

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

October 4, 1996

Mr. George Iorte Viking Cleaners 11373 Southwest 211 Street #23-24 Miami, Florida 33189

Dear Mr. Iorte:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on August 30, 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 Monito

Soly Wiet

Bureau of Air Monitoring and Mobile Sources

/DD

cc: Mr. Ewart Anderson, Dade County

0250735

P.14

I. (a) add date control
device installed

I. (c) should not be
marked

3. new small area source
should be marked

P.15

Hnew small r.c. should
be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	I/ 2 98/1/21/91
4.	Facility Location: 11373 S-W 211 St #23-24
	Street Address.
	City: $M/A /7/$ County: $DADE$ Zip Code: 33/89
5.	Facility Identification Number (DEP Use):
	0250735
20-200	
	Responsible Official
6.	Name and Title of Responsible Official:
	George FORTE (AULUSE)
7.	Responsible Official Mailing Address: 11373 5. 2115+ #23-24
	Organization/Firm:
	City: MAM Zip Code: 33,89
Q	Responsible Official Telephone Number:
0.	Telephone: (305) 252-3508 Fax: () -
	Facility Contact (If different from Responsible Official)
	Name and Title of Facility Contact (For support and support
9.	Name and Title of Facility Contact (For example, plant manager):
10	
10.	Facility Contact Address:
	Street Address:
_	City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIV [
	• • •

AUG 3 0 1996

Bureau of Air Monitoring & Mobile Sources

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

Facility Information

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

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			aru e i	with the		er jagina			Silver years
(I) w/ ref. condenser	#1	NOV 95			T T				
(2) w/ carbon adsorber		70							
(3) w/ no controls	<i>i/</i>								
Washer Unit	-	71 (18) 14	erante e traje			1.1	,1 ,		
(4) w/ ref. condenser					<u> </u>			1	
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	1 177 - 1	Latence per 1.					77.		i i shiji a i .
(7) w/ ref. condenser	,	<u> </u>			T			1	
(8) w/ carbon adsorber					_				
(9) w/ no controls									
Reclaimer Unit	, 1 ²⁴ .			1. L. I			_a_ + 1 -		Magazina da
(10) w/ ref. condenser		i ve grupu ere.			T	,			
(11) w/carbon adsorber					-				
(12) w/ no controls					-				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are re quanti gallo	equired to be ity of perchlo	installed [perc)	purchased in	nachin	ر)		
			New Owner.		_ New store		пот к	eep records:	[]

DEP Form No. 62-213.900(2)

Effective: 6-25-96

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

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

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)

39213 4819999

 $\langle \mathbf{X} \rangle$

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

8-28-96 Date

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

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 10:50am TIME OUT: 12:00	non AIRS ID#: 0250735
TYPE OF FACILITY: Ory Cleaner	
FACILITY NAME: Viking Cleanu	DATE: <u>2</u> .25.97
FACILITY LOCATION: 11373 SW 211 M	
Miami, FL	
	PHONE NUMBER: 252 - 3508
RESPONSIBLE OFFICIAL: GEORGE FORTE	THORE NOWIBER. 292 3300
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 discrepancies were noted:	ative Code (F.A.C.).
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No condenser log on-site.	Must start measuring & recording condenser semperature (weekly).
No pere suchase log on-site.	Must start recording pur peuchases on a log.
No leak detection log on-site.	must start inspecting for lea and recording the inspections (weekly).
COMMENTS:	
The Annual Compliance Certification form has been properly certification	fied and submitted to the inspector. YES NOV
DATE OF NEXT INSPECTION: 2.98	
· •	Privery
INSPECTOR'S SIGNATURE:	Privery lease Print) PHONE NUMBER: 372-6942

Page___of___.

Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL E-INSPECTION	COMPLAINT/DISCO	OVERY 🗆		
		7_ TIME IN: 10:50am TIM			
		new 211 St. #23-24 FL			
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DARM	by 9/1/96		B		
2. New facility notified DARM 30 days prior to startup					
3. Facility failed to notify DARM to use general permit					
PART II: CLASSIFICATION					
Facility indicated on notification form that it is: (check appropriate box)					
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	. 0	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)	TEP		
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="" gal="" gatransfer="" only,="" td="" types,="" y="" yr=""><td></td><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>		4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>			
This is a correct facility classification	on	QAY DN			
If no, please check the appropriate	classification:				
II		nit as number above s not eligible for a general permit			
B. The total quantity of perchloroe facility was <u>0</u> gallons.	thylene (perc) pu	rchased within the preceding 12 month	s 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?	DY DN BYNA				
2. Examining the containers for leakage?	DY DN D MA				
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?	EY ON				
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מעש מם עם 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 refrig (complete A and B below).	gerated condenser				
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)					
1. Equipped all machines with the appropriate vent controls?	MA ON				
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/אם אם צים				
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ON ON/A				
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY WY				
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	DY DN BYNA				
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	oy ØŃ				

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?	מס עם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ПУ ПИ
Is the temperature differential equal to or greater than 20° F?	OY ON
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?	DY DN
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?	אם עם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	A/אם אם צם
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?	DAY ON
2. Maintained rolling monthly averages of perc consumption?	OY PA
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	AND 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 GNA
4. Maintained calibration data? (for direct reading instruments only)	OY ON COMÍA
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN BNA
6. Maintained startup/shutdown/malfunction plan?	/
	ON ON
7. Maintained deviation reports?	DY ON DINA
7. Maintained deviation reports? Problem corrected?	
	OY ON DINA
Problem corrected?	OY ON DINA
Problem corrected?	OY ON DINA

2.	Which method of detection is used by	the respon	sible offi	icial?		
	Visual examination (condensed s	solvent on	exterior	surfaces)	4	
	Physical detection (airflow felt th					
	Odor (noticeable perc odor)	122				
	Use of direct-reading instrument					
	If using direct-reading instrum					
	a. Capable of detecting		מכ			
	b. Calibrated against a (PID/FID only)?		אר			
	c. Inspected for leaks a					
	d. Kept in a clean and					
	e. Verified for accuracy	אם אם				
2	Has the facility maintained a leak log?		_			
4. Does the responsible official check the following areas for				or looks?	uı (.M.I.V
7.	-	Tollowill	g areas re	or icaks!		
	Hose connections, fittings, couplings, and valves	ПΥ	ON	Muck cookers	ΩY	<u>un</u>
	Door gaskets and seating	ΩY	RN	Stills	ΠY	COH
	Filter gaskets and seating	ΟY	⊠ N	Exhaust dampers	ΟY	⊡ XÍ
	Pumps	ΟY	ΘŃ	Diverter valves	ŗΩY	DAN
	Solvent tanks and containers	ΩY	⊕ N	Cartridge filter housing	s 🗆 Y	GN
	Water separators	ΟY	©N			
	GEORGE FORTE			• •		
	Name of Responsible Office	nal				
	Rosana RIVERA			2.25		
	Inspector's Name (Please Pi	rint)	Date of Ins	pection		

2.98

Approximate Date of Next Inspection

Inspector's Signature

Owners' name needs to be corrected:

George Forte

BEST AVAILABLE COPY

AIRS ID#: 0250735

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

SEP 0 3 1997

ไม้นียัสสีสีรีวินินสสมโทยอธิริธิสันธอสการสดาจากสามารถสามารถสมโทสเกาสเลือนเลือนสมัยสภาสที่สามารถสการสการคาวที

	Air Quality
FACILITY NAME: VIKING Cleaners DAT	Agement Division
FACILITY LOCATION: 1/373 SW 211 St. #23-24, Miami	FL.
3	
Annual Reporting Period: <u>January</u> 19 <u>94</u> TO <u>December</u>	19 <i>_96</i>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES	DEP Rule NO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting p #2. Term or condition of the general permit that has not been in continuous compliance during the reporting p #2. Term or condition of the general permit that has not been in continuous compliance during the reporting p #2. Term or condition of the general permit that has not been in continuous compliance during the reporting p #3. Term or condition of the general permit that has not been in continuous compliance during the reporting p #4. Term or condition of the general permit that has not been in continuous compliance during the reporting p #4. Term or condition of the general permit that has not been in continuous compliance during the reporting p #5. Term or condition of the general permit that has not been in continuous compliance. #5. Term or condition of the general permit that has not been in continuous compliance.	erc log e in 3 i de eriod stated above:
Action(s) taken to achieve compliance:	
Meticol used to demonstrate compliance: Bureau of Ai & Mobile	Sources
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethyle upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Corpe ORTICE Name (Please Print)	ene solvent, based

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

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Vik
2	VIALING CEANERS Site Name (For example, plant name or number):
	Hazardous Waste Generator Identification Number:
3.	Hazardous Waste Generator Identification Number:
	I/ 2 00,11711 0.1
4.	Facility Location: 1/373 S-W 211 S+ #23-24
٠.	Street Address:
	Street Address: City: $M/A/7/$ County: $DADE$ Zip Code: 33/89
W	
5	Facility Identification Number (DEP Use):
enterena	FOR MAY SALE RECORDED SHOWN STORES TO SHOW A COMMISSION OF THE SALE OF THE SAL
	Responsible Official
	N
	Name and Title of Responsible Official:
	Responsible Official Mailing Address: 11373 5.W 2115+ #23-24
7.	Responsible Official Mailing Address: 1/373 5/11 2767 7/33234
	organization in in.
	Street Address: City: MAM County: DADE Zip Code: 33,89
	City. /// #/// County. 1/1/1/2 21/2000. 33/0/
8.	
	Telephone: (305) 252-3508 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	RECEIV
	KECETV

OFFI D E PUA

Bureau of Air Monitoring & Mobile Sources

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

Page 13 of 16

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.

		Date	Date		Date	Date		Date	Date
		Machine	Control		Machine	Control		Machine	Control
•		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	NOV 95	NOV 95	K.F					
(2) w/ carbon adsorber		- / W -							
(3) w/ no controls	1/	-							
Washer Unit		<u> </u>	•	-1	•			•	
(4) w/ ref. condenser					*				
(5) w/ carbon adsorber		_							
(6) w/ no controls									
Dryer Unit		144						•	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									•
(10) w/ ref. condenser									
(11) w/carbon adsorber		_	-						<u> </u>
(12) w/ no controls									
(b) Control devices are required, but not yet installed									
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	et one classif	ication only.)) ew sn	initions foun nall area sou	гсе [Х	-	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

 What control technology is required on machines (Indicate with an "X".) 	pursuant to section (5) of Part II of this notification form?				
Existing large area source Carbon adsorber	Refrigerated condenser []				
New small area source Refrigerated condenser New large area source					
New large area source Refrigerated condenser []					
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following :				
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.					
All steam and hot water generating units exempt No such units on-site					
Equipment Monitoring	and Recordkeeping Information				
Check all logs which are required to be kept on-site	in accordance with the requirements of this general permit:				
(a) Purchase receipts and solvent purchases					
(b) Leak detection inspection and repair					
	تـــ				
(c) Refrigerated condenser temperature monitoring	(X)				
(c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration mo	[X]				
	[X]				

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

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)

37313 1-81-79

(X)

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

Date

Signature

DATE

PRINT

Aco

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: UKING Cleanes	S DATE: 9/29/98
FACILITY LOCATION: 11373 SW	2/1/57
Annual Reporting Period: 9/97	19 TO
Based on each term or condition of the Title V general air perm 52-213.300, Florida Administrative Code (F.A.C.), during the	
If NO, complete the following: #1. Term or condition of the general permit that has not been	in continuous compliance during the reporting period stated above:
failure to Maintain Ro	
Exact period of non-compliance: from Action(s) taken to achieve compliance:	197 to 9/98 SE DEP Calendar
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been	in continuous compliance during the reporting period:stated above:
Exact period of non-compliance: from	RECEIVED
Action(s) taken to achieve compliance:	OCT 2 7 1998
Method used to demonstrate compliance:	Bureau of Air Monitoring & Mobile Sources
made in this notification are true, accurate and complete. Fu	tion and belief formed after reasonable inquiry, that the statements rther, my annual consumption of perchloroethylene solvent, based ,100 gallons per year for dry-to dry facilities or 1,800 gallons per
Name (Please Print)	Signature Date/

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

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

TYPE OF INSPECTION:	ANNUAL	COMPL	AINT/DISCOVERY	BES	T AVAILABLE C	
пмети: 0900	TIME OUT:		AIRS II	O#:	250735	
TYPE OF FACILITY: P FACILITY NAME: VIK I FACILITY LOCATION: H	Org to Dr. 18 Cleaners 373 SW 2	1 11 St.		D	ATE:	
RESPONSIBLE OFFICIAL:	Georges Fo	v-le	PHONE N	UMBER:	05 255	9060
compliance with DEP R	he compliance requirement ule 62-213.300, Florida A he compliance requirement d:	dministrativ	c Code (F.A.C.).			·
COMPLIANCE REQU	<u> </u>		FOLLOW-U	P ACTIO	N REQUIRED	
failure to Rolling C	maintain cg for Perc. C	consumption	US	e Di	Ef Calen	dar
``.						
		·.				
COMMENTS:						
		<i>:</i>	i			· · · · · · · · · · · · · · · · · · ·
he Annual Compliance Certifi	cation form has been prop	erly certifie	d and submitted to the	e inspector.	YES	ио[]
PATE OF NEXT INSPECTIO	DN: 9/99					
NSPECTION CONDUCTED	BY: M Ac.	he 11	roximate) F15hk1NI) 1sc Print)			
VSPECTOR'S SIGNATURE	: Mitell of	Shul	PHONE	NUMBER:	305) 372	-6925
	- .	Pagc	of		F	Revised 10/96

Viking Cleaners

"Where Quality is Affordable"

11373 S.W. 211 Street Miami, FL 33189 (305) 255-0060

Manager George Forte

PERCHLOROETHYLENE DRY CLEANER CEIVED

COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:

ANNUAL

RE-INSPECTION



COMPLAINT/DISCOVER 2 8 1998

Bureau of Air Monitoring & Mobile Sources

AIRS ID#: 250 735 DATE: 9/29/9			
FACILITY NAME: VIKING CRUIN	1805		
FACILITY NAME: VIKING CRAN FACILITY LOCATION: 11373 S	5W 211th St.		
RESPONSIBLE OFFICIAL: Georges	Forte PHONE: 305255-0060		
CONTACT NAME: Same as A			
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) A.	☐ Drop store/out of business/petroleum		
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, $x < 140 \text{ gal/yr}$	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, $140 \le x \le 2,100$ gal/yr		
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gal/yr		
both types, $140 \le x \le 1,800 \text{ gal/yr}$	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 classification			
If no, please check the appropriate classification:			
☐ facility qualified for a ge	eneral permit as number above		
facility exceeds above limits and is not eligible for a general permit			
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was gallons.			

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 IV: PROCESS VENT CONTROLS

beds according to the manufacturer's specifications?

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?
- 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 condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?





- ON ONA
- DY ON
- DY ON ON/A
- AY 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?	ОУ ОМ
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	□Y □N □N/A
Is the temperature differential equal to or greater than 20° F?	□Y □N □N/A
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
ls 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, 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?	□Y □N □N/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?	X ON		
2. Maintained rolling monthly total of perc consumption?	DY TAN		
3. Maintained leak detection inspection and repair reports for the following:	,		
a. documentation of leaks repaired w/in 24 hrs? or;	AVENTA NO YOU		
 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 ON ZN/A		
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON SANA		
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON AND		
6. Maintained startup/shutdown/malfunction plan? ✓ □N			
7. Maintained deviation reports?			
Problem corrected?	OY ON MIN/A		
8. Maintained compliance plan, if applicable?	AND NO PA		

PART VI: LEAK DETECTION AND REPAIRS					
Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?		•	DN DN		
2. Has the facility maintained a leak lo	g?		SMC ON		
3. Does the responsible official check t	the following areas for leaks?	?	1		
Hose connections, fittings, couplings, and valves	ON ON/A	Muck cookers	OY ON ON/A		
Door gaskets and seating	Y ON ON/A	Stills	AV ON ON/A		
Filter gaskets and seating	Pronona	Exhaust dampers	ON ON/A		
Pumps	DE ON ON/A	Diverter valves	WY ON ON/A		
Solvent tanks and containers	YOY ON ON/A	Cartridge filter housings	SON ON/A		
Water separators	Y ON ON/A				
4. Which method of detection is used to	by the responsible official?				
Visual examination (condensed solvent on exterior surfaces)					
Physical detection (airflow fel	Physical detection (airflow felt through gaskets)				
Odor (noticeable perc odor)			X		
Use of direct-reading instrum	entation (FID/PID/calorimetr	ric tubes)			
Halogen leak detector					
If using direct-reading in	istrumentation, is the equip	oment:	□n/a		
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? 🔻 🗆 Y 🗘 N					
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
c. Inspected for leak	OY ON				
d. Kept in a clean ar	OY ON				
e. Verified for accum	oles (calorimetric only)?	OY ON			
l .					

Mitchell Fishkind

Inspector's Name (Please Print)

Mutth July

Inspector's Signature -

9/29/98

Date of Inspection

Approximate Date of Next Inspection

Acrotech 410
Gave DEPCalendar.
Gave DERM P2 Booklet

RECEIVED

PERCHLOROETHYLENE DRY CLEANERS

JUN 2 5 1999

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION:

ANNUAL

X

COMPLAINT/DISCOVERY

RE-INSPECTION

,	THE IN: U, +3976 TIME OUT: B+Copm.
FACILITY NAME: Vileing CL	oaners
FACILITY LOCATION: 11873 S.	W. 211 th St.,
Miani	. F1. 33189.
	300
responsible official: George CONTACT NAME:	Forte PHONE: 0060
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit
PART II: CLASSIFICATION	
Facility indicated on notification form that it is:	☐ No notification form
(check appropriate box)	☐ Drop store/out of business/petroleum
A	×/
1. Existing small area source	2. New small area source
dry-to-dry only, x < 140 gal/yr	dry-to-dry only, x < 140 gal/yr
transfer only, x < 200 gal/yr	transfer only, x < 200 gal/yr
both types, x < 140 gal/yr	both types, x < 140 gal/yr (constructed on or after 12/9/91)
(constructed before 12/9/91)	(constructed on or after 12/9/91)
3. Existing large area source	4. New large area source
dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2,100$ gal/yr
transfer only, $200 \le x \le 1.800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr
both types, $140 \le x \le 1,800 \text{ gal/yr}$	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 classification	MY □N □Can not determine
If no, please check the appropriate classific	ation:
☐ facility qualified for a gen	neral permit as number above
facility exceeds above lin	nits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pu facility was Q_{O} gallons.	irchased within the preceding 12 months by this dry cleaning

Kennew+ARMS

1 of 5

Revised 9/15/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DN/A 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 ON ON/A least 24 hours prior to disposal? 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber DY DN MINA 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? 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 condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DNIA condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

_				
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	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΩY	ΠИ	□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?	ΠY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction,			
	or expansion; and downstream from no other inlet?	ΠY	ΠИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩΥ	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ПΥ	אם	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
TART V. RECORDREET ING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	/
Maintained receipts for perc purchased?	ON', ON
2. Maintained rolling monthly total of perc consumption?	D Y DN
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DNA
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 ON DENIA
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON TAN/A
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DYN/A
6. Maintained startup/shutdown/malfunction plan?	ØYY □N
7. Maintained deviation reports?	OY ON DANA
Problem corrected?	OY ON WINA
8. Maintained compliance plan, if applicable?	DA DH DHA

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

: : . : . : .

Inspector's Name (Please Print)

Middle Approximate Date of Next Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE IN	NFORMATION:					-
		,				
	•					
				·		
		,				
					-	
				•		

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 2'45 pm TIME OUT: 3:10 TYPE OF FACILITY: PERC DRY CLEANER				
FACILITY NAME: Viking Cleaners	DATE: 0 6/15-199			
· /	St.			
	33189			
RESPONSIBLE OFFICIAL: GROWGE FORTE	PHONE NUMBER: (305) 255-0068			
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	ative Code (F.A.C.).			
Based on the results of the compliance requirements evaluation discrepancies were noted:	ited during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
NIA	W/A			
COMMENTS: Shop in Conjoliance	2. No violations observed			
The Annual Compliance Certification form has been properly certification				
DATE OF NEXT INSPECTION: 06/20	proximate)			
INSPECTION CONDUCTED BY: KRISTAL YIPON				
1 = 1	ease Print) PHONE NUMBER: 305 372-6925			
Page	of Revised 10/96			

AIRS ID#: 250 735

DRY CLEANER AIR QUALITY GENERAL PERMIT
ANNUAL COMPLIANCE CERTIFICATION FORM

	NNUAL COMPLIANC	e certificati	JIN FURM	
FACILITY NAME: <u>Viki</u>	ng Cleaners 4373 EW.	211 th St.	CALLOR SONT	E: 6/15/99
	WHAMY	33 189	Tre Oring	
Annual Reporting Period:	9/29	19 <u>_98</u> TO	06/15	19 99
Based on each term or condition of 62-213.300, Florida Administrative				DEP Rule
If NO, complete the following:				
#1. Term or condition of the gener	al permit that has not been in	continuous complianc	e during the reporting po	eriod stated above:
Exact period of non-compliance: fi	roin	<i></i> to	o	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve complian	nce:			
Method used to demonstrate compl				
#2. Term or condition of the gener	ral permit that has not been in	continuous complianc	e during the reporting po	eriod stated above:
Exact period of non-compliance: fa	rom	to		
Action(s) taken to achieve complia	nce:			·
Method used to demonstrate compl	iance:	-		
As the responsible official, I hereby made in this notification are true, a upon rolling averages of purchase year for transfer or combination fa	accurate and complete. Furth receipts, does not exceed 2,10	ner, my annual consum	ption of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL:	Name (Please Print)	E	Signature) 6 - /5- 99 Date

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

PERCHLOROETHYLENE DRY CLEANERS

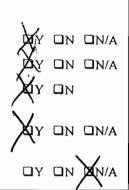
TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

RE-INSPECT	COMPLAINT/DISCOVERY			
AIRS ID#: 0250735 DATE: 9/12 FACILITY NAME: VIKING CI FACILITY LOCATION: 113 73 Miami RESPONSIBLE OFFICIAL: GEOVE CONTACT NAME:	100 TIME IN: 330 pm TIME OUT: 3:45 pm 100 TIME IN: 330 pm TIME OUT: 3:45 pm 100 St			
PART I. NOTYFICATION				
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 p	permit			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is:				
Facility indicated on notification form that it is: (check appropriate box) A.	: No notification form Drop store/out of business/petroleum			
(check appropriate box) A. 1. Existing small area source	Drop store/out of business/petroleum 2. New small area source			
(check appropriate box) A.	☐ Drop store/out of business/petroleum			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	Drop store/out of business/petroleum 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			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91) Y \(\text{\text{\$\text			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classif facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91) Y \(\text{IN} \) \(\text{Can not determine} \) Tication: general permit as number \(\text{above} \) above			
(check appropriate box) A. 1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91) 5. This is a correct facility classification If no, please check the appropriate classif facility qualified for a general source.	Drop store/out of business/petroleum 2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91) 4. New large area source dry-to-dry only, 140 \le x \le 2,100 gal/yr transfer only, 200 \le x \le 1,800 gal/yr both types, 140 \le x \le 1,800 gal/yr (constructed on or after 12/9/91) Y \(\text{\text{\text{\text{DN}}}} \) \(\text{\text{\text{\text{Can}}}} \) \(\text{\text{\text{Can}}} \) \(\text{\text{\text{Can}}} \) \(\text{\text{\text{Can}}} \) \(\text{\text{\text{\text{Can}}}} \) \(\text{\text{\text{\text{\text{\text{Can}}}}} \) \(\text{\text{\text{\text{\text{Can}}}}} \) \(\text{\te			

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 least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?



PART IV: PROCESS VENT CONTROLS

In Part II-A:

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

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

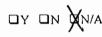
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993

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

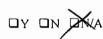
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?
- 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 condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 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?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΠY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ПΝ	□N/A
	Is the perc concentration equal to or less than 100 ppm?	ПΥ	ПИ	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΠY	ПN	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ΩΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: 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 ND YD and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for applicable direct reading instruments) DY DN 5. Maintained exhaust duct monitoring data on perc concentrations? DY DN ΠN 6. Maintained startup/shutdown/malfunction plan? □Y □N 7. Maintained deviation reports? \Box Y \Box N Problem corrected? DY DN 8. Maintained compliance plan, if applicable?

PART VI: LEAK DETECTION AND REPAIRS							
1.	Does the responsible official conduct a	Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?	:		XY ON			
2.	Has the facility maintained a leak log?			YY ON			
3.	Does the responsible official check the	following areas for leaks	s?	/ \			
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	OY ON X			
	Door gaskets and seating	YOY ON ON/A	Stills	XY ON ON/A			
	Filter gaskets and seating	YOY ON ON/A	Exhaust dampers	AVN/A			
	Pumps	YQY ON ON/A	Diverter valves	OY ON MIN/A			
	Solvent tanks and containers	YOY ON TIN/A	Cartridge filter housings	s XY ON ON/A			
	Water separators	DAY ON ON/A					
4.	Which method of detection is used by t	the responsible official?					
	Visual examination (condensed s	solvent on exterior surface	es)	×			
	Physical detection (airflow felt th	rough gaskets)		\nearrow			
	Odor (noticeable perc odor)			À			
	Use of direct-reading instrumenta	ation (FID/PID/calorimetr	ric tubes)	<u>'</u>			
	Halogen leak detector						
	If using direct-reading instr	rumentation, is the equip	pment:	MN/A			
	a. Capable of detecting	perc vapor concentration	s in a range of 0-500 ppm?	אם לם			
	b. Calibrated against a s (PID/FID only)?	standard gas prior to and a	after 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	secure area when not in us	se?	OYON			
	e. Verified for accuracy	y by use of duplicate samp	oles (calorimetric only)?	OY ON			
		«					

Inspector's Name (Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

Machine not operating at time of inspection.

Facility maintains good records and good housek eeping.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	IPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 330 pm TIME OUT: 345	AIRS ID#: 0250735
TYPE OF FACILITY: Perc Dry Cled	ner
FACILITY NAME: VIKING Cleaners	DATE: 9/12/00
FACILITY LOCATION: 11373 SW 211	St-
Miani, FL 3	3189
RESPONSIBLE OFFICIAL: Jeorge Forte	PHONE NUMBER (305) 255-0060
Based on the results of the compliance requirements evaluated compliance with DEP Rule 62-213.300, Florida Administra	
Based on the results of the compliance requirements evaluadiscrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
	·
	·
.	
COMMENTS:	
	-
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector.
DATE OF NEXT INSPECTION: 9/2001	
	proximate)
INSPECTION CONDUCTED BY: Jebora ()	N'WW
INSPECTOR'S SIGNATURE:	PHONE NUMBER (305) 372-693()
Page	of Revised 10/96

AIRS ID#: 0250735

DRY CL



DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Viking Cleaners DATE: 9/12/00
FACILITY LOCATION: 11373 SW 211 St
Miani, FL 33189
Annual Reporting Period: 9 1997 TO 9 7 1900
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.
If NO, complete the following:
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance, from
Action(s) taken to achieve compliance:
Method used to demonstrate compliance:
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:
Exact period of non-compliance: from
Action(s) taken to achieve compliance:
Method-used to demonstrate compliance:
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of percharocethylene 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: Name (Please Print) Signature Date
,

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

	- Jacob	e collège	THI (COO)				
your RETURN ADDRESS completed on the reverse side?	Complete items 1 and/or 2 Complete items 3, 4a, and	2 for add d 4b.	Pulmar am for refine a formal services. The reverse of this form so that			h to receive the services (for an	•
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			Special Delivery Fee				
		ī.	Restricted Delivery Fee				
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		April	Return Receipt Showing to Whom, Date, & Addressee's Address				
		800	TOTAL Postage & Fees	\$			
		6 E	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.

RECEIVED MAIL ROOM

FEB 25 97

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#: 0250735

VIKING CLEANERS GEORGE FORTE 11373 SW 211 STREET #23-24 MIAMI FL 33189

Obj.: 002273

FOR GOVERNMENT USE ONLY

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

SS38004 N8 3 40 149 N8 34 N8 34 N8	A. Received by (Please Print Clearly) C. Signature
en that we can return the card to you	C. Signature
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:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
 Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250735001AG EORGE FORTE 	D. Is delivery address different from item 1? Yes
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	Street, MIAMI FL 33189			
7000	City, State, 217+4			
ļ	PS Form 3800, May 2000		See Reverse for Instruct	

407055 MAR 9 2001

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TOTAL AMOUNT DUE: \$50.00

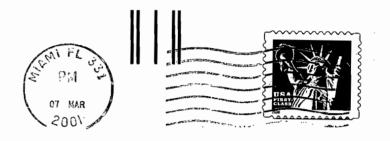
Do NOT Remove Label

AIRS ID # 0250735

VIKING CLEANERS GEORGE FORTE 11373 SW 211 STREET #23-24 MIAMI FL 33189

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

Obj.: 002273



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

32313X3070

PLACE STICKER AT TOP OF ENVELOPE AND STATE STICKER AT TOP OF ENVELOPE AND STATE STAT	CONFERENCE 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: 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
VIKING CLEANERS GEORGE FORTE	
11373 SW 211 STREET #23-24 MIAMI FL 33189	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7006 0600 0026 4/25 79	7.38
PS Form 3811, July 1999 Domestic Retu	

7938		MAILREC	EIPT Coverage Provided)
0026 43.25	Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	\$	Postmark Here
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250735 VIKING CLEANERS GEORGE FORTE 1373 SW 211 STREET #23-24	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D. Is delivery address different from item 1? If YES, enter delivery address below:
MIAMI FL 33189	3. Service Type Certified Mail Registered Insured Mail C.O.D.
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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 # 0250737

DIAGO DRY CLEANER ANTONIO L LLAMBRES 1774-76 W 68TH STREET HIALEAH FL 33014 Sureau of Air Monitoring

& Mobile Sources

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Org.: 37550101000 EO: A1
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RECEIVED TOTAL AMOUNT DUE: \$50.00 MAIL ROOM

Bureau of Air Monitoring & Mobile Sources

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VIKING CLEANERS GEORGE FORTE 11373 SW 211 STREET #23-24

MIAMI FL 33189

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FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: AIRS ID # 0250735 VIKING CLEANERS	A. Received by (Please Print Clearly) B. Dete of Delivery C. Signature X Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)
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PS Form 3800 , April 1995		

Fold at line over top of envelope to SENDER: COMPLETE THIS CONDIV ON DELIVERY A. Received by (Please Print Clearly) ■ Complete items 1, 2, and 3. Also complete B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. □-Agent Attach this card to the back of the mailpiece, □-Addressee or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ☐ No AIRS ID # 0250735 VIKING CLEANERS GEORGE FORTE 11373 SW 211 STREET #23-24 3. Service Type **MIAMI FL 33189** Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 2333667 096 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

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Is your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressed and fee is	e's Address (Only if requested paid) Domestic Return Receipt	Thank you

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TOTAL AMOUNT DUE: \$50.00 25 99

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AIRS ID # 0250735

VIKING CLEANERS GEORGE FORTE · 11373 SW 211 STREET #23-24 **MIAMI FL 33189**

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273



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

Fund: 20-2-035 Obj.: 002273

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we 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.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	eceipt Service.	
Is your RETURN ADDRESS completed of	AIRS ID 0250735 VIKING CLEANERS GEORGE FORTE 11373 SW 211 STREET #23-24 MIAMI FL 33189	4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery		you for using Return R
	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) PS Form 3811, December 1994	8. Addressee's Address (Only if requested and fee is paid) Domestic Return Rece		Thank

Z 333 660 563 US Postal Service **Receipt for Certified Mail** AIRS ID 0250735 VIKING CLEANERS . . GEORGE FORTE 11373 SW 211 STREET #23-24 MIAMI FL 33189 Postage \$ Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address Date, & Addressee's A TOTAL Postage & Postmark or Date TOTAL Postage & Fees \$