3-98	TIME IN: /560 TIME OUT: /5	30
FACILITY NAME:	T QUALITY CLEN	ANERS	<u> </u>
FACILITY LOCATION: 9	208 BIRD RD.	The state of the s	
n	11AMI, 331	165 8 8 8	
RESPONSIBLE OFFICIAL:	ARTURO WILLIA	MSON PHONE: 305 - 276: - 22	3/
CONTACT NAME:	"	PHONE:	
		S. III	
PART I: NOTIFICATION			
(check appropriate box)			
1. New facility notified DARM	30 days prior to startu	p	
2. Facility failed to notify DARI	M to use general perm	it	
PART II: CLASSIFICATION			
Facility indicated on notification	on form that it is:	☐ No notification form	
(check appropriate box) A.		☐ Drop store/out of business/petr	oleum
1. Existing small area sour	ce 🗅 2	2. New small area source	
dry-to-dry only, $x \le 140$ gal/	-	dry-to-dry only, x < 140 gal/yr	ĮĮ.
transfer only, x < 200 gal/yr		transfer only, x < 200 gal/yr	
both types, x < 140 gal/yr (constructed before 12/9/91)		both types, x < 140 gal/yr (constructed on or after 12/9/91)	
	/ .	•	
3. Existing large area sour		4. New large area source	
dry-to-dry only, $140 \le x \le 2$ , transfer only, $200 \le x \le 1,80$		dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr	
both types, $140 \le x \le 1,800$		both types, $140 \le x \le 1,800 \text{ gal/yr}$	
(constructed before 12/9/91)		(constructed on or after 12/9/91)	
5. This is a correct facility cl	assification	Y ON OCan not determine	
If no, please check the	appropriate classificat	tion:	
N .		eral permit as number above	
☐ facil	ity exceeds above limi	its and is not eligible for a general permit	
		chased within the preceding 12 months by this dry	cleaning
facility was <u>700</u> gallons	· ·		

MB) 9/18/98 ARMS

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	/			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DYNA			
2. Examining the containers for leakage?	DY ON CON/A			
3. Closing and securing machine doors except during loading/unloading?	CAY CIN			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	DY DN MN/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 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).	erated 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?	GY ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	מאתם אם אא			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN ØN/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	DY ON			

В.	Has the responsible official of an existing large or new large area source also:	
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ØY ON
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	DY ON ONIA
	Is the temperature differential equal to or greater than 20° F?	DY ON ON/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?	LIY UN BIŊ/A
	Is the perc concentration equal to or less than 100 ppm?	OY ON ON/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,	2
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	DY DN ZN/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A

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

PART VI: LEAK DETECTION AND RI	EPAIRS .			
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
inspection?			BYY DN	
2. Has the facility maintained a leak log?			N DN	
3. Does the responsible official check the f	ollowing areas for leaks?			
Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
Door gaskets and seating	CY ON ON/A	Stills	CAY ON ON/A	
Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY ON ON/A	
Pumps	DY ON ON/A	Diverter valves	DY ON ON/A	
Solvent tanks and containers	CY ON ON/A	Cartridge filter housings	DY ON ON/A	
Water separators	DY ON ON/A			
4. Which method of detection is used by the	ne responsible official?			
Visual examination (condensed so	olvent on exterior surfaces)		<b>d</b> /	
Physical detection (airflow felt thi	ough gaskets)		₫	
Odor (noticeable perc odor)	•		₫ į	
Use of direct-reading instrumenta	tion (FID/PID/calorimetric	tubes)		
Halogen leak detector			0/	
If using direct-reading instr	umentation, is the equipm	ent:	ØN/A	
a. Capable of detecting	perc vapor concentrations i	n a range of 0-500 ppm?	OY ON	
b. Calibrated against a s (PID/FID only)?	tandard gas prior to and aft	er each use	OY ON	
c. Inspected for leaks ar	nd obvious signs of wear on	a weekly basis?	OY ON .	
d. Kept in a clean and s	ecure area when not in use?	?	NO YO	
e. Verified for accuracy	by use of duplicate sample	es (calorimetric only)?	OY ON	

M. ENRIQUE FLORES	9 - 3 - 98
Inspector's Name (Please Print)	Date of Inspection
MEurique Hores	9/99
Inspector's Signature	Approximate Pate of Next Inspection

#### ADDITIONAL SITE INFORMATION:

- X SERM'S BOOK LET ON POLLUTION CONTROL FOR DRY CLEANERS WAS GIVEN TO MR. WILLIAMSON.
- X EXCELLENT RECORD KEEPING.
- I VERY WEAN SHOP.

## BEST AVAILABLE COPY

YPE OF INSPECTION: ANNUAL	СОМ	PLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1500 TIME OU	τ: <i>1530</i>	AIRS ID#:2	50694
TYPE OF FACILITY: PEAC DRY CLEHNER	?	·	
ACILITY NAME: CREST QUILLITY !			DATE:
ACILITY LOCATION: 9708 BIRD KI).			
miam1, 23165			
ESPONSIBLE OFFICIAL: PRTLKD WILLIM	msoN	PHONE NUMBER	305-726-2231
Based on the results of the compliance req compliance with DEP Rule 62-213.300, F		<u> </u>	cility is found to be in
Based on the results of the compliance req discrepancies were noted:	uirements evalua	ated during this inspection, the fo	ollowing compliance
COMPLIANCE REQUIREMENT/P	ROBLEM	FOLLOW-UP ACT	TION REQUIRED
1			
'			
			·
		<u> </u>	
		,	
		•	
·			
•			
COMMENTS: TYPELLE OF BECAUDILE	50ml r	MUNICIE IN COOK COO	WINT ON NID
		NUMENT IN GOOD WO	RIZIVA ONUEIC.
SHOP IN GOOD HOUSEK	EEDING 214.	TUS-	
	<i>:</i>		
·			·
The Annual Compliance Certification form has be	een properly cert	ified and submitted to the inspec	ctor. YES NO
		199	
TATE OF NEXT INSPECTION:	<del></del>	/ ' ' .pproximate)	
AICHDOTION CONDITIONS NV	2	,	
NSPECTION CONDUCTED BY:	7) (	RUE FLORES Please Print)	
NSPECTOR'S SIGNATURE: MEMILIA	ethias)	·	Dar con 1000
NSPECTOR'S SIGNATURE: MZWWW	7 4000	PHONE NUMB	ER: <u>90') - 212 - 6725</u>
,	Page_	of .	Revised 10/

AURS 1011: 250694

Revised 10/10/96

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

FACILITY NAME: CREST BUALITY CLEANERS	DATE: 9-3-98
FACILITY LOCATION: 9208 BIRD RD.	
MIAMI, 33165	
Annual Reporting Period: 9/97	g /98
Annual Reporting Period: // // 19	P TO9/98
Based on each term or condition of the Title V general air permit, my 62-213,300, Florida Administrative Code (F.A.C.), during the period	_/ .
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in conti	nuous 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 cont	inuous compliance during the reporting period-stated above:
Exact period of non-compliance: from	to RECEIVED
Action(s) taken to achieve compliance:	SEP 2 8 1770
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, based on information an made in this notification are true, accurate and complete. Further, upon rolling averages of purchase receipts, does not exceed 2,100 g year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: ARTHUR WILLIAMS	my annual consumption of perchloroethylene solvent, based

<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.

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	<b>X</b> (	COMPLAINT/DISCOV	ERY	T
•	RE-INSPECTION		bile so		4
AIRS ID#: 250694 DA				T: 2	300
FACILITY NAME:	st Quality	1 Clear	ner 5	1,0	
<del>-7.</del>	208 Bird	Rd			<del></del>
<u>"M</u>	iami, FL	33105	5		
RESPONSIBLE OFFICIAL:	ierrold Otg	and p	HONE: (305) 22	20-4	?77 <u>8</u>
CONTACT NAME: AVENUE		<i>У</i>	HONE: (305) 22 HONE: (305) 22	əle-2	<del>9</del> 31
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 (check appropriate box) A.	form that it is:		☐ No notification form☐ Drop store/out of bus	iness/petr	roleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	dry-	New small are: -to-dry only, x		1	
both types, $x < 140 \text{ gal/yr}$ (constructed before 12/9/91)	both	Substitution of the second section se	) gal/yr	_	
both types, $x < 140 \text{ gal/yr}$	boti (con 4. 1 0 gal/yr dry- gal/yr tran (yr boti	h types, x < 140 nstructed on or  New large area -to-dry only, 14 asfer only, 200	gal/yr after 12/9/91) a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le 1,800 \text{ gal/yr}$	(	
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 transfer only, 200 \le x \le 1,800 g both types, 140 \le x \le 1,800 gal/	both (con  4. 1 0 gal/yr dry al/yr tran (yr both (con	h types, x < 140 nstructed on or New large area- to-dry only, 14 nsfer only, 200 th types, 140 < x nstructed on or	gal/yr after 12/9/91) a source $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le 1,800 \text{ gal/yr}$	(	
both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility class  If no, please check the approximation of the second seco	both (con  4. 1 0 gal/yr dry- gal/yr tran (yr both (con ification	h types, x < 140 nstructed on or  New large area -to-dry only, 14 nsfer only, 200 th types, 140 < x nstructed on or  New large area -to-dry only, 14 nsfer only, 200 th types, 140 < x nstructed on or	after 12/9/91)  asource $0 \le x \le 2,100 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ $0 \le x \le 1,800 \text{ gal/yr}$ after 12/9/91)  Can not determine $0 \le x \le 1,800 \text{ gal/yr}$ after 12/9/91)	(	

Review 5/24/99 DG Aeys 5/24/99 DO

1 of 5

Revised 9/15/97

#### PART III: GENERAL CONTROL REQUIREMENTS

	the responsible official of the dry cleaning facility: heck appropriate boxes)	
1.	Storing perchloroethylene in tightly sealed and impervious containers?	OY ON DYN/A
2.	Examining the containers for leakage?	
3.	Closing and securing machine doors except during loading/unloading?	Σ× □N
4.	Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON MA
5.	Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON 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)

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

B. Has the responsible official of an existing large or new large area source also:	
Measured and recorded the exhaust temperature on the outlet side of the condenser on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	r located Y □N
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON YN/A
Is the temperature differential equal to or greater than 20° F?	OY ON WINA
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?	DY DN XN/A
Is the perc concentration equal to or less than 100 ppm?	OY ON TONA
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, contractions are concentrations.	on,
or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	OY ON WIA
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON XIN/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ZN/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: 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 OY ON and parts installed w/in 5 days of receipt? NO YO 4. Maintained calibration data? (for applicable direct reading instruments) אַ אַם צַם 🔀 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? XAY □N □N/A 7. Maintained deviation reports? DY DN XV/A Problem corrected? 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND	DEDAIDS		
1. Does the responsible official conduct a	weekly (for small source	ces, bi-weekly) leak detection a	and repair
inspection?			XX DN
2. Has the facility maintained a leak log?			A DN
3. Does the responsible official check the	following areas for leak	cs?	<i>/</i> `
Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	OY ON YNA
Door gaskets and seating	Y ON ON/A	Stills	Y ON ON/A
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	Y ON ON/A
Pumps	MY ON ON/A	Diverter valves	A'NO NO YA
Solvent tanks and containers	Y ON TIN/A	Cartridge filter housings	Y ON ON/A
Water separators	AND NO YEE		
4. Which method of detection is used by	the responsible official?		<b>3</b>
Visual examination (condensed s	olvent on exterior surfac	ces)	$\nearrow$
Physical detection (airflow felt th	rough gaskets)		X
Odor (noticeable perc odor)			×
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			<b>'</b> -
Halogen leak detector			
If using direct-reading instrumentation, is the equipment:			N/A
a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON
b. Calibrated against a s (PID/FID only)?	standard gas prior to and	after each use	□Y □N
c. Inspected for leaks a	nd obvious signs of wear	r on a weekly basis?	OY ON
d. Kept in a clean and s	ecure area when not in u	ise?	OYON
e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	OY ON

Inspector's Signature

5/18/99

Date of Inspection

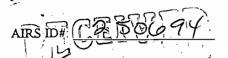
5/2000

Approximate Date of Next Inspection

#### ADDITIONAL SITE INFORMATION:

- · Aerotech machine not in operation. Retrofitting cartridges to spindisk system.
- · New (purchased in 1998) Multimatic machine in operation.
- · Mr. Williamson and I determined the location of the ref. condenser temp. gauge on new Multimatic madine.
- · Directed Mr. Williamson to have the R.O. (Jerrold Ofgang) send a letter to DERM informing us of the equipment Purchase + changes.

TYPE OF INSPECTION: ANNUAL CO	OMPLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 1:30 TIME OUT: 2:3	30 AIRS ID#: 250699			
TYPE OF FACILITY: Perc Dry Cleane	V			
FACILITY NAME: Crest Quality Cleaners DATE: 5/18/99 FACILITY LOCATION: 9208 BIYO RO				
Miami, FL 3	3165			
RESPONSIBLE OFFICIAL: Jerrold Ofgan	9PHONE NUMBER(305)220-6778_			
Based on the results of the compliance requirements eva compliance with DEP Rule 62-213.300, Florida Admini	aluated during this inspection, the facility is found to be in strative Code (F.A.C.).			
Based on the results of the compliance requirements eva discrepancies were noted:	aluated during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
	,			
	Company .			
	Sureau of & Mob			
<del></del>	6 Air TT			
FOR V				
	· Single G			
·	· .			
· · · · · · · · · · · · · · · · · · ·				
	• • •			
comments: Send a letter to DE machine purchase (Multimation retrofitting of the Aerotech m	RM informing of the new c) and the repairs and achine.			
The Annual Compliance Certification form has been properly certification	rtified and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: 5 2000				
INSPECTION CONDUCTED BY:  (Approximate)  (Please Print)				
INSPECTOR'S SIGNATURE: PHONE NUMBER: (305) 372 - (093)				
Page	of Revised 10/96			



## JUN 30 1929 CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

d on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO  10, complete the following:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about period of non-compliance: from USTO for Sincle 12/98, and on(s) taken to achieve compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the demonstrate compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance:  Term or condition of the general permit that has not been in continuous compliance during the reporting period stated about the period of non-compliance during the reporting period stated about the period of non-compliance during the reporting period stated about the period of non-compliance during the reporting period stated about the period of non-compliance during the reporting period stated about the period of non-compliance during the reporting period stated about the period of non-complianc
d on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  13.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
and Reporting Period:
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Term or condition of the general permit that has not been in continuous compliance during the reporting period stated at May from period of non-compliance: from part with the Sole of State of
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nod used to demonstrate compliance: Machine Currently To test
Plan MARCE Helel correction to place to be
Plan make pule covering update to b
responsible official Thereby certify based on information and belief formed after reasonable inquiry that the states
responsible official I hereby certify based on information and belief formed after reasonable inquiry that the states
e in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, but
rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons
for transfer or combination facilities.
PONSIBLE OFFICIAL: PUTOID OFFICIAL OFFICIALS OFFICIALS
Name (Please Print) Signature Date
7/1/
ARMS 79
s form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the
Aero Tech hows been "MARRIAD" to Multi-maple  Page of -1/1/99 Thank To
Page of
14720 STANT-41 dale 7/1/99 Thank 9;
- Comment of the contract of t

#### **BEST AVAILABLE COPY**

# 9200 BIRD ROAD NIMMI, FLOWIDA 33165 305-226-27\*1

Hite 7, 1999

Den Ma Cher.

Flease be novised that as of December 4, 1998, The Artio-Tech 48-pointed Physleaning machine was taken of line and a new Multimatic 75-pointed machine was put into service. Please contact me if you have any further need of information.

Respectfully yours,

M. O. . Constitute

V-Pres. Operations

PERCHLOROETI TITLE V COMPLIANCE	HYLENE DRY CLEANERS GENERAL PERMIT INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/D SCOVERY
FACILITY LOCATION: 9208	
RESPONSIBLE OFFICIAL: <u>Jerrold</u> CONTACT NAME: Arthur Williams	<b>5 9</b>
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup $\Box$
2. Facility failed to notify DARM to use general per	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate by A)  A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. Inew small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after $12/9/91$ )
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification '	□Y ØN □Can not determine
If no, please check the appropriate classific facility qualified for a ger facility exceeds above lin  B. The total quantity of perchloroethylene (perc) pu	
facility was 110 gallons.	41

Is the responsible official of the dry cleaning facility: (check appropriate boxes)  1. Storing perchloroethylene in tightly sealed and impervious containers?  2. Examining the containers for leakage?  3. Closing and securing machine doors except during loading/unloading?  4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber.	PART III: GENERAL CONTROL REQUIREMENTS	
2. Examining the containers for leakage?  3. Closing and securing machine doors except during loading/unloading?  4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?  □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?  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	1. Storing perchloroethylene in tightly sealed and impervious containers?	DY ON ANA
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	2. Examining the containers for leakage?	DY DN DAVA
least 24 hours prior to disposal?	3. Closing and securing machine doors except during loading/unloading?	MA DH
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber		(DAY ON CON/A
beds according to the manufacturer's specifications?	5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON BANA
PART IV: PROCESS VENT CONTROLS	DADTIN DOCTOR VINT CONTROLS	

P	PART IV: PROCESS VENT CONTROLS		
Ir	n 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 refrige (complete A below).	erated co	ndenser
pr	If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must rior to September 22, 1993	~	
	If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	rated co	ndenser
	. Has the responsible official of all new sources and existing large area sources: check appropriate boxes)	**************************************	<b>.</b>
1.	Equipped all machines with the appropriate vent controls?	Ø(y 🗆	N
2.	Equipped dry-to-dry machines with a closed-loop vapor venting system?	QYY O	N □N/A
3.	Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?		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 Ø	Ŋ
5.	Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY O	N <b>DA</b> NV
6.	Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	_ O Y &	74

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?	ΩY	Ø₩.	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ĮΩΥ	ΩΝ	DAN/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	Ωи	ØN/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?	ΩY	ПN	<b>Ş</b> ÁN/A
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ΩN	ØN/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	ПN	<b>Ø</b> N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПN	<b>B</b> N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПN	<b>B</b> N/A

PART V: RECORDKEEPING REQUIREMENTS			
Has the responsible official: (check appropriate boxes)			
1. Maintained receipts for perc purchased?	ØY □N		
2. Maintained rolling monthly total of perc consumption?	MARO YE		
3. Maintained leak detection inspection and repair reports for the following:			
a. documentation of leaks repaired w/in 24 hrs? or;	AVALED NO YO		
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	ON OH BANV		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ANA		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON <b>DA</b> N/A		
6. Maintained startup/shutdown/malfunction plan?	ØY □N		
7. Maintained deviation reports?	OY ON <b>Ø</b> N/A		
Problem corrected?	DY DN BTWA		
8. Maintained compliance plan, if applicable?	OY ON PANA		

PART VI: LEAR DETECTION	THE AND REPAR				
1. Does the responsible official	conduct a weekl	y (for small sou	rces, bi-weekly) leak detection	and rep	pair
inspection?				(Sty	ПΠ
2. Has the facility maintained a	leak log?			QΥ	<b>(2)</b> (V)
3. Does the responsible official	check the follow	ing areas for le	aks?		
Hose connections, fitting couplings, and valves	-	□N □N/A	Muck cookers	ΩΥ	□N <b>Q</b> IN/A
Door gaskets and seating	ng <b>24</b> Y	□N □N/A	Stills	ÐY-	ON ON/A
Filter gaskets and seati	ng <b>Q</b> -Y	□N □N/A	Exhaust dampers	æY	□N □N/A
Pumps	<del>Q</del> -Y	□N □N/A	Diverter valves	ÐY	□N □N/A
Solvent tanks and conta	niners	□N □N/A	Cartridge filter housings	<b>⊠</b> Y	□N □N/A
Water separators	<b>Q</b> -Y	□N □N/A	•		
4. Which method of detection is	s used by the resp	onsible official	?		
Visual examination (co	ndensed solvent (	on exterior surf	aces)		
Physical detection (airf	low felt through g	gaskets)		DZ.	
Odor (noticeable perc o	odor)		-	€Z.	
Use of direct-reading in	strumentation (F)	ID/PID/calorim	etric tubes)		
Halogen leak detector					
If using direct-read	ding instrumenta	ntion, is the equ	uipment:	//4 <b>@</b>	Α
a. Capable of	detecting perc va	por concentration	ors in a range of 0-500 ppm?	ΩY	אם
b. Calibrated a (PID/FID o	against a standard nly)?	gas prior to an	d after each use	ПΥ	ПИ
c. Inspected for	or leaks and obvio	ous signs of wea	or on a weekly basis?	ΩY	□и
d. Kept in a cl	ean and secure ar	ea when not in	use?	ΟY	ПΝ
e. Verified for	accuracy by use	of duplicate sai	nples (calorimetric only)?	ΠY	ПΝ
			·		
	<del></del>	· .		<del></del>	
_	_			/	
Inspector's Name (1	Please Print)		Date of Inspection	6/00	<u> </u>
mspector 3 Prante (t	.00.50 1 10110)				
J			$\mathcal{A}$	/ 61	
Inspector's Sign	mure		Approximate Date of	Next In	spection

Could not locate recollapsing. Facility has been in complaince last several years; out of complaince this year.

Excellent homekasping.

### TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

	-	FY GENERAL PERMIT MMARY REPORT	(LCTES)
TYPE OF INSPECTION:	NNUAL CO	MPLAINT/DISCOVERY	RE-INSPECTION
TIME IN: 1400  TYPE OF FACILITY: Per	TIME OUT:	40AIRS ID#:	0250694
	1 My Clean	0	DATE: 5/16/00
FACILITY NAME: Case  FACILITY LOCATION: 92	me 3 1 000	<u> </u>	DATE
FACILITY LOCATION: 43	cami FL	·	
RESPONSIBLE OFFICIAL:			ER:
compliance with DEP Rule	62-213.300, Florida Adminis	uated during this inspection, the trative Code (F.A.C.). uated during this inspection, the	
discrepancies were noted:			
COMPLIANCE REQUIR			TION REQUIRED
Not maintaining reco	ralkeeping	Facility Sall a	mitain recollespip
regumements: look by	, Larp, log or	and all logs in	FBEP calada provid
	-d 0 1 -1		•
		· ·	
COMMENTS:	Excellent Lou	sebesping.	
The Annual Compliance Certification	ı form has been properly cert	ified and submitted to the inspec	tor. YES NO
DATE OF NEXT INSPECTION:_		Sproximate)	<u> </u>
INSPECTION CONDUCTED BY:	Tran	Famus Please Print)	
INSPECTOR'S SIGNATURE:	Wow for	PHONE NUMBE	:R: 305-372-6922
	Page_	of	Revised 10/96

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1050 TIME OUT: 1/20  TYPE OF FACILITY: Perc Dy Cloo	AIRS ID#: 03 50685
FACILITY NAME: Si Gallowy Cle FACILITY LOCATION: 1300 7 Sept 87	DATE: 5/2/00
Mani FL	
RESPONSIBLE OFFICIAL: Mark Wills	PHONE NUMBER: 305 252 - Jeway
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	uated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	
COMMENTS: Excellent Louseke record b	abind
The Annual Compliance Certification form has been properly certification	ified and submitted to the inspector. YES NO NO
	pproximate)
INSPECTION CONDUCTED BY: Iran Fa	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305 372-6925
Page	of Revised 10/96

AIRS ID#: 0257054

discretion of the responsible official to use this form.

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

	<del></del>			
FACILITY NAME:	Crest Ou	aty Cloaner	KECEMM	5/16/00
FACILITY LOCATION:	9208	Sind Rd.	MAY	
. ·	11	FL	· · · / 8 2000	
· · · · · · · · · · · · · · · · · · ·	wan.	<u>, –                                    </u>	Management Divis	
			ment Divis	
Annual Reporting Period:	May	19 <u>9</u> 9 to	Plyisjon	-46500
mar to see to	Control of the second of the s			orn nl.
Based on each term or condition 62-213.300, Florida Administra	-			DEP Rule
02-213.300, Florida Administr	auve Coue (r.A.C.), duning i	the period covered by this sta	ioniciii. • 123	
If NO, complete the following:				
#1. Term or condition of the g	eneral permit that has not be	en in continuous compliance	during the reporting per	iod stated above:
Not mantain	lank land	a rolling las	•	
Exact period of non-compliance	Track, Juny .	1 00	./ ~	
		1/.	12	
Action(s) taken to achieve com	pliance: Rogin	readbaping	immediately	
Method used to demonstrate co	•			
#2. Term or condition of the g	eneral permit that has not be	en in continuous compliance	during the reporting per	niod stated above:
J	-	-		
Evect period of non-compliance	e from			
Exact period of non-complianc	c. Ifom	to		· .
Action(s) taken to achieve com	pliance:	· · · · · · · · · · · · · · · · · · ·	·	
Method used to demonstrate co	ompliance:			
		•		
As the responsible official, I he made in this notification are tr				
upon rolling averages of purch	ase receipts, does not exceed			
year for transfer or combination		/	20	
RESPONSIBLE OFFICIAL:	Verrold Ofg Name (Please Prin	ang (	Jym)	5/15/00
	Name (Please Prin	t) (	Signature	` Date
· · · · · · · · · · · · · · · · · · ·	····	<u> </u>		
*This form is made available to	o you as an aid in order to m	eet your annual compliance of	certification requirements	s. It is at the

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



### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

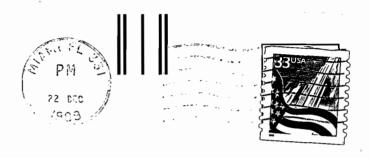
**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0250694

CREST QUALITY CLEANERS JERROLD OFGANG 9200 BIRD ROAD **MIAMI FL 33165** 

FOR GOVERNMENT USE ONLY Org.: 37556101000 EO: B1 Fund: 20-22035001 Obj.: 002273



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

32315X3**0**70

Addinglandan Halaman Anadan Harrina

your RETURN ADDRESS completed on the reverse side?	SENDER:  Complete items 1 and/or: Complete items 3, 4a, and Print your name and addrear to you.  Attach this form to the fropermit. Write 'Return Receipt Receipt will sidelivered.  Article Addressed to MBR DRIVE-IN CLI	1. Addressee's Addressee's Addressee and the date  1. Restricted Delivery Consult postmaster for fee.  4a. Article Number  2 3 3 6 / 3 3 9 3  4b. Service Type		es (for an see's Address ted Delivery ster for fee.	Return Receipt Service.	
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AIRS ID# 0250694
MBR DRIVE-IN CLEANERS
JERROLD OFGANG
9200 BIRD ROAD
MIAMI FL 33165

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	Special Delivery Fee	
	Restricted Delivery Fee	
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800	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

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20	City, State, ZIP+4								
	PS Form 3800, July 1999		See Reverse for Instructions						

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  ■ Print your name and address on the reverse so that we can return the card to you.  ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  AIRS ID # 0250694001AG  BERROLD OFGANG  CREST QUALITY CLEANERS  9200 BIRD ROAD  MIAMI FL 33165	A. Received by (Please Print Clearly)  B. Date of Delivery Optical Control of
(001)	6526 9909 Return Receipt 102595-99-M-1789
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	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
1996	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800	TOTAL Postage & Fees	\$
PS Form <b>3800</b> , April 1995	Postmark or Date	
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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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Do NOT Remove Label

AIRS ID # 0250694

CREST QUALITY CLEANERS JERROLD OFGANG 9200 BIRD ROAD MIAMI FL 33165 FOR GOVERNMENT USE ONLY

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

Obj.: 002273

CREST QUALITY CLEANERS, INC.

Department of Environmental Protection

License Fees

AIRS 250694

1/5/2001

50.00

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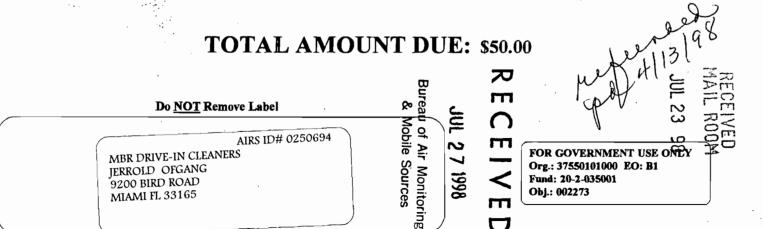
City National Bank

AIRS # 0250694

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 3755 331482

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



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on the reverse side?	SENILAR.  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write 'Return Receipt Requested' on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
RETURN Annarss completed	3. Article Addressed to:  AIRS ID # 0250694  CREST QUALITY CLEANERS  JERROLD OFGANG 9200 BIRD ROAD  MIAMI FL 33165  5. Received By: (Print Name)	4b. Service 1  Registere Express I  Return Rec	Type ad Certified Mail Insured COD Elivery 3 3 1998 3 2 Address (Only if requested
ls your	6. Signatura: (Addressee of Agenit)  PS Form 3811, December 1994		Domestic Return Receipt

	Z 333 660 449 1999
	US Postal Service  Receipt for Certified Mail  No Insurance Coverage Provided.  Do not use for International Mail (See reverse)  Sent to ANS ID # 0250694
	AIKS ID # 02500
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9200	BIRD ROAD
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April	Return Receipt Showing to Whom, Date, & Addressee's Address
800	TOTAL Postage & Fees \$
PS Form <b>3800</b> , April 1995	Postmark or Date

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### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID # 0250694

CREST QUALITY CLEANERS JERROLD OFGANG 9200 BIRD ROAD MIAMI FL 33165 MAIL ROOM

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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** 

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AIRS ID# 0250694

MBR DRIVE-IN CLEANERS JERROLD OFGANG 9200 BIRD ROAD **MIAMI FL 33165** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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ADDRESS completed on the reverse side			I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
	AIRS ID 0250694  MBR DRIVE-IN CLEANERS JERROLD OFGANG 9200:BIRD ROAD MIAMI:FL:33165	4a. Article Number  2333 660 303  4b. Service Type  Registered Express Mail Return Receipt for Merchandise COD  7. Date of Delivery	
s your <u>RETURN</u>	5. Received By: (Print Name)  20 E	8. Addressee's Address (Only if requested and fee is paid)	
	PS Form 3811, December 1994		Domestic Return Receipt

# US Postal Service Receipt for Certified Mail AIRS ID 0250694 MBR DRIVE-IN CLEANERS JERROLD OFGANG 9200 BIRD ROAD MIAMI FL 33165 Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date



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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**

### Do NOT Remove Label

AIRS ID 0250694

MBR DRIVE-IN CLEANERS
JERROLD OFGANG
9200 BIRD ROAD
MIAMI FL 33165

FOR GOVERNMENT USE ONLY OF STATE OF STA