

Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

January 21, 1997

Mr. Karl Stoerger Dry Cleaners Unlimited 1820 Southwest 3rd Avenue Miami, Florida 33129

Facility I.D. No. 0250742 Re:

Dear Mr. Stoerger:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 3, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring

and Mobile Sources

DD/jw

cc: Mr. Ewart Anderson, Dade County

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

	# 0250742
	Dry Cleaners Unlimited
P.14	1.(a) add date control device installed, if any 5.(c) not required, mark out
7/5	installed, it any
P. 13	1/1 and initial
-	5.4) required
	<u>;</u>
	· · · · · · · · · · · · · · · · · · ·
	<u>:</u>

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

The company Name (Name of corporation, agency, or individual owner):
Site Name (For example, plant name or number): DRY CLEAVERS CHURITO
Hazardous Waste Generator Identification Number:
\$ CD 984 197 921
Facility Location: Street Address: 1820 S.W. 3 rd AVE.
City: MIAMI +C. County: PADE Zip Code: 33/29
Facility Identification Number (DEP Use):
0250742
Responsible Official
Name and Title of Responsible Official:
KARU STOERGER, U.P. GENERAL MANAGER
Responsible Official Mailing Address: Organization/Firm: DLY CLEANERS CALLAITED, INC. Street Address: (P20 1,W. 3 rd AIT. City: M/AMI, FC. County: 33129 Zip Code: 33129
Responsible Official Telephone Number: Telephone: (305) \$154 - 7448 Fax: (305) \$285 - 4146
Facility Contact (If different from Responsible Official)
Name and Title of Facility Contact (For example, plant manager):
Facility Contact Address:
Street Address:
City: County: Zip Code:
Facility Contact Telephone Number:
Telephone: () - Fax: () -
RECEIV SEP 3 199
SFP 3 199

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Bureau of Air Monitoring & Mobile Sources

Facility Information

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 Machine Initially	Date Control Device		Date Machine Initially	Date Control Device		Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit									
(1) w/ ref. condenser	#1	31-DEC-90	†						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		10 m					, .	<u></u>	
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit				11. 1	<u> 1901 yan</u>				etate de
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	4.5		Mark Transfer	, 1 Med		de FMA (1. <u>s</u> .T			
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(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	t one classifi	cation only.)		initions found		3) of	Part II?	
Existing large are	ea soi	ırce [Ne	w lai	rge area sour	ce [1		

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4. What control technology is required on machines p (Indicate with an "X".)	oursuant 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 Refrigerated condenser []	
to Rule 62-213.300, F.A.C. Verify that all steam and exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) h	nits shall not be eligible to use the general permit pursuant hot water generating units on-site meet the following have a total heat input of 10 million BTU/hr or less (298 stural gas except for periods of natural gas curtailment than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring a	nd Recordkeeping Information
Check all logs which are required to be kept on-site in	n accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases	
(b) Leak detection inspection and repair	u
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration moni	toring []
(e) Instrument calibration	[]
(f) Start-up, shutdown, malfunction plan	

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection	ı:					
	I hereby surrender all existing air pe facility indicated in this notification	rmits authorizing operation of the 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 notifi statemen maintain	cation. I hereby certify, based on info is made in this notification are true, ac the air pollutant emissions units and a	as defined in Part II of this form, of the facility addressed in rmation and belief formed after reasonable inquiry, that the curate and complete. Further, I agree to operate and ir pollution control equipment described above so as to the permit as set forth in Part II of this notification form.					
I will pro	mptly notify the Department of any chi	anges to the information contained in this notification.					
N	I W	A-5-96					
Signature		Date					

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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

PLAINT/DISCOVERY RE-INSPECTION RE-INSPECTION
AIRS ID#: 0250742
ted DATE: 2.12.97
ted DATE: 2.12.97 e., Miani H.
PHONE NUMBER: 854-7448
ted during this inspection, the facility is found to be in tive Code (F.A.C.).
ted during this inspection, the following compliance
FOLLOW-UP ACTION REQUIRED
Copies of all per purchase recepts must be kept on site.
Must start recording & maintain a pur purchase log.
must inspect and document leak inspections on a meekly basis of leaks are detected all
basis. If leaks are detected all repairs must be documented.
·
<u> </u>
ied and submitted to the inspector.
ied and submitted to the inspector. YES NO
pproximate)
ERA
ease Print)
PHONE NUMBER: 372 - 6942

Page / of /.

Revised 10/96



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTION	COMPLAINT/DISCOV	VERY
AIRS ID#: <u>0250 742</u> DATE: <u>2.12.9</u> FACILITY NAME: <u>Ory Cleanus</u> - FACILITY LOCATION: <u>1820 SW</u>		
PART I: NOTIFICATION	•	
(check appropriate box)		
1. Existing facility notified DARM by 9/1/96		Q
2. New facility notified DARM 30 days prior to star	tup	0
3. Facility failed to notify DARM to use general per	mit	0
· · ·		
PART II: CLASSIFICATION		
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr	dry-to-dry only, x<140 gal/yr	۵
transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	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 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" gal="" only,="" th="" transfer="" types,="" yr=""><th>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="" th="" transfer="" types,="" yr=""><th></th></x<2,></th></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="" th="" transfer="" types,="" yr=""><th></th></x<2,>	
This is a correct facility classification	DY ON	
If no, please check the appropriate classification:		
facility qualified for a general per facility exceeds above limits and	rmit as number above is not eligible for a general permit	
B. The total quantity of perchloroethylene (perc) p	ourchased within the preceding 12 months	by this dry cleaning

419147

Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN DNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY ON BNA Examining the containers for leakage? DY DN 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? Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber AVAD ND 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) DY DN 1. Equipped all machines with the appropriate vent controls? AND NO. YO 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 AYAD AD YD condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY DN condenser on a weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? DY DN 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

PART III: GENERAL CONTROL REQUIREMENTS

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?	מם צם
Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON
Is the temperature differential equal to or greater than 20° F?	OY ON
Is the temperature differential equal to or greater than 20 T :	31 31
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?	OY ON
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?	DY DN
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?	DY ON ONA
PART V: RECORDKEEPING REQUIREMENTS	
PART V: RECORDRESSING REQUIREMENTS	
Has the responsible official:	
Has the responsible official: (check appropriate boxes)	
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased?	DY DY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption?	OY ON
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	DY DAY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;	/ '
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:	DY DAY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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	DY DAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt?	DY DAY
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? Gor direct reading instruments only)	CIY CHN CIY CHN CIY CHN CIY CIN CHN/A
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? *for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations?	DY DAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan?	DY DAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports?	CY CAN CY CAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? **Gor direct reading instruments only**) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected? 8. Maintained compliance plan, if applicable?	CY CAN CY CAN
Has the responsible official: (check appropriate boxes) 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages 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 and parts installed w/in 5 days of receipt? 4. Maintained calibration data? (for direct reading instruments only) 5. Maintained exhaust duct monitoring data on perc concentrations? 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? Problem corrected?	CY CAN CY CAN

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

2.	2. Which method of detection is used by the responsible official?							
ı	Visual examination (condensed s	e e						
	Physical detection (airflow felt th	<u>ď</u>						
)	Odor (noticeable perc odor)	a/						
	Use of direct-reading instruments	rimetric tubes)						
	If using direct-reading instrum	ipment:						
	a. Capable of detecting	perc vapor	concent	rations in a range of 0-500 ppm?	OY O	N		
	b. Calibrated against a (PID/FID only)?	standard g	as prior t	o and after each use	OY O	N		
	c. Inspected for leaks a	nd obvious	signs of	wear on a weekly basis?	ם צם	И		
	d. Kept in a clean and s	secure area	when no	ot in use?	NO YO			
	e. Verified for accuracy	by use of	duplicate	samples (calorimetric only)?	NO AO			
3.	3. Has the facility maintained a leak log?							
4.	Does the responsible official check the	following	areas for	leaks?				
1	Hose connections, fittings, couplings, and valves	ØY	ΩИ	Muck cookers	OY	ПИ		
	Door gaskets and seating	ΔY	ПИ	Stills	ΖΥ	ח⊓		
	Filter gaskets and seating	ØY	ΠN	Exhaust dampers	ØΥ	ПΝ		
	'Pumps'	Diverter valves	ΩY	ИО				
	Solvent tanks and containers	ШY	ΠИ	Cartridge filter housings	OY	ПИ		
	Water separators	ďΥ	ПИ		•			
_								

KARL StoeRGER, manager Name of Responsible Official	*
Name of Responsible Official \mathcal{O}	
Inspector's Name (Please Print)	2.12.97
Inspector's Name (Please Print)	Date of Inspection
Lasana P.	2.98
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	· · · · · · · · · · · · · · · · · · ·	·	
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BEST AVAILABLE COPY

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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0250742

DRY CLEANERS UNLIMITED INC KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129

Do NOT Remove Label

Annual Reporting Period:	1-/-	97		_19	то	/2	-31-	97	19
Based on each term or condition of 62-213.300, Florida Administrative		•	•			<u> </u>	ance with	DEP Rule)
If NO, complete the following:									
#1. Term or condition of the gener	al permit tha	at has not	been in con	tinuous	compliance d	uring the re	porting pe	riod stated	above:
Exact period of non-compliance: fi	rom				to				
Action(s) taken to achieve compliant	nce:	,							
Method used to demonstrate compl	iance:								
#2. Term or condition of the gener	al permit tha	at has not l	been in con	tinuous	compliance d	uring the re	porting pe	riod stated	
Exact period of non-compliance: fi	rom		•	<u>.</u>	to		<u>.</u>	0	
Action(s) taken to achieve complian	nce:			,		Sou	3	M	
Method used to demonstrate compl	iance:					Sources	1 1998	<u> </u>	
As the responsible official, I hereby contification are true, accurate and condoes not exceed 2,100 gallons per year	mplete. Further for dry-to di	her, my ani ry facilities	nual consun or 1,800 ga	iption of	perchloroethy year for trans	lene solvent,	based upon	ı purchase .	receipts,
		(1 10a5C 1 11	<i>)</i>	•		Suature	_		

^{*}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 corporate	
TRY CLEAVERS UNLIMITED, -	TNC.
2. Site Name (For example, plant name or number):	
DRY CLEARERS QUAITED	
3. Hazardous Waste Generator Identification Number:	
\$ CD 984 197 921	
4. Facility Location: Street Address: 1820 S.W. 3rd A.	// <i>v</i> -
City: Ap. A. M. County:	PADE Zip Code: 33/29
City: MIA AI , FC. County:	SADE 2, Cost. 53727
5. Facility Identification Number (DEP Use): 1884	
	0250742
Responsib	ole Official
6. Name and Title of Responsible Official:	
	COMENIA MOUNTA
7. Responsible Official Mailing Address:	GEREAU PARROEK
7. Responsible Official Mailing Address: Organization/Firm: DKY CLE AVEL C Street Address: (PDO I,W. 3 CARE	MUMITED INC
Street Address: 1820 S.W. 3rd AL	7.
City: PAIRPAI , FC. County	: 33/29 Zip Code: 33/29
8. Responsible Official Telephone Number:	
Telephone: (305) 154 - 7448	Fax: (305) 285-4146
Facility Contact (If differen	t from Responsible Official)
9. Name and Title of Facility Contact (For example, p	lant manager):
10. Facility Contact Address:	
Street Address:	
City: County:	Zip Code:
N. C. W. C. A. T. L. N. L.	-
 Facility Contact Telephone Number: Telephone: () - 	Fax: () -
receptione. () -	1 ax. () -
	Figure Title Alberta

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Sureca of Air Meditoring

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-92
Dry-to-Dry Unit					- //				
(1) w/ ref. condenser	#1	31-DEC-90	31-DEC-90	The state of the s					
(2) w/ carbon adsorber	<u> </u>	<u> </u>							
(3) w/ no controls									
Washer Unit						•			<u> </u>
(4) w/ ref. condenser						l			
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit								-1	
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls	-								1
Reclaimer Unit			:						
(10) w/ ref. condenser			}					ļ	
(11) w/carbon adsorber				_					1
(12) w/ no controls							1		
* ALREADY IN I	HE O	Wit.	1		1				
(b) Control devices are(c) No control devices	-			_					
2.(a) What was the total of [120]	quant gallo	ity of perchlo	oroethylene (perc)	purchased i	n the latest 13	2 moi	nths?	
(b) If less than 12 months, how many? [] months Check why it is less than 12 months: New owner: [] New store: [] Did not keep records: []									
3. What is the facility's so (Indicate with an "X".					nitions foun	d in section ((3) of	Part II?	
Existing small ar	Existing small area source [] New small area source []								
Existing large ar	ea so	urce []	Ne	ew la	rge area sour	rce [J		

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Effective: 6-25-96

(Indicate with an "X".)	of this notification form?			
Existing large area source Carbon adsorber [] Refrigerated condenser []	ل			
New small area source Refrigerated condenser []				
New large area source Refrigerated condenser []				
5. A facility which contains non-exempt emissions units shall not be eligible to use the to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site exemption criteria or that no such units exist on-site:				
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.				
All steam and hot water generating units exempt No such units on-site				
Equipment Monitoring and Recordkeeping Information	ı .			
Check all logs which are required to be kept on-site in accordance with the requirement	ents of this general permit:			
(a) Purchase receipts and solvent purchases	<u>ن</u>			
(b) Leak detection inspection and repair	<u>ن</u> برر د			
(c) Refrigerated condenser temperature monitoring	and the			
(d) Carbon adsorber exhaust perc concentration monitoring	ا			
(e) Instrument calibration	/لا ، ا			
(f) Start-up, shutdown, malfunction plan				

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Surrender of Existing Air Permit(s)

Please indicat	e with an "X" the appropriate selection:			
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) No air permits currently exist for the operation of the facility indicated in this notification form.			
لگا				
	Responsible O	fficial Certification		
this notifi statement maintain comply w	cation. I hereby certify, based on inform is made in this notification are true, accu the air pollutant emissions units and air with all terms and conditions of this gener	defined in Part II of this form, of the facility addressed in nation and belief formed after reasonable inquiry, that the wrate and complete. Further, I agree to operate and pollution control equipment described above so as to ral permit as set forth in Part II of this notification form.		
Signature		J-5-96 Date		
M	W	2-12-97		
	STOCKERK	MANAGET		
PRI		Position Position		

PERCALOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TVPE	OF	INSPECTION:

ANNUAL

COMPLAINT/DISCOVERY

RE-INSPECTION

AIRS ID#: 250742 DATE: 8 · 4 · 98 TIME IN: 1200 TIME OUT: 1725

FACILITY NAME: DRY CUENNERS UNLIMITED

FACILITY LOCATION: 1820 SW 3 RD AVE

MIAMI, 33129

RESPONSIBLE OFFICIAL: KARL STOERGER PHONE: 305 4 · 7448

CONTACT NAME: "PHONE: "

PART 1: NOTIFICATION	Burezu of Waste Cleanup	
(check appropriate box) 1. New facility notified DARM 30 days prior to startup 2. Facility failed to notify DARM to use general permit	SET 25 mgs Hazardous W a Cleanup Section	a a

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, $x < 140 \text{ gal/yr}$	both types, $x < 140 \text{ gal/yr}$			
(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, $200 \le x \le 1,800$ gal/yr	transfer only, $200 \le x \le 1,800$ gal/yr			
both types, $140 \le x \le 1,800$ gal/yr	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	☑Y □N □Can not determine			
If no, please check the appropriate classific	ration:			
facility qualified for a general permit as number above				
facility exceeds above limits and is not eligible for a general permit				
B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning				
facility was <u>f20</u> gallons.				



PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)	. /			
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN ØNA			
2. Examining the containers for leakage?	DY DN BN/A			
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?	DY ON ON/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 refrige (complete A below).	erated condenser			
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993				
If classification 4 has been checked, the machine should be equipped with a 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?	MA ON			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	DAY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	DY ON			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	DY DN WN/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	MY DN			

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 □Y □N on dry-to-dry, reclaimer, and dryer machines on a weekly basis? 2. Measured and recorded the washer exhaust temperature at the condenser DY DN DN/A inlet and outlet weekly? Is the temperature differential equal to or greater than 20° F? DY DN DN/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? DY DN DN/A DY DN DN/A Is the perc concentration equal to or less than 100 ppm? 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? DY DN DN/A 5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? DY DN DN/A 6. Routed airflow to the carbon adsorber (if used) at all times? DY DN DN/A

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

PΑ	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?	•		ON DN		
2.	Has the facility maintained a leak log?			DAY ON		
3.	Does the responsible official check the fe	ollowing areas for leaks	?			
	Hose connections, fittings, couplings, and valves	Y ON ON/A	Muck cookers	DY ON ON/A		
	Door gaskets and seating	Y ON ON/A	Stills	DY ON ON/A		
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	DY ON ON/A		
	Pumps	DY ON ON/A	Diverter valves	ZY ON ON/A		
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	ON ON/A		
	Water separators	DY ON ON/A				
4.	Which method of detection is used by the	ne responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
	Odor (noticeable perc odor)					
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes) □					
	Halogen leak detector					
	If using direct-reading instru	umentation, is the equi	pment:	ØN/A		
	a. Capable of detecting p	perc vapor concentration	ns in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	NO YO		
	d. Kept in a clean and se	OY ON				
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?			OY ON		
						

M. ENRIQUE FLORES	8-4-98
Inspector's Name (Please Print)	Date of Inspection
Manigue Horn	8/99
Inspector's Signature	Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:	
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DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: NRY CLEANERS (לדיוחוגאע	-	DATE: 8-4-98
facility location: <u>1820 SW</u> 3		1 , 33129	
Annual Reporting Period: 8/97	19		19
Based on each term or condition of the Title V gos-213.300, Florida Administrative Code (F.A.)			pliance with DEP Rule YES NO
If NO, complete the following:			
#1. Term or condition of the general permit the	at has not been in continu	ous compliance during th	e 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 th	at has not been in continu	ous compliance during th	ne reporting period-stated above:
Exact period of non-compliance: from		to	RECEIVED
Action(s) taken to achieve compliance:			SEP 2 8 1998
Method used to demonstrate compliance:			Bureau of Air Monitoring & Mobile Sources
As the responsible official, I hereby certify, ba made in this notification are true, accurate an upon rolling averages of purchase receipts, do year for transfer or combination facilities.	d complete. Further, my pes not exceed 2,100 gallo	annual consumption of pe	erchloroethylene solvent, based y facilities or 1,800 gallons per
RESPONSIBLE OFFICIAL: KARL	STOCKER (Please Print)	Signatur	e Date
Ivanic	(Oignatur	Date

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

^{*}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.

BEST AVAILABLE COPY

Revised 10/96

TYPE OF INSPECTION: ANNUAL T COMPLAINT/DISCOVERY RE-INSPECTION 1700 TIME OUT: 1225 250742 TIME IN: AIRS ID#: TYPE OF PACILITY: PCRC DRY CLEANER FACILITY NAME: ARY CLEANER UNLIMITED FACILITY LOCATION: 1826 SW 3 AVE MIAMI, 33129 PHONE NUMBER: 305 · 854 · 7448 KARI STOCKETR 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 COMMENTS: MINIMAL HOUSE KEEPING NEEDED IN THE BACK OF THE DRY TO DRY MACHINE -> PROPER REMOVAL OF CONDENSED WATER NEEDED AND RE-SCALING OF WATER PIPES WITH INSULATION MATERIAL. The Annual Compliance Certification form has been properly certified and submitted to the inspector. МОП DATE OF NEXT INSPECTION: (Approximate) M. ENRIQUE FLURES INSPECTION CONDUCTED BY: _PHONE NUMBER: 305 854 7448 INSPECTOR'S SIGNATURE:

Page of

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST RECEIVED

JUN 2 5 1999

TYPE OF INSPECTION:

facility was **QQ** gallons.

ANNUAL

RE-INSPECTION

COMPLAINT/DISCOVERGAU of All Monitoring & Mobile Sources

<u></u>	
AIRS ID#: <u>0250742</u> DATE: <u>U/A</u>	199 TIME IN: 255 TIME OUT: 10-20
_ '	rs Unlimited
FACILITY LOCATION: 1820 SU	
Miami,	33129
RESPONSIBLE OFFICIAL: Karl Sto	erger phone: (305)854-7448
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. 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) 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, $x < 140 \text{ gal/yr}$
transfer only, x < 200 gal/yr both types, x < 140 gal/yr	transfer only, $x < 200 \text{ gal/yr}$ both types, $x < 140 \text{ gal/yr}$
(constructed before 12/9/91)	(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 ON OCan not determine
If no, please check the appropriate classific	eation:
	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	archased within the preceding 12 months by this dry cleaning

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? DY DN 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? □N □N/A 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a 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) DY DN 1. Equipped all machines with the appropriate vent controls? 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 condenser upon opening the door? DY DN DN/A 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis? \Box Y \Box N 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the DY DN DN/A condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after DY DN verifying that the coolant had been completely charged?

1 . . .

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	ΠN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ΩN	□N/A
	Is the temperature differential equal to or greater than 20° F?	\Box Y	ПИ	□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?	ΩY	ΩΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	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?	ΩY	UN	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ΩΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A
PA	ART V: RECORDKEEPING REQUIREMENTS			
Ha	as the responsible official:			

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

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DY ON ON/A
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4 of 5

Inspector's Namel(Please Print)

Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INF	ORMATION:	 · ;-	-	
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				is-

DRY CLEANER AIR QUALITY GENERAL PERMIT OF ANNUAL COMPLIANCE CERTIFICATION FORM 2 5 1999

			- 7 133A
FACILITY NAME: <u>DM CH</u>	eaners U. Sw 3	nlimited Ave	Bureau of Nix Wonit Bring 199
Mias	ni, Fl	33129	
Annual Reporting Period:	()	19 <u>98</u> то	LO 1999
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F	-		
#1. Term or condition of the general permit	that has not been in co	ntinuous compliance duri	ng 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 co	ntinuous compliance duri	ng the reporting period stated above:
Exact period of non-compliance: from	,	to	
Action(s) taken to achieve compliance:		·	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance: _			
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further,	my annual consumption o gallons per year for dry-to	of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: Kur Nai	Stoercer me (Please Print)	- All M	ature 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.

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL X	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 935 TIME OUT: /	0720 AIRS ID#: 0250742
TYPE OF FACILITY: Perc Dry Clea	ner
FACILITY NAME: Dry Cleaners	Unlimited DATE: 6/11/99
FACILITY LOCATION: 1820 SW 3	AVE
Miami + 2 3	(205) 05/1 7/1/13
RESPONSIBLE OFFICIAL: Karl Stoerge	PHONE NUMBER: (305)854-7448
Based on the results of the compliance requirements excompliance with DEP Rule 62-213.300, Florida Admir	valuated during this inspection, the facility is found to be in nistrative Code (F.A.C.).
Based on the results of the compliance requirements en discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
·	<u> </u>
•	· ·
	• • •
comments: Detected a faint machine. Halosen leak of Vapors were coming from indicated that he will place lint	perc odor in back area of detector determined that the the lint in the a bucket. Ro in the waste containers.
The Annual Compliance Certification form has been properly c	ertified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: U/200	
INSPECTION CONDUCTED BY:	(Approximate) (Please Print)
INSPECTOR'S SIGNATURE:	phone number: (305).372-10925
Pag	ccof Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT

COMPLIANCE INSPECTION CHECKLIST

TITLE V	GENERAL PERMIT
COMPLIANCE	INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	Ø.	COMPLAINT	DISCOVERY	. 🖸
·	RE-INSPECTIO	ом 🗆			
·. ·			<u> </u>		
AIRS ID#: 0250'742 DAT	TE:\$//	2/00 TIME IN	1: 095	TIME OUT	1025
FACILITY NAME: Dy	Cleaners	Unlimited	75 T	1 3 C	~
FACILITY LOCATION:	820	Sus 3	Ave.	Nonito	
	Mani	FL			
RESPONSIBLE OFFICIAL : La	ul Stoorga	er	PHONE: 3	5-854-	7448
			PHONE:		
	<u>.</u>				
DART I MOTIFICATION					
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 d	ays prior to star	tup			
2. Facility failed to notify DARM to	use general per	mit			
PART II: CLASSIFICATION					
Facility indicated on notification fo	rm that it is:		☐ No notificati		
(check appropage to box)			☐ Drop store/o	ut of business/pe	troleum
A. 1. Existing small area source	X	2. Ivew small ar	ea source	<u> </u>	
dry-to-dry only, x < 140 gal/yr		dry-to-dry only, x			
transfer only, x < 200 gal/yr		transfer only, x <	~ .		
both types, x < 140 gal/yr (constructed before 12/9/91)		both types, $x < 14$ (constructed on o			
(00.13.1.40.134.1.2.7.7.2.7		(00.101.41112	Current (2007)	-	
3. Existing large area source		4. New large are			
dry-to-dry only, $140 \le x \le 2{,}100 \text{ g}$		dry-to-dry only, 1		•	
transfer only, $200 \le x \le 1,800$ gal/ both types, $140 \le x \le 1,800$ gal/yr		transfer only, 200 both types, 140 \le			
(constructed before 12/9/91)		(constructed on o		1	
5. This is a correct facility classific	cation	MD □N	□Can not deter	mine	
If no, please check the appro	opriate classific:	ation:			
		neral permit as num	iber a	above	
		nits and is not eligit			
B. The total quantity of perchloroeth	ylene (perc) pui	rchased within the	preceding 12 mo	onths by this dry	cleaning
facility was 117 gallons.	5/2	,	563/00		
	Lyn I all		$\mathcal{K}_{\mathcal{K}_{\mathcal{O}}}$		

PART III: GENERAL CONTROL REQUIREMENTS			
Is the responsible official of the dry cleaning facility: (check appropriate boxes)			<u> </u>
1. Storing perchloroethylene in tightly sealed and impervious containers?	ΩY	ПΝ	A/AE
2. Examining the containers for leakage?	ΩY	ΩN	D ÍN/ A
3. Closing and securing machine doors except during loading/unloading?	ØY	ΩN	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	ÆY	DИ	□N/A
Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	ΩY	ΩΝ	A\MC
PART IV: PROCESS VENT CONTROLS			
In Part II-A:			
If classification I has been checked, no controls are required. Proceed to Part V.			
If classification 2 has been checked, the machine should be equipped with a refrige (complete A below).	erated	conde	enser .
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 instantant prior to September 22, 1993			
If classification 4 has been checked, the machine should be equipped with a refrige (complete A and B below).	erated-	conde	enser
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?	ΠY	ПN	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ΩY	ПΝ	□N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	ΠY	ΠN	□N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ΩY	ПN	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	ΩY	□N	□N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	ΩY	ПN	

[p	Headle warman this official of a mind a large and a manufacture of the second and			
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	□и	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ŊΥ	□и	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПИ	□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	ΩΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ПΑ	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?	ΟY	□и	□n/a
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΠY	ПΝ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	אם יאלס				
2. Maintained rolling monthly total of perc consumption?	Ø 4Y ⊡N				
3. Maintained leak detection inspection and repair reports for the following:					
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON MANA				
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 X N/A				
4. Maintained calibration data? (for applicable direct reading instruments)	□y □n 124 An/a				
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DANA				
6. Maintained startup/shutdown/malfunction plan?	6 44 □N				
7. Maintained deviation reports?	OY ON (SALVIA				
Problem corrected?	OY ON BLYIA				
8. Maintained compliance plan, if applicable?	DY DN 2X N/A				

Р	ART VI: LEAK DETECTION AND I	REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			DY DN		
2.	Has the facility maintained a leak log?			ØY □N		
3.	Does the responsible official check the	following areas for leak	ks?			
	Hose connections, fittings, couplings, and valves	MY ON ON/A	Muck cookers	OY ON PANA		
	Door gaskets and seating	QY ON ON/A	Stills	QY ON ON/A		
	Filter gaskets and seating	MY ON ON/A	Exhaust dampers	ØLY □N □N/A		
	Pumps	®Y □N □N/A	Diverter valves	A/NO NO XX		
	Solvent tanks and containers	BLY ON DIN/A	Cartridge filter housings	MY ON ON/A		
	Water separators	PRY ON ON/A				
4.	Which method of detection is used by the	he responsible official?				
	Visual examination (condensed so	olvent on exterior surfac	ces)	182L		
	Physical detection (airflow felt the	rough gaskets)		a		
	Odor (noticeable perc odor)		•	82		
	Use of direct-reading instrumenta	tion (FID/PID/calorime	tric tubes)			
	Halogen leak detector					
	If using direct-reading instru	umentation, is the equi	pment:	ØN √A		
	a. Capable of detecting p	perc vapor concentration	rs in a range of 0-500 ppm?	אם אם		
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to and	after each use	חם אם		
	c. Inspected for leaks an	d obvious signs of wear	on a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area when not in u	se?	מם עם		
	e. Verified for accuracy	by use of duplicate sam	ples (calorimetric only)?	□Y □N		
			_			
				<i>[</i>		
_	Inspector's Name (Please Prin	it)	Date of Inspection	60		
	dura A-	4	In	1		
	Inspector's Signature		Approximate Date of N	Vext Inspection		

ADDITIONAL SITE INFORMATION:	
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TIFLE V AIR QUALIFY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION			
TIME IN: 6955 TIME OUT: /00	25 AIRS ID#: 0250742			
TYPE OF FACILITY: Parc Dry Clea	<u></u>			
FACILITY NAME: Dry Cleaners Chlim	DATE: 5/17/00			
FACILITY LOCATION: 1820 Sw 3	ave			
Mami FL				
RESPONSIBLE OFFICIAL: Kanl Story on	PHONE NUMBER: 305 - 854 - 7448			
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 evalua discrepancies were noted:	ted during this inspection, the following compliance			
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED			
·				
COMMENTS:				
FACILITY IN	Compliance			
,				
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector. YES NO			
DATE OF NEXT INSPECTION: 5/	proximate)			
INSPECTION CONDUCTED BY:	annin			
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 305-371-6712			

Page___of___.

Revised 10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

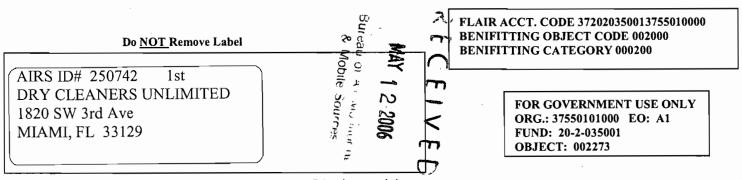
The state of the s	
FACILITY NAME: Dy Cleanan Unlineted	DATE:
FACILITY LOCATION: 1820 Sw 3 Me	•
Maini Pl	
Annual Reporting Period: Nay 1999 TO	May 1000
Based on each term or condition of the Title V general air permit, my facility has remained in comp 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the	reporting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	,
#2. Term or condition of the general permit that has not been in continuous compliance during the	reporting period stated above:
Exact period of non-compliance: from	· · · · · · · · · · · · · · · · · · ·
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	-
As the responsible official, I hereby certify, based on information and belief formed after reasonab made in this notification are true, accurate and complete. Further, my annual consumption of perupon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	chloroethylene solvent, based

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

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

461342 MAY10 2006

TOTAL AMOUNT DUE: \$50.00



Printed on recycled paper.

451276 APR182965

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250742 10 DRY CLEANERS UNLIMITED 1820 SW 3rd Ave MIAMI, FL 33129

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1

FUND: 20-2-035001 OBJECT: 002273

939 3141	U.S. Postal S CERTIFIED (Domestic Mail O Fordelivery Informa OF F) MAIL⊤, REC nly,∤No insurance C	CEIPT coverage Provided), attwww.usps.com USE
2510 0002 3°	Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$	Postmark Here
4007	Sent To AIRS ID DRY CL	#02507422 nd Ce EANERS UNLIMI 7 3rd Ave	I 1

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery		
Article Addressed to:	D. is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No		
AIRS ID#02507422 nd Cert 05 DRY CLEANERS UNLIMITED 1820 SW 3rd Ave MIAMI, FL 33129	3. Service Type		
	Certified Mall		
	4. Restricted Delivery? (Extra Fee) ☐ Yes		
Article Number (Transfer from service label) 7004 25	10 0002 3939 3141		
PS Form 3811, February 2004 Domestic F	eturn Receipt 102595-02-M-1540		

United States Postal Service



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

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

BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVILONMENTAL PROTECTION
MAIL STATIO, 15510 BUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTIONS
MAIL STATIO:: 5510

TALLAHASSEE, FLORIDA 32399-2400

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID# 250742 1stC DRY CLEANERS UNLIMITED 1820 SW 3rd Ave MIAMI, FL 33129

Printed on recycled paper.

FOR GOVERNMENT USE ONLY ORG.: 37550101000 EO: AF

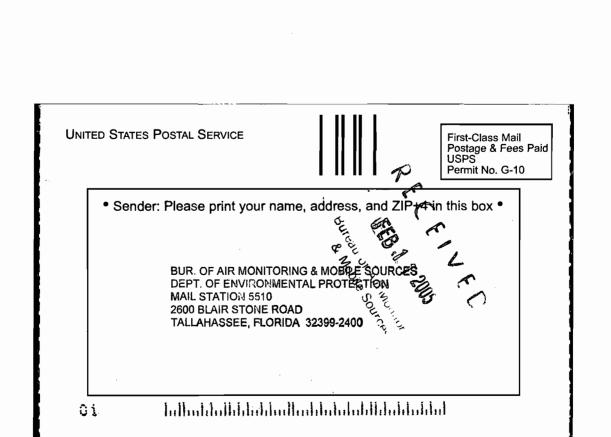
FUND: 20-2-035001

OBJECT: 002273

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1929	(Domestic Mail O	MAIL _{TM} REC	Coverage Provided)	
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174		IGIAL	. USE	
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吕	Restricted Delivery Fee (Endorsement Required)			
120	Total Postage & Face			
2003	AIRS ID# 250742 1stC DRY CLEANERS UNLIMITED			
12	or PO Box No	20 SW 3rd Ave IAMI, FL 33129		
	PS Form 3800, Jul	:		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Velivery
1. Article Addressed to: AIRS ID# 250742 IsiC DRY CLEANERS UNLIMITED 1820 SW 3rd Ave	D. Is delivery address different from item to 4 / es If YES, enter delivery address below.
MIAMI, FL 33129	3. Service Type WYVV Certified Mail Express Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.
· · · · · · · · · · · · · · · · · · ·	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7003 05	001100041101144167671
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540 ;



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

250742 KARL STOERGER DRY CLEANERS UNLIMITED 1820 SW 3RD AVENUE MIAMI FL 33129

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

Obj.: 002273

	U.S. Postal S CERTIFIED (Domestic Mail O	Service MAIL RECEIPT nly; No Insurance Coverage Provided)
97		and the state of t
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밂	Total Postage & Fees	.\$
<u> </u>	Sent 1. DRY CLEANE	AIRS ID#0250742 - ———————————————————————————————————
-	Street KARL STOER or PO 1820 SW 3RD	
7007	City, & MIAMI FL	
{i _	33129 PS Fo	structions :

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature Agent Addressee			
Article Addressed to:	D. Is delivery address different from item 1?			
AIRS ID#0250742 DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129	3. Service Type Certified Mail			
	4. Restricted Delivery? (Extra Fee) ☐ Yes			
2. Article Number 7001 0320 0001	7976 5716			
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789			

United States Postal Service



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

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

BUR. OF AIR MONITORING & MOBILE SCURCES
BUR. OF AIR MODILE SCURCES
BUR. OF AIR MONITORING & MOBILE SCURCES
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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 PUE: \$50.00

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Do NOT Remove Label

AIRS ID # 0250742 DRY CLEANERS UNLIMITED

KARL STOERGER 1820 SW 3RD AVENUE

MIAMI FL

33129

& Mobile Sources Org.: 37550101000 EO: A1

Obj.: 002273



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DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129

on your check or money order. This in.

TOTAL AMOUNT DUE: \$50.00 BUTGER OF AIR WORLD SOUND FOR GOVERNMENT USE ONLY Org::37550101000 EO: A1 Fund: 20-27035001

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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

JAN 21 97

TOTAL AMOUNT DUE: \$50.00

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AIRS ID# 0250742

DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129 FOR GOVERNMENT USE ONLY

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

Fund: 20-2-035 Obj.: 002273

BEST AVAILABLE COPY

7988	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Pro	ovided) +
7975	Postage \$ Certified Fee) nark ()
0001	Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
7001 0320	Sent To DRY CLEANERS UNLIMITED Street, , KARL STOERGER or PO E 1820 SW 3RD AVENUE City, Str. MIAMI FL 33129	2 trusticis:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
AIRS ID#0250742 RY CLEANERS UNLIMITED ARL STOERGER 320 SW 3RD AVENUE	
UAMI FL 3129	3. Service Type Certified Mail
·	4. Restricted Delivery? (Extra Fee)
2. Article Number 7001 0320 (Transfer from service label)	1001 7975 7988
PS Form 3811, August 2001 Domestic Re	eturn Receipt 102595-02-M-1035

UNITED STATES POSTAL SERVICE

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

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

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

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250742001AG KARL STOERGER DRY CLEANERS UNLIMITED 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee D. & delivery address different from item 1? If YES, enter delivery address below:
1820 SW 3RD AVENUE	3. Şervice Type
MIAMI FL 33129	Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
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2. Article Number (Copy from service label) 20000600000000000000000000000000000000	
PS Form 3811, July 1999 Domestic F	eturn Receipt 102595-99-M-1789

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c:	Oner top of envelope to	9nil 1s blo- tanii 9dt	and the second s	71
rse side?	Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you.		i also wish to red following service extra fee):	s (for an
reverse	Attach this form to the front of the mailpiece, or on the back if spac permit.	e does not	1. Address	ee's Address
4	■Write "Return Receipt Requested" on the mailpiece below the articl ■The Return Receipt will show to whom the article was delivered an		2. Restricte	ed Delivery
on th	delivered.	u trie date	Consult postmas	ster for fee.
N Aproses completed	3. Article Addressed to: AIRS ID # 0250742 DRY:CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI:FL 33129	7. Date of De	F 053 68 Type Ind Mail Deipt for Merchandise	Cortified COD Core using Return Re
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X	8. Addressee and fee is	o's Address (Only paid)	
_	PS Form 3811 , December 1994		Domestic Ret	urn Receipt

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250742

DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

SENDER: COM	oj adoj	evne to go	omplete this se	CTION ON DELI	VERY
Complete item	ns 1, 2, and 3. Also completicted Delivery is desired.		A. Received by (Pleas	se Print Clearly)	B. Date of Deliver
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	rd to the back of the mailp	(T	A neres		Agent
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Article Addresse	ed to:		 Is delivery address If YES, enter deliver 		
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Y CLEANERS		[]			
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	US Postal Service Receipt for C DRY CLEANERS UNI KARL STOERGER 1820 SW 3RD AVENU MIAMI FL 33129 Postage	AIRS I LIMITED JE	viaii		
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	US Postal Service Receipt for Cert No Insurance Coverage F Do not use for Internation	Provided.	
	Sent to	AIRS ID # 025074	2
KA 182	Y CLEANERS UNLIM RL STOERGER 20 SW 3RD AVENUE AMI FL 33129		
	Special Delivery Fee Restricted Delivery Fee	÷	
April 1995	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address		
PS Form 3800 , April 1995	TOTAL Postage & Fees Postmark or Date	\$	

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I also wish to receive the following services (for an extra fee): 1. Addressee's Address icle number. 2. Restricted Delivery Consult postmaster for fee.	Receipt Service.
4b. Service Type Registered Express Mail Return Receipt for Merchandise COD 7. Date of Delivery	you for using Return
	Thank
w a	I also wish to receive the following services (for an extra fee): 1.

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

UNITED STATES POSTAL SERVICE

JUR. OF AIR MONITORING & MOBILE SOURCES
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-24008

First-Class Mail Postage & Fees Paid USPS

Permit No. G-10



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#0250742

DRY CLEANERS UNLIMITED INC KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129

Bureau of Air Monitoring & Mobile Sources TOR GOVERNMENT USE ONLY Org.: 37550101000 EO: B1 Fend: 20-2-035001

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 was delivered and delivered.	e does not le number.	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	ee's Address
N ADDRESS completed	AIRS ID 0250742 DRY CLEANERS UNLIMITED INC KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129	4a. Article N 2 3 2 4b. Service 1 Registere 1 Express 1 Return Rec 7. Date of De	Type ed Mail ceipt for Merchandise	Certified Insured
s your RETUR	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) (X)	8. Addressee and fee is	e's Address (Only paid)	
-	P9 Form 3811, December 1994		Domestic Ret	urn Receipt

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DR KA 182	JS Postal Service Receipt for Cert Y CLEANERS UNLIMI RL STOERGER 50 SW 3RD AVENUE	AIR	S ID 0250742	
MI	AMI FL 33129 Postage	\$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
1995	Return Receipt Showing to Whom & Date Delivered			
April	Return Receipt Showing to Whom, Date, & Addressee's Address			
800,	TOTAL Postage & Fees	\$		
PS Form 3800 , April 1995	Postmark or Date			



SENDES of envelope to anil 1st	PIO HIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: AIRS ID # 0250742 DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X
<u> </u>	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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· DRY	US Postal Serviçe Receipt for Cer No Insurance Coverage Y CLEANERS UNLIM RL STOERGER		Mail ad S ID # 0250742
	O SW 3RD AVENUE AMI FL 33129	 \$	· ·]
	Certified Fee		
	Special Delivery Fee Restricted Delivery Fee		
1995	Return Receipt Showing to Whom & Date Delivered		
0 , Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	•	
PS Form 3800 , April 1995	TOTAL Postage & Fees Postmark or Date		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ATRS-ID # 0250742 DRYCLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE	A. Received by (Please Print Clearly) B. Date of Delivery 4 - 5 - C-0 C. Signature X
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MIAMI FL 33129 3 100 2 210 663 /3/	Certified Mail
MIAMI FL 33129 かんぴ	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
MIAMI FL 33129 000000000000000000000000000000000000	Certified Mail

US Postal Service Receipt for Certified Mail AIRS ID # 0250742 DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE MIAMI FL 33129 Postage Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID # 0250742

DRY CLEANERS UNLIMITED KARL STOERGER 1820 SW 3RD AVENUE **MIAMI FL 33129**

FOR GOVERNMENT USE **GRLY**

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

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