

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

September 25, 1996

Mr. Joe Calabrase Joe Cleaners Franchise Corp. 16766 Northwest 67 Avenue Miami, Florida 33015

Dear Mr. Calabrase:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 21, 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 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

ety beltz

/DD

Mr. Ewart Anderson, Dade County cc:

## # 0250711

9-11-96

Spoke to Joe Calabrese,
he is the owner,
and his boiler units
are exempt.

P.13 6. add title - owner P.14

3. existing large should be marked

9.15 4. existing large ca. or r.c. should be marked

5 Mr. Calabresc Said his boiler is run on electricity There fort, "no Such Units On-site" should be marked

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

262291

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

HAR -3 97

**TOTAL AMOUNT DUE: \$50.00** 

#### Do NOT Remove Label

AIRS ID#: 0250711 JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE MIAMI FL 33015

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):	
	Joe Cleanars Franchise CORP	
2.	Site Name (For example, plant name or number):	
3.	Hazardous Waste Generator Identification Number:	
	3-097-52 30008 9	
4.	Facility Location: Street Address: 16766 NW 67 ave	
	City: County: Zip Code: 33015	
	MIGMI DAR 33015 Facility Identification Number (DEP Use):	
Э.	Pacinty Identification Number (DEP Use):  0250711	
	Responsible Official	
6.	Name and Title of Responsible Official:	
	Joe calabrase	
7.	Responsible Official Mailing Address:  Organization/Firm: Same	
	Street Address:	
	City: County: Zip Code:	
8.	Responsible Official Telephone Number:	
	Telephone: (301) 825 - 30/2 Fax: () -	
	Facility Contact (If different from Responsible Official)	<b>.</b>
9.	Name and Title of Facility Contact (For example, plant manager):	رد
	Phone	157
10.	Facility Contact Address: 557	1211
	Sama al 4	
	Street Address: City: County: Zip Code:	
	City: County: Zip Code:	
11.	Facility Contact Telephone Number:	
	Telephone: (325) 5582012 Fax: ( ) -	

RECEIVED

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AUG 2 1 1996

#### **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-92
Dry-to-Dry Unit	. 77	e petrati	17						
(1) w/ ref. condenser		1982	1982				<u> </u>	T	
(2) w/ carbon adsorber	1					`			
(3) w/ no controls									
Washer Unit	1 17	7 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 21				<u>.</u>		
(4) w/ ref. condenser				,	1				1
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	147		e acces			r was a		emore exists.	
(7) w/ ref. condenser		· ·			1				1
(8) w/ carbon adsorber								_	
(9) w/ no controls		_							
Reclaimer Unit	27	il. i ja		,	N 1 F. 12			4.7	garie d
(10) w/ ref. condenser				<u> </u>	1		Γ	Ϊ.	
(11) w/carbon adsorber		}			1	ŀ		ŀ	1
(11) w/carbon adsorber (12) w/ no controls					/				
	are re uanti gallo	equired to be ty of perchlo	installed [	perc)	•			eep records:	

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(Indicate with an "X".)	ired on machines	pursuant to section (5) of F	art II of this notification form?
Existing large area source Carbon adsorber	:	Refrigerated condenser	
New small area source Refrigerated condenser			
New large area source Refrigerated condenser			
5. A facility which contains non-eto Rule 62-213.300, F.A.C. Verify exemption criteria or that no such a All steam and hot water generating boiler HP or less), and (2) are fired during which propane or fuel oil contains and hot water generating No such units on-site	that all steam and units exist on-site: g units on-site (1) id d exclusively by no ontaining no more	I hot water generating unit have a total heat input of I atural gas except for period	on-site meet the following  0 million BTU/hr or less (298)  ds of natural gas curtailment
Equipm	ent Monitoring a	nd Recordkeeping Inform	nation
Check all logs which are required t	to be kept on-site	n accordance with the requ	uirements of this general permit:
(a) Purchase receipts and solvent p	urchases		
(b) Leak detection inspection and r	epair		
(c) Refrigerated condenser tempera	ature monitoring		×
(d) Carbon adsorber exhaust perc c	concentration mon	itoring	( <b>大</b> )
(e) Instrument calibration			六       六
(f) Start-up, shutdown, malfunctio	n plan		大

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

Please indicate with an "X" the appropriate selection:						
I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notific statements maintain t comply wi	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in teation. 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 the air pollutant emissions units and air pollution control equipment described above so as to the all terms and conditions of this general permit as set forth in Part II of this notification form.  Inptly notify the Department of any changes to the information contained in this notification.  Date					

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

### **BEST AVAILABLE COPY**

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	DMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:00 Am, TIME OUT: 10:3	30 Am AIRS ID#: 0250711
TYPE OF FACILITY: PEGGLORO ETH YIENE	DRY C/CMNURS
FACILITY NAME:	ANCHISE (DAY) DATE: 12/4/96
FACILITY LOCATION: 16/66 NW 67	AVE
MIAMI, PL.	
RESPONSIBLE OFFICIAL: TOE CALADRASE	PHONE NUMBER: 55 7 727/
Based on the results of the compliance requirements evaluation compliance with DEP Rule 62-213.300, Florida Admini	cluated during this inspection, the facility is found to be in
Based on the results of the compliance requirements eva	
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
•	
COMMENTS: CLEAN CACILITY IN ENTY.	spectory suspection.
,	
The Annual Compliance Certification form has been-properly ce	rtified and submitted to the inspector.
- (Pd /1	199
DATE OF NEXT INSPECTION:	Approximate)
MICHELLIAN CONTRACTOR A	Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 376925
Page	



### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION		COMPLAINT/DISC	O∀ĒRŸ	
FACILITY LOCATION:/	<u> </u>	46 TIME II 25 FD, W 674 R-L.	N: <u>10:00</u> TIM MCH18& IVE 33015	ие оит: <u>[О</u>	.`30 
PART I: NOTIFICATION				•	
(check appropriate box)					
1. Existing facility notified DAR	M by 9/1/96				
2. New facility notified DARM 3	30 days prior to starti	пр			
3. Facility failed to notify DARN	I to use general pern	nit			
PART II: CLASSIFICATION					
Facility indicated on notification (check appropriate box)  A.  1. Existing small area source		2. New small a	rea source		
dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)		dry-to-dry only, transfer only, $x$ -both types, $x<1$	x<140 gal/yr <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="" g="" gal="" only,="" td="" transfer="" types,=""><td>0 gal/yr al/yr yr</td><td>transfer only, 20 both types, 140</td><td>rea source 140<x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	0 gal/yr al/yr yr	transfer only, 20 both types, 140	rea source 140 <x<2, 100="" gal="" yr<br="">00<x<1,800 gal="" yr<br=""><x<1,800 gal="" yr<br="">or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility classific	cation	MY ON			
If no, please check the appropria	ate classification:				
☐ facility exceeds	ed for a general perm s above limits and is	not eligible for	a general permit		
B. The total quantity of perchlor facility was 165 gallons.	roethylene (perc) pur	chased within t	he preceding 12 month	is by this dry c	leaning

### 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? 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 NA least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber □N ¬N/A beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the MY ON ONIA condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated MY ON condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

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# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

#### AIRS ID#0250711

JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE MIAMI FL 33015

#### Do NOT Remove Label

•	:		
Annual Reporting Period:		то	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.			
If NO, complete the following:	( !		
#1. Term or condition of the general permit	that has not been in continuo	ous 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 continuo	ous compliance during the	reporting period stated above:
Exact period of non-compliance: from	·	fto	
Action(s) taken to achieve compliance:	- 1		
Method used to demonstrate compliance:		-	-
As the responsible official, I hereby certify, base notification are true, accurate and complete. Findoes not exceed 2,100 gallons per year for dry-to-	irther, my annual consumption	n of perchloroethylkne solve	nt, based upon purchase receipts,

\*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.

∦B. ₽	Has the responsible official of an existing large or new large area source also:	
	Measured and recorded the exhaust temperature on the outlet side of the condenser located in dry-to-dry, reclaimer, and dryer machines on a weekly basis?	MY ON
II .	Measured and recorded the washer exhaust temperature at the condenser nlet and outlet weekly?	ADY ON
	Is the temperature differential equal to or greater than 20° F?	Øy □N
a	Measured and recorded the perc concentration in the exhaust stream weekly the end of the final drying cycle while the machine is venting to the adsorber, finachines are equipped with a carbon adsorber?	dy on on/a
	Is the perc concentration equal to or less than 100 ppm?	ØY □N
p o	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?	CY ON NA
II	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON MON/A
6. F	Routed airflow to the carbon adsorber (if used) at all times?	Y ON ON/A
100	THE PROPERTY PROPERTY OF THE P	
=	RT V: RECORDKEEPING REQUIREMENTS	
Has	RT V: RECORDKEEPING REQUIREMENTS  the responsible official: ck appropriate boxes)	,
Has (che	the responsible official:	MY ON
Has (che	the responsible official: ck appropriate boxes)	MY ON
Has (che 1. N 2. N	the responsible official: ck appropriate boxes)  Maintained receipts for perc purchased?	GY ON
Has (che 1. N 2. N	the responsible official: cck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?	
Has (che 1. N 2. N	the responsible official: cck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  Maintained leak detection inspection and repair reports for the following:	GY ON
Has (che 1. M 2. M 3. M	the responsible official: ck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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	dy on
Has (che 1. M 2. M 3. M 4. M	the responsible official:  cck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 and parts installed w/in 5 days of receipt?	DY ON
Has (che 1. N 2. N 3. N 4. N 5. N	the responsible official:  cck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)	
Has (che 1. N 2. N 3. N 5. N 6. N 6. N	the responsible official: cck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?	
Has (che 1. N 2. N 3. N 5. N 6. N 6. N	the responsible official:  ck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?	MY ON  MY ON  MY ON  MY ON
Has (che 1. N 2. N 3. N 5. N 6. N 7. N	the responsible official:  ck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?	MY ON MA
Has (che 1. N 2. N 3. N 4. N 5. N 6. N 7. N 8. N	Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?  Maintained compliance plan, if applicable?	OY ON
Has (che 1. N 2. N 3. N 6. N 7. N 8. N	the responsible official:  ck appropriate boxes)  Maintained receipts for perc purchased?  Maintained rolling monthly averages of perc consumption?  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 and parts installed w/in 5 days of receipt?  Maintained calibration data? (for direct reading instruments only)  Maintained exhaust duct monitoring data on perc concentrations?  Maintained startup/shutdown/malfunction plan?  Maintained deviation reports?  Problem corrected?	OY ON

2.	Which method of detection is used by the responsible official?	,		_
	Visual examination (condensed solvent on exterior surfaces)	ر ا		
	Physical detection (airflow felt through gaskets)	<b>B</b>		
	Odor (noticeable perc odor)	The state of the		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)			
	If using direct-reading instrumentation, is the equipment:			
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?	ПY	ЛN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?	ΟY	LN	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?	ΩY	UN	
	d. Kept in a clean and secure area when not in use?	ΩY	[JN	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?	ΩY	ZИ	
3.	. Has the facility maintained a leak log?	ΩY	LN V	41
4.	. Does the responsible official check the following areas for leaks?			
	Hose connections, fittings, couplings, and valves $\Box Y \Box N$ Muck cookers	<b>□</b> YY	□и	
	Door gaskets and seating Door Stills	MY	ПN	
	Filter gaskets and seating  Y  N Exhaust dampers	©Y	ПN	
	Pumps Diverter valves	ďΥ	ПN	
	Solvent tanks and containers DY DN Cartridge filter housings	ΟY	ĽN	NA
	Water separators DY DN	-		
	Name of Responsible Official	į		
-	TAME NAZARIO 12/4	19	6	
	Inspector's Name (Please Print)  Date of Inspec	ction		
	100 190	99	7	
_	Inspector's Signature Approximate Date of N	Vext 1	Inspectio	n

ADDITIONAL SITE I	HEOMBAHON.	<u>-</u>
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		•

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### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

COMPTIVILE	INSPECTION CHECKLIST
TYPE OF INSPECTION: ANNUAL	COMPLAINT/DISCOVERY S. B.
TYPE OF INSPECTION: ANNUAL	COMPLAININGCOVERY O. C.
RE-INSPECTIO	COMPLAINT/DISCOVERY OF STATE O
221211 226	
AIRS ID#: <u>0150 ///</u> DATE: <u>11-7</u>	95_ time in: time out:
ll	
FACILITY NAME: TOE CLEAN	SRS TRANCHIST CORP.
FACILITY LOCATION: <u>16766</u> Nu	0 67 AVE
MIAMI	·
RESPONSIBLE OFFICIAL: JOE CALAL	PRESE PHONE: 825-3012
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to star	rtun
<b>1</b>	•
2. Facility failed to notify DARM to use general per	rmit
STANTA ON TOURISTONION	
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A/	<u>_</u>
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, $x < 140$ gal/yr
(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, $140 \le x \le 2,100$ gal/yr	dry-to-dry only, $140 \le x \le 2,100 \text{ gal/yr}$
transfer only, $200 < x < 1,800$ gallyr	transfer only, $200 \le x \le 1,800 \text{ gal/yr}$
both types, $140 \le x \le 1,800$ gallyr	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	TY ON OCan not determine
If no, please check the appropriate classific	cation:
facility qualified for a ge	
	mits and is not eligible for a general permit
	tuts and is not engine for a general permit

Revised 8/11/97

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 130 gallons.

PART III: GENERAL CONTROL REQUIREMENTS	
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	i
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN MN/A
2. Examining the containers for leakage?	OY ON CONA
3. Closing and securing machine doors except during loading/unloading?	DY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON BONA
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 refri (complete A below).	gerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber mu installed prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refri (complete A and B below).	igerated 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?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	OY ON
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	□Y i	□и	٠.
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ם מם	N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY		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?	ПY		N/A
	Is the perc concentration equal to or less than 100 ppm?	ΠY	ם אם	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	ם מם	N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	N □	IN/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	□и□	N/A

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			QAY □N		
2.	Has the facility maintained a leak log?		•	DAY ON		
3.	Does the responsible official check the	following areas for l	caks?			
	Hose connections, fittings, couplings, and valves	YY ON ON/A	Muck cookers	איאש מם צם		
	Door gaskets and seating	DY ON ON/A	Stills	MY ON ON/A		
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	DYY ON ON/A	Diverter valves	ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	מאם אם צים		
	Water separators	MY ON ON/A				
4.	Which method of detection is used by t	he responsible offici	al?			
	Visual examination (condensed s	olvent on exterior su	rfaces)	OV.		
	Physical detection (airflow felt th	rough gaskets)		TE ,		
	Odor (noticeable perc odor)		₩ T			
	Use of direct-reading instruments	ation (FID/PID/calor	imetric tubes)			
	Halogen leak detector					
	If using direct-reading instr	umentation, is the	equipment:	□N/A		
	a. Capable of detecting	perc vapor concentra	ations in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a (PID/FID only)?	standard gas prior to	and after each use	OY ON		
	c. Inspected for leaks ar	nd obvious signs of v	vear on a weekly basis?	OY ON		
	d. Kept in a clean and s	secure area when not	in use?	DY DN		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?				NO YO		
<u> </u>			,			
			,	~ , ,		

Inspector's Name (Please Print)

Date of Inspection

Publication

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	. 41		
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Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT

		<del></del>		
FACILITY NAME: JOE CLE	ONER'S FRAN	CHISZ COR	DATE: 2 -1	7-98
FACILITY LOCATION: 16766	NW 67 AVE	· · ·		
M/AMI				
Annual Reporting Period:	-3 I	96 TO 2-1	7	1996
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F		•	<i>i</i> /	
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in conti	nuous compliance during	g the reporting period states	, <i>'</i>
Exact period of non-compliance: from		to	& Mobi	MAR 3
Action(s) taken to achieve compliance:				50
Method used to demonstrate compliance:			ources	1998
#2. Term or condition of the general permi	t that has not been in cont	inuous compliance durin	g the reporting period state	d above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				<u></u>
Method used to demonstrate compliance:				
· 				
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:	and complete. Further, n	y annual consumption o	f perchloroethylene solven	t, based
L		<del></del>	<del></del>	

\*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

### BEST AVAILABLE COPY

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL (	COMPLAINT/DISC	OVERY [	RE-INSPE	CTION	
TIME IN: // =	TIME OUT/ 3	)	_AIRS ID#;	04507	7//	
TYPE OF FACILITY:	CLUMBERS 16766 NW 67	(CANEIL	<del></del>			
FACILITY NAME: JOE	CLOWERS	TRANCHISS	E Corp	DATE:	17-9	<u> </u>
FACILITY LOCATION:	6766 NW 67	AVE				·
RESPONSIBLE OFFICIAL:	TOR CHIADLES	EP	номе мимвеі	R: 325- 2	ाट	
	the compliance requirements e Rule 62-213.300, Florida Admi			acility is found to	be in	
Based on the results of discrepancies were not	f the compliance requirements e ted:			•		
COMPLIANCE REQ	UIREMENT/PROBLEM	A FOLI	LOW-UP AC	TION REQUI	RED	
	-					
<del></del>	· · · · · · · · · · · · · · · · · · ·		<u>.                                    </u>			
					Burea &	i.
· · · · · · · · · · · · · · · · · · ·						S C
,	<u></u>				of Air	IJ T
						0 898
••	•		•		Monitoring Sources	% F
	·				ing	7
						<del></del>
	•					
	·			<u> </u>	•	
		·				-* .
·						
COMMENTS: FACI	lity IN Com	plimice	-			
The Annual Compliance Certif		certified and submi	itted to the inspec	etor. YES	NO	
DATE OF NEXT INSPECTI	10N: £b-19	(Approximate)	· ;			
INSPECTION CONDUCTE	DBY: AM		ARLO			
		(Please Print)	<u> </u>			
INSPECTOR'S SIGNATUR	E/Ch (a)	) <del></del> 1	PHONE NUMB	er:_ 372	692	-<
	thu.	of		•	n	:and 10/06

# RECEIVED

# PERCHLOROETHYLENE DRY CLEANERS MAY 1 9 1999

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

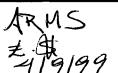
ANNUAL

Bureau of Air Monitoring

& Mobile Sources

**RE-INSPECTION** 

AIRS ID#: 0250711 DATE: 3/10/	TIME IN: 1 2 PM TIME OUT: 2/5 PM
FACILITY NAME: LOE	lesnes
FACILITY LOCATION: 16766	NW 67 DUR
RESPONSIBLE OFFICIAL: TOE C	
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to star	rtup . 🗆
2. Facility failed to notify DARM to use general per	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ 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. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$ )	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$ )
5. This is a correct facility classification	□Y □N □Can not determine
If no, please check the appropriate classification	ation:
	neral permit as number above
☐ facility exceeds above lim	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was <u>imk</u> gallons.	rchased within the preceding 12 months by this dry cleaning



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?	OY ON DANIA
2. Examining the containers for leakage?	DY DIN DIN/A
3. Closing and securing machine doors except during loading/unloading?	UZY ON
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	DX ON DN/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON DN/A
D. P. W. P. O. O. O. C. W. W. C. V. W. W. C. V. W. W. W. C. V. W.	
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, no controls are required. Proceed to Part V	<b>7.</b>
If classification 2 has been checked, the machine should be equipped with a refr (complete A below).	igerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber miprior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refr (complete A and B below).	igerated condenser
A. Has the responsible official of all new sources and existing large area sources (check appropriate boxes)	s:
1. Equipped all machines with the appropriate vent controls?	OY ON
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY. ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	מט עם
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON

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

#### PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? DY JOH 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; AKO 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? DY DN DYNA DY DN DX/A 4. Maintained calibration data? (for applicable direct reading instruments) DY DN DN/A 5. Maintained exhaust duct monitoring data on perc concentrations? DN NO 6. Maintained startup/shutdown/malfunction plan? DY DN WN/A 7. Maintained deviation reports? DY DN DN/A Problem corrected? DY DN ZN/A 8. Maintained compliance plan, if applicable?

PA	ART VI: LEAK DETECTION AND I	REPAIRS							
1.	. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair								
	inspection?				ØΥ	(	אכ		
2.	Has the facility maintained a leak log?				ΩY	Ç	ZN		
3.	Does the responsible official check the	following areas	for leaks?						
	Hose connections, fittings, couplings, and valves	DY DN ON	√A	Muck cookers	ΠY	- DX1	ØN/A		
	Door gaskets and seating	אם אם אנט	J/A	Stills	ZY	ПN	□N/A		
	Filter gaskets and seating	אם אם אם	√A	Exhaust dampers	Dry.	ΜФ	□N/A		
	Pumps	אם אם אם אם,	√A	Diverter valves	ďY	ØΝ	□N/A		
	Solvent tanks and containers	מים אבל צים	I/A	Cartridge filter housings	ZΥ	ΩΝ	□N/A		
	Water separators	אם אם אמ	I/A						
4.	Which method of detection is used by the	he responsible of	fficial?						
	Visual examination (condensed so	olvent on exterio	r surfaces)		4				
	Physical detection (airflow felt the	rough gaskets)		•					
	Odor (noticeable perc odor)				Ø				
	Use of direct-reading instrumenta	tion (FID/PID/ca	ılorimetric tu	bes)					
	Halogen leak detector					/			
	If using direct-reading instru	amentation, is th	he equipmen	ı <b>t:</b>	ØN/	A			
	a. Capable of detecting p	perc vapor conce	ntrations in a	range of 0-500 ppm?	ΠY	Пи			
	<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard gas prior	to and after	each use	ΟY	אם			
	c. Inspected for leaks and	d obvious signs (	of wear on a	weekly basis?	ΠY	ПΝ			
	d. Kept in a clean and se	cure area when r	not in use?		ΟY	ПΝ			
	e. Verified for accuracy	by use of duplica	ate samples (	calorimetric only)?	ΟY	ПN			

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE IN	NFORMATION:				
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BEST AVAILABLE COPY TYPE OF INSPECTION: ANNUAL [] COMPLAINT/DISCOVERY | RE-INSPECTION TIME OUT: AIRS ID#: 0250711 TYPE OF FACILITY: EXCILITY NAME: **FACILITY LOCATION:** PHONE NUMBER: RESPONSIBLE OFFICIAL: 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: COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED R.O have not kept reciept on bemiss R.o. need to have reciept on Site log = 7 ding log R.o. needs to maintain leak log + 40/1/2010 COMMENTS: The Annual Compliance Certification form has been properly certified and submitted to the inspector. DATE OF NEXT INSPECTION:

&\_\_\_\_

NSPECTION CONDUCTED BY:

PHONE NUMBER: 805-372-697

Page 1 of

Revised 10/96

Dec

Revised 10/10/96

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

				( (2)
FACILITY NAME:	e (	ens	DATE: _	3/10/99
FACILITY LOCATION:	766 NW	67 Ave	·	·
	· ·			
Annual Reporting Period:	19	98 TO	March	19 <u>99</u>
Based on each term or condition of the Title	V general air permit, my f	acility has remained in o	compliance with DEP	Rule _
62-213.300, Florida Administrative Code (F	.A.C.), during the period c	overed by this statement	L DYES	₽ŃO
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in contin	nuous compliance during	g the reporting period	stated above:
The R.O.	his not	host red	cient on.	Premises
Exact period of non-compliance: from	Mrch	1991 to	Mars	1, (999
Action(s) taken to achieve compliance:	hee	o recie	et an	Premises
Method used to demonstrate compliance:	kee	vecies	to an p	remites
#2. Term or condition of the general permit	that has not been in conti	nuous compliance durin	g the reporting period	stated above:
The Ro.	ton ead	Maintai	and Lesk	Loo Herco
Exact period of non-compliance: from	March	1997 to	March	विषेष
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:	# Z	5 EP (	Alender	
			Λ	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my	y annual consumption of	f perchloroethylene s	olvent, based
RESPONSIBLE OFFICIAL: Je	me (Please Print)	Signa	3//	Date
	a round a rately	Giglia		, 2000
and the same of th			/	

\*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

### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTIO	MC DN D	COMPLAINT/[	OISEOVERY	CE
AIRS ID#: <u>0350711</u> FACILITY NAME:			IN: <u>1430</u>	TIME OF THE	Br. KO
FACILITY LOCATION:	16766 N. M.c.				
RESPONSIBLE OFFICIAL	: Posie	Calabrase	_ PHONE: _ 30	5-825-	3012
PART I: NOTIFICATION  (check appropriate box)  1. New facility notified DARN  2. Facility failed to notify DAR	1 30 days prior to star	rtup			
				·	
PART II: CLASSIFICATIO	N 		· 	· 	
Facility indicated on notificat (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 di-	transfer only, x both types, x <	y, x < 140 gal/yr < 200 gal/yr		etroleum
3. Existing large area soundry-to-dry only, $140 \le x \le 2$ transfer only, $200 \le x \le 1,800$ both types, $140 \le x \le 1,800$ (constructed before 12/9/91).	2,100 gal/yr 00 gal/yr gal/yr )	transfer only, 20 both types, 140	area source $x, 140 \le x \le 2,100 \text{ g}$ $x, 140 \le x \le 1,800 \text{ gal/y}$ $x \le x \le 1,800 \text{ gal/y}$ $x \le x \le 1,800 \text{ gal/y}$ $x \le x \le 1,800 \text{ gal/y}$	yr	
If no, please check the	appropriate classifica ity qualified for a gen ity exceeds above lim	ation: neral permit as nu nits and is not elig	umberal gible for a general p	bove permit	classing
facility was 40 gallons		renased within the	e preceding 12 mor	nus by this dry	cleaning

1 of 5

### 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 DINA DY ON WNA 2. Examining the containers for leakage? SY CIN 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? DY DIN DANA 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? DY DIN DANA 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? DY DN 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? DY DN DN/A 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/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? DY DN 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? DY DN DN/A 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY DN

<u></u>				
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	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser			
	inlet and outlet weekly?	ĽΩΥ	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПN	□n/a
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠИ	□N/A
:	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ИΠ	□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?	ПΥ	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	QΥ	ΩΝ	□n/a
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
1. Maintained receipts for perc purchased?	CY DHY
2. Maintained rolling monthly total of perc consumption?	OY DAN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON CANA
b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	OY OH BUYA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON BANKA
5. Maintained exhaust duct monitoring data on perc concentrations?	ANAMED YED
6. Maintained startup/shutdown/malfunction plan?	رY □N
7. Maintained deviation reports?	OY ON STNA
Problem corrected?	OY ON EAN/A
8. Maintained compliance plan, if applicable?	AVARG NO AD

PART VI: LEAK DETECTION AND	PART VI: LEAK DETECTION AND REPAIRS				
1. Does the responsible official conduct	a weekly (for small source	ces, bi-weekly) leak detection	and repair		
inspection?			<b>A</b> AA □N		
2. Has the facility maintained a leak log	?		DY <b>Ø</b> N		
3. Does the responsible official check the	e following areas for leak	s?			
Hose connections, fittings, couplings, and valves	ANO NO YA	Muck cookers	OY ON WAN/A		
Door gaskets and seating	DAY ON ON/A	Stills	PY ON ON/A		
Filter gaskets and seating	DY ON ONA	Exhaust dampers	da on on'à		
Pumps	DIY ON ON/A	Diverter valves	DY ON ON/A		
Solvent tanks and containers	DAY ON CINIA	Cartridge filter housings	DY ON ONA		
Water separators	DY ON ON/A				
4. Which method of detection is used by	the responsible official?				
Visual examination (condensed :	solvent on exterior surface	es)	7		
Physical detection (airflow felt the	hrough gaskets)		īZ		
Odor (noticeable perc odor)	Ø				
Use of direct-reading instrument					
Halogen leak detector					
If using direct-reading inst	9N/A				
a. Capable of detecting	אם אם				
b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use	ΩY ΩN		
•	nd obvious signs of wear	on a weekly basis?	DY DN		
<ul> <li>c. Inspected for leaks and obvious signs of wear on a weekly basis?</li> <li>d. Kept in a clean and secure area when not in use?</li> </ul>			מי פוי		
e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
	by use of auphente same	nes (catorimetric omy).	d. dr		
Ivan fann.		5/26/00			
Inspector's Name (Please Print)  Date of Inspection					
\ _	•	. /			
Inspector's Signature		Approximate Date of N	Next Inspection		

Mr. Colabrase passed away, now Mr. Colabrase (daughter) is running busniss. Explained recordhoeping requirements to her. She will maintain from now on.

# TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	1PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 1430 TIME OUT: 1575	AIRS ID#: 0250711
TYPE OF FACILITY: Porc Dry Close	na.
FACILITY NAME: Soe Cleaning	DATE: 9/20/00
FACILITY LOCATION: 16766 200	67 mc.
M. Main S	
RESPONSIBLE OFFICIAL: Calabias	PHONE NUMBER: 305 - 8 35 - 3017
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administration Based on the results of the compliance requirements evaluated in the compliance requirements.	ative Code (F.A.C.).
discrepancies were noted:	FOLLOW-UP ACTION REQUIRED
COMPLIANCE REQUIREMENT/PROBLEM	
Dod mandaming recepted of para	Bogin muitaning receipts for
Not mailaining look log or nothing log of para purhoses	Rogin road kapping
	Su. Ge
COMMENTS: Good Manakasping	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector.
DATE OF NEXT INSPECTION: 66	
INSPECTION CONDUCTED BY:	ease Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305- 373-6922
Page	of Revised 10/96

AIRS ID#: 0250211

Me

# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

Exact period of non-compliance:  Method used to demonstrate compliance:  Exact period of non-compliance:  Method used to demonstrate compliance:  Method used to demonstrate compliance:  Exact period of non-compliance:  Method used to demonstrate compliance:  Method used to demonstrate	FACILITY NAME:	o Cleans	<u>~                                    </u>	· .	DATE: _	sluston
Annual Reporting Period:  19 55 TO  30 Sased on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule (2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.  10 FNO, complete the following:  11. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above compliance:  12. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above dethod used to demonstrate compliance:  12. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance during the reporting period stated above of the general permit that has not been in continuous compliance.  12	FACILITY LOCATION:/_	766 15	5 67 AU	٠		•
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule [2-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.   PI. 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:    Action(s) taken to achieve compliance:		,	•	· .		
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Exact period of non-compliance: from  Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Method u	If NO, complete the following:			<i>.</i>	•	
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Exact period of non-compliance: from \frac{1}{2} \frac	Method used to demonstrate compliance	: Soon	<u> </u>	· .		stated above:
Action(s) taken to achieve compliance:  Method used to demonstrate compliance:  Note the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene, solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: ROSONG CALONCE	indian ha	0_b		3 0 pm	pund.	
Method used to demonstrate compliance:  2 2 10  As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: ROSONO COLORES MALLER M	Exact period of non-compliance: from	<u> </u>	to	5/00	16	
nade in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: ROSONO COLORES MALLER						
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Name (Please Print) Signature Date	made in this notification are true, accur upon rolling averages of purchase recei	ate and complete. Fur pts, does not exceed 2, es.	ther, my annual cons 100 gallons per year	for dry-to dry-facili	oethylene.so	lvent, based gallons per
		Name (Please Print)		Signature		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.

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, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  Agent  Addressee  D. Is delivery address different from item 1?	
1. Article Addressed to:  AIRS ID # 0250711  JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE	If YES, enter delivery address below:	
MIAMI FL 33015	3. Service Type    Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.	
`	4. Restricted Delivery? (Extra Fee)	
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## THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 405117 FEB12 2001

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label. 2/12/0/80

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

Do NOT Remove Label

AIRS ID # 0250711

JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE

MIAMI FL 33015

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001

Obj.: 002273

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....ANDLING

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

### TOTAL AMOUNT DUE: \$75.00

EXCEC ARMS

Do NOT Remove Label

AIRS ID # 0250711 JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE MIAMI FL 33015

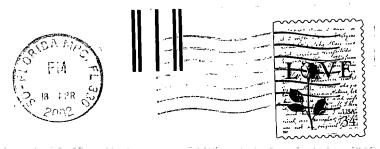
FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

Printed on recycled paper.

JOE Clearers 16766 NW 0700C Mami Lake, F1 33015



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#### **BEST AVAILABLE COPY**



Jeb Bush Governor

# Department of Environmental Protection

Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 April 1, 2002 EXCEL ARMS 416137 APR22 2002

Sur Old Sur Monto Bostruhs
Secretary

## NOTICE OF LATE PAYMENT OF ANNUAL EMISSIONS FEE VIA: CERTIFIED MAIL WITH RETURN RECEIPT

TO: User of Title V Air General Permit

Department records indicate that during calendar year 2001 you operated a facility which is a source of air pollution. You have also claimed eligibility for this facility to operate under a Title V Air General Permit pursuant to Chapter 62-213, Florida Administrative Code (F.A.C.).

As a source of air pollution subject to Title V of the federal Clean Air Act, your facility is required under Section 403.0872, Florida Statutes (F.S.), to pay an annual emissions fee, as established by the Department in Rule 62-213.205, F.A.C. You are also required, under Rule 62-213.300(2)(c)2, F.A.C., to notify the Department in writing of any change in facility status.

The annual emissions fee is \$50 for calendar year 2001. A notice of your obligation to pay the annual emissions fee was sent to you by certified mail, along with an invoice form and instructions. This notice (with the enclosed replacement invoice) is being sent as a reminder.

The Department has not received your annual emissions fee. Accordingly, in accordance with Rule 62-213.205(1)(g), F.A.C., the Department is assessing a 50% penalty against your facility, for a total fee of \$75.00 for calendar year 2001.

Under Rule 62-213(1)(g), F.A.C., failure to timely pay the required annual emissions fee, possibly, or interest constitutes grounds for revocation of your Title V Air General Permit. If the fee and penalty are not promptly paid, the Department will proceed to revoke your facility's Title V Air General Permit and will also seek interest in accordance with Section 220.807, F.S.

To submit your \$75.00 payment, please follow the directions on the enclosed invoice form. If you have any questions, you may call Rick Butler at 850/921-9586 or Sandra Bowman at 850/921-9583. Thank you for your prompt attention to this matter.

Sincerely,

Joe Kahn, Acting Chief Bureau of Air Monitoring and Mobile Sources

/JK

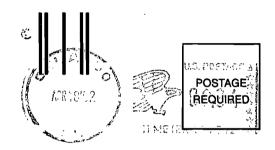
Enclosure: Invoice Form

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

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reverse side?	Ol adojanua jo dol jano a  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.	following services (for an extra fee):  1.   Addressee's Address		
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US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID#: 0250711

JOE CLEANERS FRANCHISE CORP
JOE CALABRESE
16766 NW 67TH AVENUE
MIAMI FL 33015

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



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 # 0250711

JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE MIAMI FL 33015 FOR GOVERNMENT USE ON Org.: 37550101000 EO: 18 COVERNMENT USE ON Org.: 20-2-035001 Obj.: 002273

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

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

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

Do NOT Remove Label

AIRS ID#0250711

JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE **MIAMI FL 33015** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Оыј.: 002273



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

Do NOT Remove Label

AIRS ID # 0250711

JOE CLEANERS FRANCHISE CORP JOE CALABRESE 16766 NW 67TH AVENUE **MIAMI FL 33015** 

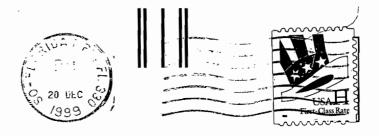
FOR GOVERNMENT USE ONLY

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Fund: 20-2-035001

Obj.: 002273

Joe Clearer 10766 NW 67 ave Miani Laker, F. 1 33015



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