

## Department of **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

November 27, 1996

Ms. Francine Taylor President Briar Bay Cleaners, Inc. 13035 Southwest 89th Place Miami, Florida 33176

Facility I.D. No. 0250751

Dear Ms. Taylor:

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 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 6

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"

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

TYPE OF INSPECTION: ANNUAL LA COM	APLAINT/DISCOVERY  RE-INSPECTION
TIME IN: 9:159m TIME OUT: 10:00 0	airs ID#: 0250751
TYPE OF FACILITY: Dry Cleanus	·
FACILITY NAME: Briae Bay Cleane	DATE: 2.11.97
FACILITY LOCATION: 13035 SW89 PL	ace. Miani, H.
THEIRIT BOOKHOM.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
RESPONSIBLE OFFICIAL: FRAN Tyler, owne	PHONE NUMBER: 253 - 7520
Based on the results of the compliance requirements evalu compliance with DEP Rule 62-213.300, Florida Administr	
Based on the results of the compliance requirements evalu discrepancies were noted:	ated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
No pero recipto on site.	Need to maintain Luc. Punchase receipts on site.
No pur purhase log	Need to maintain a Rece seuchase log on site (monthly basis).
No leak detection log	Need to perform and document leak de inspection on a needly basis (Repairs must also
	be downexted if leaks occur).
	ne autornement y seams observe).
	•
	·
COMMENTS:	
OOM/MENTO.	
The Annual Compliance Certification form has been properly certification form has been properly certification.	ified and submitted to the inspector.  YES  NO
DATE OF NEXT INSPECTION: 2.98	
· · · · · · · · · · · · · · · · · · ·	pproximate)
INSPECTION CONDUCTED BY: ROSANA KI	VERA
	Glease Print)
INSPECTOR'S SIGNATURE: Asana	PHONE NUMBER: 372-6442
Page_	of

# 0250751

P.14

3. New small area Source should be marked

1. (a) add date control device installed

P.15

4. new small r.c. Should be marked

(f) should be marked

### Perchloroethylene Dry Cleaning Facility Notification

### **Facility Name and Location**

	·							
1	cility Owner/Company Name (Nam	-			ıal owner):			
Ê	BRIAR BAY CL	EANE	es /h	15				
2. Šit	Site Name (For example, plant name or number):							
1	3035 S.W. 89	m f	LACE					
3. Ha	azardous Waste Generator Identificat	_			,			
	FLD020548	33						
	cility Location:							
	reet Address: ty: MIAMI	County:	DADE		Zip Code: 33/74	,		
	, , :	-	, -		-			
5. Fa	cility Identification Number (DEP U	se):						
			Andrew States of the Control of the	l	25075/			
		Respons	ible Official					
( N								
	ime and Title of Responsible Official		0	•				
T.e	FANCINE TAYLOR sponsible Official Mailing Address:		TRESID	ENT				
7. Re	sponsible Official Mailing Address:		0.1					
Str	ganization/Firm: reet Address: /3035 S. M	v. 89)	m PLACE	<u> </u>				
	y: MIAMI	Count	y: DADE	-	Zip Code: 3 3 /	76		
8. Re	sponsible Official Telephone Number lephone: (305) 253 - 75	er:	_					
Te	lephone: (30) 25 5 - 75	20	Fax:	( )	-			
	Facility Contact	(If differe	nt from Respo	nsible Of	ficial)			
	•							
9. Na	ime and Title of Facility Contact (For	example,	plant manager)	:				
	•							
10. Fac	cility Contact Address:							
Str	eet Address:							
Cit	ty:	County:			Zip Code:			
	cility Contact Telephone Number:	-						
Te	lephone: ( ) -		Fax:	( )	-			
				R F	CEIVED			

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

T. 614 1:	15	Date Machine Initially	Date Control Device	10	Date Machine Initially	Date Control Device	1	Date Machine Initially	Date Control Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02 <b>-</b> MAR-9
Dry-to-Dry Unit	*. ·			7 3		10 m m	t		
(1) w/ ref. condenser		1							
(2) w/ carbon adsorber	#1	5/93							
(3) w/ no controls		1 7							
Washer Unit	4. :		ata kati				New!		Tana Ja
(4) w/ ref. condenser					1				
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	25.5			d,	. john see	i kristi sin		The Libert	
(7) w/ ref. condenser						1			
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	100	de in de la comp	es as length			TOWN AND			*5.77.745.145.
(10) w/ ref. condenser			<u> </u>			1			
(11) w/carbon adsorber									
· (12) w/ no controls					_				
<ul> <li>(b) Control devices are</li> <li>(c) No control devices</li> <li>2.(a) What was the total of the following of the fo</li></ul>	are ro	equired to be ity of perchlons ow many? [_	installed [	perc)	purchased in			,	[]
3. What is the facility's so (Indicate with an "X".  Existing small ar					nitions found	d in section (	3) of	Part II?	

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<ol> <li>What control technology is required on machines (Indicate with an "X".)</li> </ol>	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 Refrigerated condenser  []	
	units shall not be eligible to use the general permit pursuant d hot water generating units on-site meet the following:
	have a total heat input of 10 million BTU/hr or less (298 natural gas except for periods of natural gas curtailment e 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	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration mor	nitoring [×]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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### Surrender of Existing Air Permit(s)

Please indicate	e with an "X" the appropriate selection:					
[] I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)						
K	No air permits currently exist for the operation of the facility indicated in this notification form.					
	Responsible Official Certification					
this notific statement maintain	ersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in cation. I hereby certify, based on information and belief formed after reasonable inquiry, that the s made in this notification are true, accurate and complete. Further, I agree to operate and the air pollution control equipment described above so as to ith all terms and conditions of this general permit as set forth in Part II of this notification form.					
I will prof	mptly notify the Department of any changes to the information contained in this notification.  Fig. 196  Date					

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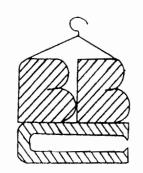
### DRY CLEANER AIR QUALITY GENE ANNUAL COMPLIANCE CERTIFICAT

Ace

FACILITY NAME: BRIAR BAY CLEANERS AIR OLIVILITY DATE	6.10.97
FACILITY LOCATION: 13036 SW. 8928 Place Management Division	
MIAMI FL. 53746	
Annual Reporting Period: JAN 1992 TO DEC.	1996
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with D	EP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. TYES	MO
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting per	iod stated above:
no pero receipts/ro pere perchau log/ no lich	log
Exact period of non-compliance: from JAN 96 to DEC 90	
	<del></del>
Action(s) taken to achieve compliance: Logs are now heing Kept	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting per	iod-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 made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,8 year for transfer or combination facilities.  RESPONSIBLE OFFICIAL: HANCINE THYON Signature  Name (Please Print)	e solvent, based
A THERE IS A SHOULD A STORY OF THE STORY OF	4 144

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

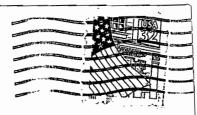
DEPT. OF ENVIRONMENTAL 248955 RESOURCES MANAGEMENT (DERM)
AIR QUALITY MANAGEMENT DIVISION
33 S.W. SECOND AVENUE, SUITE 900
MIAMI, FLORIDA 33130-1540



### **BRIAR BAY CLEANERS**

13035 S. W. 89th PLACE MIAMI, FLORIDA 33176





After. Posser

DERM Air Susseity Management Div 33 Sw. Ind Ava Ste 900 Minnie Fl. 33130-1840



### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL RE-INSPECTION	<b>e</b>	COMPLAINT/DISC	OVERY	
airs id#: <u>0250 75/</u> facility name:			N: 9:/5am TIM	1E OUT: /o.	00am
	•	=		_	<del></del>
FACILITY LOCATION: _/	•				
	Miami, I	<u>e.</u> .			
PART I: NOTIFICATION			•		
(check appropriate box)  1. Existing facility notified D	APM by 9/1/96				B/
2. New facility notified DAR	-	ın			
3. Facility failed to notify DA			·		
2. 7 400000 10 10 10 10 10 10 10 10 10 10 10 1	and to ano Bountar born				
PART II: CLASSIFICATION	)N				
Facility indicated on notification (check appropriate box)  A.	ation form that it is:				
1. Existing small area so dry-to-dry only, x<140 gal transfer only, x<200 gal/y both types, x<140 gal/yr (constructed before 12/9/9	/ут ( r :	transfer only, both types, x<	y, x<140 gal/yr x<200 gal/yr	···	
3. Existing large area so dry-to-dry only, 140 <x<2, (constructed="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 9<="" before="" both="" only,="" td="" transfer="" types,=""><td>100 gal/yr 10 gal/yr gal/yr</td><td>transfer only, both types, 14</td><td>area source y, 140<x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,></td><td></td><td></td></x<2,>	100 gal/yr 10 gal/yr gal/yr	transfer only, both types, 14	area source y, 140 <x<2, 100="" gal="" yr<br="">200<x<1,800 gal="" yr<br="">0<x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800></x<1,800></x<2,>		
This is a correct facility clas	sification	ON YES			
If no, please check the appro	priate classification:				
	lified for a general permeeds above limits and is				
B. The total quantity of perconagration facility was /29 gallo		rchased within	the preceding 12 mon	ths by this dr	y cleaning

21,43

Is the responsible official of the dry cleaning facility: (check appropriate boxes)	
	ANENO YO
2. Examining the containers for leakage?	OY ON ON 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
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 refrig (complete A below).	erated condenser
If classification 3 has been checked, the machine should be equipped with either a condenser or a carbon adsorber (complete A and B below). Carbon adsorber must installed prior to September 22, 1993	•
If classification 4 has been checked, the machine should be equipped with a refrig (complete A and B below).	erated condenser
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)	·
1. Equipped all machines with the appropriate vent controls?	מם אס
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	ON ON/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	DY ON DWA
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	DY MN
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?	DY DN

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
<ol> <li>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?</li> </ol>	i OY On
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	מם צם
Is the temperature differential equal to or greater than 20° F?	אם אם
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?	ОУ ОИ
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?	ОУ ОИ
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	AVAC NC YC
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)	
	OY ON
(check appropriate boxes)	OY OXÍ
(check appropriate boxes)  1. Maintained receipts for perc purchased?	
(check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	DY ON
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days</li> </ul> </li> </ol>	DY ON
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> </ol>	OY BY
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> </ol>	OY ON ON/A
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> </ol>	OY ON ON OY OY OY
<ol> <li>(check appropriate boxes)</li> <li>Maintained receipts for perc purchased?</li> <li>Maintained rolling monthly averages of perc consumption?</li> <li>Maintained leak detection inspection and repair reports for the following:         <ul> <li>a. documentation of leaks repaired w/in 24 hrs? or;</li> <li>b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?</li> </ul> </li> <li>Maintained calibration data? (for direct reading instruments only)</li> <li>Maintained exhaust duct monitoring data on perc concentrations?</li> <li>Maintained startup/shutdown/malfunction plan?</li> </ol>	OY CM

PART VI: LEAK DETECTION AND REPAIRS		
1. Does the responsible official conduct a weekly leak detection and repair inspection?	DY BN	

2.	Which	h method of detection is used by th	e responsi	ible official?				
ĺ			9					
		Physical detection (airflow felt three	ough gask	cets)				
		Odor (noticeable perc odor)				<b>2</b>		
		Use of direct-reading instrumentat	ion (FID/	PID/calorimetric t	tubes)			
		If using direct-reading instrume	ntation, is	s the equipment:				
		a. Capable of detecting p	erc vapor	concentrations in	a range of 0-500 ppm?	OY ON		
		<ul><li>b. Calibrated against a st (PID/FID only)?</li></ul>	andard ga	as prior to and afte	er each use	OY ON		
		c. Inspected for leaks and	d obvious	signs of wear on a	a weekly basis?	ОУ ОИ		
		d. Kept in a clean and se	cure area	when not in use?		OX ON		
		(calorimetric only)?	OY ON					
3.	3. Has the facility maintained a leak log?							
4.	Does	the responsible official check the	ollowing	areas for leaks?				
		Hose connections, fittings, couplings, and valves	OX	ПИ	Muck cookers	מם אם		
		Door gaskets and seating	ďΥ	□и	Stills	DY ON		
] . [		Filter gaskets and seating	ПY	□и	Exhaust dampers	DY ON		
		Pumps'	ΔУ	ΩΝ	Diverter valves	אם עם		
		Solvent tanks and containers	ΟY	ПN	Cartridge filter housings	DY ON		
		Water separators	ΔY	ΠИ				
_								

Name of Responsible Official

Responsible Official

Responsible Official

Responsible Official

2.11.97

Inspector's Name (Please Print)

Date of Inspection

2-98

Inspector's Signature

Approximate Date of Next Inspection

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## Perchloroethylene Dry Cleaning Facility Notification

### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):				
	BRIAR BAY CLEA Site Name (For example, plant name or num	NER	es /Ns		
2.	Site Name (For example, plant name or num	nber):	•		
	13035 S.W. 897		ACE		
3.	Hazardous Waste Generator Identification N	Number:			
	FLD0205485	33			
4.	Facility Location:				
	Street Address:	7	)ADE		Zip Code: 33176
	City: MIAMI Cou	inty: L	フィンニ		Zip Code: 3277
ំ5:.្	Facility Identification Number (DEP Use):				
				J. 1.	025075
and the Fee	Re	enoneihl	e Official	and the second	and the second supplemental and the second s
	NC.	aponaibi	e Official		
6.	Name and Title of Responsible Official:		•		·
ı	East Tarre	P		سبسر	
<u> </u>	Responsible Official Mailing Address:		RESIDEN	<u> </u>	
7.	Organization/Firm:		01		
	Organization/Firm: Street Address: /3035 S. iv.	89 m	PLACE		
	City: MIAMI	County:	DADE		Zip Code: 3 3 / フレ
8.	Responsible Official Telephone Number: Telephone: (305) 253 - 7520				
	Telephone: (305) 253 - 7520		Fax: (	)	-
	Facility Contact (If o	different	from Responsit	ole Offi	icial)
9.	Name and Title of Facility Contact (For exa	imple, pla	ant manager):		
10	Parlies Carray Add and				
10.	Facility Contact Address:				
	Street Address:				
	City: C	ounty:			Zip Code:
11	Facility Contact Talanhama Number				
11.	Facility Contact Telephone Number: Telephone: ( ) -		Fax: (	)	_
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-			ſ	) E	CEIVED
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Bureau of Air Monitoring & Mobile Sources

### **Facility Information**

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

Type of Machine  Example  #1 0.  Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber # / / / / / / / / / / / / / / / / / /	Date Date	I		Date		Date	Date	
Type of Machine  Example  #1 0.  Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require (c) No control devices are require  2.(a) What was the total quantity  [10] y/ gallons  (b) If less than 12 months, how Check why it is less than 12  3. What is the facility's source clared that is the facility is the faci	Machine Control			Control		Machine	Control	
Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require (c) No control devices are require (c) No control devices are require (d) What was the total quantity  [10] y/ gallons  (b) If less than 12 months, how Check why it is less than 12  3. What is the facility's source claudicate with an "X". Select of the selection of	Initially Device		•	Device		Initially	Device	
Dry-to-Dry Unit  (1) w/ ref. condenser (2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require (c) No control devices are require  2.(a) What was the total quantity  [10] y/ gallons  (b) If less than 12 months, how Check why it is less than 12  3. What is the facility's source clared (Indicate with an "X". Select or	Purchased Installe	ed ID I	Purchased	Installed	ID	Purchased	Installed	
(1) w/ ref. condenser (2) w/ carbon adsorber #// (3) w/ no controls  Washer Unit (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require (c) No control devices are require  2.(a) What was the total quantity [ / 0 / ] gallons  (b) If less than 12 months, how Check why it is less than 12  3. What is the facility's source clar (Indicate with an "X". Select o	03-OCT-93 12-NO	OV-93 #2	08-DEC-91		#3	02-MAR-92	02-MAR-92	
(2) w/ carbon adsorber (3) w/ no controls  Washer Unit  (4) w/ ref. condenser (5) w/ carbon adsorber (6) w/ no controls  Dryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require (c) No control devices are require  2.(a) What was the total quantity  [10] y/ no control devices are require (b) If less than 12 months, how Check why it is less than 12  3. What is the facility's source clared (Indicate with an "X". Select of the selection of the selec								
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(5) w/ carbon adsorber (6) w/ no controls  Oryer Unit  (7) w/ ref. condenser (8) w/ carbon adsorber (9) w/ no controls  Reclaimer Unit  (10) w/ ref. condenser (11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require  (c) No control devices are require  2.(a) What was the total quantity  [10] y  [10] gallons  (b) If less than 12 months, how Check why it is less than 12								
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(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require (c) No control devices are require  2.(a) What was the total quantity  [								
(11) w/carbon adsorber (12) w/ no controls  (b) Control devices are require (c) No control devices are require  2.(a) What was the total quantity  [								
(b) Control devices are require (c) No control devices are require  2.(a) What was the total quantity  [								
(b) Control devices are require  (c) No control devices are require  2.(a) What was the total quantity  [								
(Indicate with an "X". Select o	(b) Control devices are required, but not yet installed []  (c) No control devices are required to be installed []  2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?  [							
Existing small area source  Existing large area source	one classification	only.)  New sma	nitions found all area sour	ce 🔀)	of	0	Tala	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

Page 14 of 16

(Indicate with an "X".)				
Existing large area source				
Carbon adsorber [] Refrigerated condenser				
New small area source Refrigerated condenser  [X]				
New large area source  Refrigerated condenser []				
5. A facility which contains non-exempt emissions units shall not be eligible to to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units 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 1 boiler HP or less), and (2) are fired exclusively by natural gas except for period during which propane or fuel oil containing no more than one percent sulfur is All steam and hot water generating units exempt  No such units on-site	s on-site meet the following  O million BTU/hr or less (298 ds of natural gas curtailment			
Equipment Monitoring and Recordkeeping Information	nation			
Check all logs which are required to be kept on-site in accordance with the requ	uirements of this general permit:			
(a) Purchase receipts and solvent purchases	$\cong$			
(b) Leak detection inspection and repair				
(c) Refrigerated condenser temperature monitoring				
(d) Carbon adsorber exhaust perc concentration monitoring	[X]			
(e) Instrument calibration				
(f) Start-up, shutdown, malfunction plan	* Jahr Ralam			

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

### Surrender of Existing Air Permit(s)

	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)				
4	No air permits currently exist for the operation of the facility indicated in this notification form.				
	Responsible Official Certification				
this notij statemen maintain comply v	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the ats made in this notification are true, accurate and complete. Further, I agree to operate and a the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Somptly notify the Department of any changes to the information contained in this notification.				
Hu Signatur	nen Taylor  Date				
Pa	Les Julaun 2/11/97 DATE Signature				
Ros	PRINT BALSANO				

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

AIRS ID#0250751

BRIAR BAY CLEANERS INC FRANCINE TAYLOR 13035 SW 89TH PLACE **MIAMI FL 33176** 

62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES

Do NOT Remove Label

19

Bureau of Air Monitoring & Mobile Sources Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule  $\square$ NO #1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above: #2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

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 perchloroethylene solvent, based upon 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.

Signature

Name (Please Print)

Annual Reporting Period:

If NO, complete the following:

Exact period of non-compliance: from

Action(s) taken to achieve compliance:

Method used to demonstrate compliance:

Exact period of non-compliance: from

Action(s) taken to achieve compliance:

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

## PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY   N
· · · ·	TIME IN: 0915 TIME OUT: 0950
FACILITY NAME: Brian Bry	Cleaners
FACILITY LOCATION: /3035	
Miami	FL
RESPONSIBLE OFFICIAL: Francine	Taylor PHONE: 305-353-7520
CONTACT NAME:	PHONE:
	<u> </u>
Disput Nominal Manual	
PART I: NOTIFICATION	3.0
(check appropriate box)	S. P. S.
1. New facility notified DARM 30 days prior to start	tup Gerson
2. Facility failed to notify DARM to use general pen	mit Constitution of the co
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 ☐  dry-to-dry only, x < 140 gal/yr	2. New small area source dry-to-dry only, x < 140 gal/yr
transfer only, $x < 140$ gallyr	transfer only, $x < 200 \text{ gal/yr}$
both types, x < 140 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, $140 \le x \le 2,100 \text{ gal/yr}$	dry-to-dry only, $140 \le x \le 2{,}100 \text{ gal/yr}$
transfer only, $200 \le x \le 1,800 \text{ gal/yr}$	transfer only, $200 \le x \le 1,800$ gai/yr
both types, $140 \le x \le 1,800$ gal/yr	both types, $140 \le x \le 1,800$ gal/yr
(constructed before 12/9/91)	(constructed on or after 12/9/91)
5. This is a correct facility classification '	□Y □N <b>©</b> Can not determine
If no, please check the appropriate classifica	tion:
☐ facility qualified for a gene	,
facility exceeds above limit	its and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pur	chased within the preceding 12 months by this dry cleaning
facility was 155 gallons.	
Why los	723/4
ليم "كالد" "	V 6.20

1 of 5

Revised 9 15/97

### 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 ØN/A 2. Examining the containers for leakage? DY DN ØN/A 3. Closing and securing machine doors except during loading/unloading? DY DN 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 DN ØN/A PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) ZY DN 1. Equipped all machines with the appropriate vent controls? MY ON ON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY DN DN/A condenser upon opening the door? 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated DY QN 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? DY DN ØNA 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? DY 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 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?	ΩY	Й	□n/a
	Is the temperature differential equal to or greater than 20° F?	ΠY	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?	ПΥ	ПΝ	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ПN	□N/A
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΩY	ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	□И	□N/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?	OY ZM					
3. Maintained leak detection inspection and repair reports for the following:						
a. documentation of leaks repaired w/in 24 hrs? or;	OY ON ØN/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?	OY ON QINVA					
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON CON/A					
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ØN/A					
6. Maintained startup/shutdown/malfunction plan?	ØY □N					
7. Maintained deviation reports?	OY ON BUNA					
Problem corrected?	OY ON DINA					
8. Maintained compliance plan, if applicable?	OY ON PN/A					

1'/	ART VI: LEAR DETECTION AND	REPAIRS					
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?	•		ØY □N			
2.	Has the facility maintained a leak log	?		OY QIN			
3.	Does the responsible official check th	e following areas for leak	cs?				
	Hose connections, fittings, couplings, and valves	ΦΎ □Ν □Ν/Α	Muck cookers	OY ON ØN/A			
	Door gaskets and seating	DA ON ON/Y	Stills	MY ON ON/A			
	Filter gaskets and seating	ØY ON ON/A	Exhaust dampers	ØY ON ON/A			
	Pumps	DY ON ON/A	Diverter valves	ØY ON ON/A			
	Solvent tanks and containers	AND ND YO	Cartridge filter housings	DY ON ON/A			
	Water separators	DY ON ON/A					
4.	Which method of detection is used by	the responsible official?					
	Visual examination (condensed	solvent on exterior surfac	es)	9			
	Physical detection (airflow felt t	through gaskets)		ζ <b>Z</b> I			
	Odor (noticeable perc odor)		•	Ø			
	Use of direct-reading instrumen	tation (FID/PID/calorimet	ric tubes)				
	Halogen leak detector						
	ØN/A						
	אם אם						
	<ul><li>b. Calibrated against a (PID/FID only)?</li></ul>	standard gas prior to and	after each use	חס אם			
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	חם אם			
	d. Kept in a clean and	secure area when not in us	se?	מם עם			
	e. Verified for accurac	y by use of duplicate samp	ples (calorimetric only)?	אם צם			
	Ivan Fanni		5/2/w				
	Inspector's Name (Please Pri	ant)	Date of Inspection	•			
	1		· day				
	Inspector's Egnature	The same of the sa	Approximate Date of N	Vext Inspection			

- R.O. had not received 2000 calendar. Provided calendar & explanation
  - Temp. gange metallel in condenser per D. Grinier's request 2/99.
  - R.O. to begin readborping +
  - Machine in operation at suspection

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION:	ANNUAL 🗗	СОМ	PLAINT/DISCOVER	Υ 🗌	RE-INSPECTION
TIME IN: 0915	TIME OUT:	095	airs	ID#:	250751
TYPE OF FACILITY:	Perc Dry	Clac	nen		<u> </u>
FACILITY NAME:	Brian Bay	Clan	news_		DATE: 5/2/00
FACILITY LOCATION:	13035 5~	> 29	Place		
· · · · · · · · · · · · · · · · · · ·	Mani	FL			
RESPONSIBLE OFFICIAL:	Francina Tay	lon	PHONE 1	NUMBER:	257-253-2520
	the compliance requirement Rule 62-213.300, Florida			on, the facility	y is found to be in
Based on the results of discrepancies were note	the compliance requirements	ents evalua	ted during this inspecti	on, the follow	ing compliance
COMPLIANCE REQU	JIREMENT/PROB	LEM	FOLLOW-U	JP ACTIO	N REQUIRED
Not manitaming or rolling log o	lack log, temp of pour peucle	p log	Bajin se	eoidheop	J
Not maintaining	all or	inte.	Maintain	copy -	of receipts
		·			
					•
			. 1		·
		•			
			<del></del>	<del></del>	
			-		
·					· · · · · · · · · · · · · · · · · · ·
COMMENTS:	Provided 2	1.000 (	Calenda de	, bagin	recordhapping
The Annual Compliance Certific	cation form has been prop	erly certifi	ed and submitted to the	e inspector.	YES NO
DATE OF NEXT INSPECTIO	N:	lo1 (Ap <sub>l</sub>	oroximate)		
INSPECTION CONDUCTED	BY: Tvan	~ Fan	ase Print)		
INSPECTOR'S SIGNATURE	Ivan Jan	•	ŕ	NUMBER:	305-272-6925
		Page	_of		Revised 10/96

. AIRS ID#: <u>0250751</u>



# DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Brain Bay Clarines DATE: 5/3/00
FACILITY LOCATION: 13035 Sw 89 Place
Mesmi, FL
Annual Reporting Period: May 1999 TO May 1999
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:
Not maniforming look by, temp by or white log of pero perotone  Exact period of non-compliance: from 2/99 to 5/00
Action(s) taken to achieve compliance:    Regin near lheoping   Method used to demonstrate compliance:   FDEP Calanda
#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 2/99 to 5/00
Action(s) taken to achieve compliance: Maintain copy of receipts
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 perchloroethylene solvent, based upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name (Please Print)  Signature  Date

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

V303936

Plesse 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#0250751

**BRIAR BAY CLEANERS INC** FRANCINE TAYLOR 13035 SW 89TH PLACE **MIAMI FL 33176** 

FOR GOVERNMENT USE ONLY

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

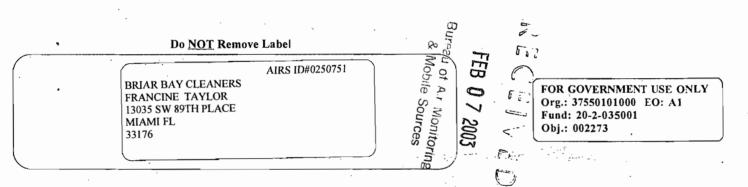
Obj.: 002273



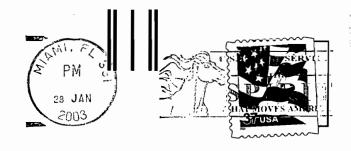
422370 JAN30 2003

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



13036 5W 89th fl Desime St 33171



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

32315+3070 99



	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)						
51.9							
25	OFFICIALLUSE						
25	Postage \$						
79	Certified Fee						
17	Return Receipt Fee (Endorsement Required)						
0007	Restricted Delivery Fee (Endorsement Required)						
20	Total Postage & Face C						
133							
	Street Ant No. FRANCINE TAYLOR						
7007	or PO Box No. 13035 SW 891H PLACE						
7.	City, State, ZIP+ MIAMI FL 33176						
1.	PS Folm 3800s						

•

1

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY				
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:         <ul> <li>AIRS ID#0250751</li> <li>BRIAR BAY CLEANERS</li> <li>FRANCINE TAYLOR</li> <li>13035 SW 89TH PLACE</li> </ul> </li> </ul>	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Addressee  D. Is delivery address different from item 12 Yes  If YES, enter delivery address below:				
MIAMI FL 33176	3. Service Type				
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.				
	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Copy from service label) 7001	0320 0001 7975 5519				
PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-00-M-0952				

UNITED STATES POSTAL SERVICE



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

DARM/MOBILE SOURCE CONTROL PROGRAMDEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510
2600 BI.AIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



412637 JAN 72002*F* 

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 # 0250751

BRIAR BAY CLEANERS FRANCINE TAYLOR 13035 SW 89TH PLACE MIAMI FL 33176

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

ADJER: COMPLETE VI	PLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3 item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the rev so that we can return the card to you.</li> <li>Attach this card to the back of the mails or on the front if space permits.</li> </ul>	Diece, X X Signature Age
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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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BRIAR BAY CLEANERS FRANCINE TAYLOR 13035 SW 89TH PLACE MIAMI FL 33176 AIRS ID # 0250751

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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



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FRANCINE TAYLOR
BRIAR BAY CLEANERS
13035 SW 89TH PLACE
MIAMI FL 33176

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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

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AIRS ID # 0250751

BRIAR BAY CLEANERS FRANCINE TAYLOR 13035 SW 89TH PLACE MIAMI FL 33176 Bureau of Air Monitoring & Mobile Sources

FOR GOVERNMENT USE ONLY
Org.: 07550101000 EO: B1
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## TOTAL AMOUNT DUE: \$50.00<sub>FEB 11 99</sub>

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AIRS ID # 0250751

**BRIAR BAY CLEANERS** FRANCINE TAYLOR 13035 SW 89TH PLACE **MIAMI FL 33176** 

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Ођј.: 002273

on the reverse side?	Ol adojanua jo dol 1ano aurij 12 p  SENDEF  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that we card to you.  Attach this form to the front of the mailpiece, or on the back if space permit.  Write "Return Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered and delivered.	e can return this be does not le number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.	ceipt Service.
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### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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**TOTAL AMOUNT DUE: \$50.00** 

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AIRS ID#: 0250751 BRIAR BAY CLEANERS INC FRANCINE TAYLOR 13035 SW 89TH PLACE MIAMI FL 33176 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273