

Department of Environmental Protection

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

Virginia B. Wetherell Secretary

LETTER OF NONCOMPLIANCE

TO:

Our records indicate that you have previously claimed entitlement to use a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.), as the owner or operator of an eligible facility. However, if one or more of the following events has occurred, you are no longer eligible to operate under the Title V Air General Permit. Department records currently indicate that your facility is not in compliance with the item(s) checked below:

- () 1) The facility has a new owner or operator (Rule 62-213.300(3)(a), F.A.C.).
- () 2) The annual emissions fee for your facility has not been received by the Department (Rule 62-213.300(3)(b), F.A.C.).
- () 3) The annual Compliance Certification for your facility has not been filed with the Department (Rule 62-213.300(3)(n), F.A.C.).

If your facility is to continue to operate under the Title V Air General Permit, the condition(s) referenced above must be corrected. Please call our Division for assistance--either Sandra Bowman at 850/921-9583 or Rick Butler at 850/921-9586.

The terms and conditions stated in the Title V Air General Permit continue to apply whether or not the facility is still operating. The Responsible Official (RO) is considered to be responsible for the permitted facility until the permit is surrendered, including any violations or payment of fees. If you wish to give up your eligibility to use the Title V Air General Permit, please sign and return this form in the enclosed self-addressed envelope. This will remove your name from our annual billing list used to notify when Title V permit fees are due.

I am the Responsible Official for the facility identified above and hereby notify the Department that I surrender the Title V Air General Permit for that facility.

	•
Name (please print)	Signature
•	Date

Facility Owner or Operator Page Two

Your prompt response to correct or clarify this situation will be greatly appreciated. If you have any questions, please call the Division staff listed above or the Small Business Assistance Program hotline at 800/722-7457.

Sincerely,

Sandra Bowman

Title V Air General Permit Program

/SB

cc: District/Local program

** _{(*} .	BEST AVAILABLE CUPY	
<u></u>	10-3-96 Spoke to Mr. Ali Pe ne purchased busin machine in 1988	DECEIVED NOV 1 2 1996
	1. Facility Owner/C 1. (a) add date in box 1. (b) Should not be marked 2. Site Name (Fore 1. (b) Should be marked	Air Quality Management Division
	3. Hazardous Wast P.15 GENERATOR'S US 4. Should not be marko Street Address City: N. M.A. (1) Should be marked	d
##DNACHAG###	5. Facility Identif 6. Name and Tit -	
_	7. Responsible Official Mailing Address. Organization/Firm: 17304 Courlys Av. Street Address: City: N. MIAMI BESCH County: DAIR 8. Responsible Official Telephone Number: Telephone: (305) 940-7998 Fax: (X)	Zip Code: 33/60
L	Facility Contact (If different from Responsible Officia	1)
	9. Name and Title of Facility Contact (For example, plant manager):	
	10. Facility Contact Address:	
	Street Address: City: County: Zip	Code:
	11. Facility Contact Telephone Number: Telephone: () - () Fax: ()	_

RECEIVED

SEP 5 1996

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

Page 13 of 16

Bureau of Air Monitoring & Mobile Sources

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Responsible Official Mailing Address: Organization/Firm: 7304	1	Facility Owner/Common News Oloma of compression, against or individual owner):
3. Hazardous Waste Generator Identification Number: Character Continue	1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
3. Hazardous Waste Generator Identification Number: Character Continue	1-2.	Site Name (For example, plant name or number):
3. Hazardous Waste Generator Identification Number: Charants		± ∧.
City: N. M. Am Beach County: DADE Zip Code: 3316 0 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: WRBAW AL - RESPONSIBLE OFFICIAL STREET Address: Organization/Firm: 17304 BUSINS AV. Street Address: City: J. M. M. B. B. Fax: (X) - XM. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Description	3.	Hazardous Waste Generator Identification Number:
City: N. M. Am Beach County: DADE Zip Code: 3316 0 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: WRBAW AL - RESPONSIBLE OFFICIAL STREET Address: Organization/Firm: 17304 BUSINS AV. Street Address: City: J. M. M. B. B. Fax: (X) - XM. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Description	GER	KRANOS US EPA ID # FLD 980-840-086
City: N. M. Am Beach County: DADE Zip Code: 3316 0 5. Facility Identification Number (DEP Use): Responsible Official 6. Name and Title of Responsible Official: WRBAW AL - RESPONSIBLE OFFICIAL STREET Address: Organization/Firm: 17304 BUSINS AV. Street Address: City: J. M. M. B. B. Fax: (X) - XM. Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): Description	4.	Facility Location: Street Address: 17304 COLUNS AV
Responsible Official 6. Name and Title of Responsible Official: QURBAN AU - PRESIDENT		City: N. Migmi BEACH County: DADE Zip Code: 33160
Responsible Official 6. Name and Title of Responsible Official: QVRBPN AU - RESPONSIBLE Responsible Official Mailing Address: Organization/Firm: 7304 Courty: DANE Zip Code: 33/60 Street Address: City: N. M. AM. B. B. County: DANE Zip Code: 33/60 Responsible Official Telephone Number: Telephone: (30) 7440-7498 Fax: (X) - XMA Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): NAME Mail Ma	5.	Facility Identification Number (DEP Use):
6. Name and Title of Responsible Official: County	Ů.	0256475
7. Responsible Official Mailing Address: Organization/Firm: 7304 BU-INS ANStreet Address: City: IN MIAMI BURCH County: DAILE Zip Code: 33/60 8. Responsible Official Telephone Number: Telephone: (30,7) 740-7798 Fax: (X) - XMA Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: XMA Zip Code:		Responsible Official
7. Responsible Official Mailing Address: Organization/Firm: 7304	6.	Name and Title of Responsible Official:
7. Responsible Official Mailing Address: Organization/Firm: 7304		QURBAN ALL - PRECIDENT
Street Address: City: N. MIPMI BERCH County: DANE 8. Responsible Official Telephone Number: Telephone: (2) 740-778 Fax: (X) - XNA Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: City: County: XIA Zip Code: Zip Code: Zip Code:	7.	Responsible Official Mailing Address:
8. Responsible Official Telephone Number: Telephone: (30,7940-7998 Fax: (X) - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Street Address:
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		City: N. MIAMI BESSCH County: DISTIE Zip Code: 33/60
Facility Contact (If different from Responsible Official) 9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:	8.	
9. Name and Title of Facility Contact (For example, plant manager): 10. Facility Contact Address: Street Address: City: County: Zip Code:		
10. Facility Contact Address: Street Address: City: County: Zip Code:		Facility Contact (If different from Responsible Official)
Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:	9.	Name and Title of Facility Contact (For example, plant manager):
Street Address: City: County: Zip Code: 11. Facility Contact Telephone Number:		NIA
City: County: Zip Code: 11. Facility Contact Telephone Number:	10.	Facility Contact Address:
11. Facility Contact Telephone Number:		Street Address:
		City: County: Zip Code:
	11.	

RECEIVED

SEP 5 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

		Date	Date		Date	Date		Date	Date	
		Machine	Control		Machine	Control		Machine	Control	
		lnitially	Device		Initially	Device		Initially	Device	
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	lD	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
(1) w/ ref. condenser										
(2) w/ carbon adsorber										
(3) w/ no controls] .
Washer Unit	W	195 11	ERE 1.	PHE	N BO	115HT	THE	5 FAC	コレリナ	MACI
(4) w/ ref. condenser		T	Ţ							7
(5) w/ carbon adsorber										,
(6) w/ no controls										
Dryer Unit		•				•	_	•		
(7) w/ ref. condenser										}
(8) w/ carbon adsorber										1
(9) w/ no controls										1
Reclaimer Unit			•		1			•		1
(10) w/ ref. condenser										
(11) w/carbon adsorber			_							1
(12) w/ no controls										1
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices	are r quant gallo	equired to be ity of perchlons	e installed [_ oroethylene (perc)		in the latest l	12 moi	nths?		
(b) If less than 12 mont Check why it is less	hs, h than	ow many? [_ 12 months:] months New owner:	; [H/H _] New stor	e: [] Di	d not k	eep records:	[]	
3. What is the facility's so (Indicate with an "X".					initions four	nd in section	(3) of	Part II?		
Existing small ar	ea so	urce [V]	Ne	ew sn	nall area sou	irce [_]			
Existing large are	ea so	urce []	Ne	ew la	rge area sou	rce [_]			

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines (Indicate with an "X".)	pursuant to section (5) of P	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 []		
5. A facility which contains non-exempt emissions to Rule 62-213.300, F.A.C. Verify that all steam an exemption criteria or that no such units exist on-site.	d hot water generating units	
All steam and hot water generating units on-site (1) boiler HP or less), and (2) are fired exclusively by n during which propane or fuel oil containing no more	atural gas except for period	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site		
Equipment Monitoring a	and Recordkeeping Inform	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		
(b) Leak detection inspection and repair		u
(c) Refrigerated condenser temperature monitoring		LAMA
(d) Carbon adsorber exhaust perc concentration mor	nitoring	[4]3-1 [4]3-1 [12]43-1
(e) Instrument calibration		[<i>A</i>]
(f) Start-up, shutdown, malfunction plan		

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

Surrender of Existing Air Permit(s)

lease indicat	te with an "X" the appropriate	e 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 exthis notification form.	xist for the operation of the	facility indicated in				
	Res	ponsible Official Certificat	tion				
this notifi statement maintain comply w	ication. I hereby certify, basis made in this notification and the air pollutant emissions with all terms and conditions of the Department	ed on information and beliej re true, accurate and comple inits and air pollution contro of this general permit as set	II of this form, of the facility addressed in of formed after reasonable inquiry, that the lete. Further, I agree to operate and ol equipment described above so as to forth in Part II of this notification form. The formation contained in this notification.				
Signature	:		Date / /				

0250735 10-3-96 Spoke to Mr. Ali, ne purchased business, machine in 1988.

P. 14

1. (a) add date in box

1. (b) Should not be marked

1. (c) should be marked

P.15

4. Should not be marked

(f) should be marked

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
7	Site Name (For example, plant name or number):
2.	A
	PAL CLEANERS
3.	Hazardous Waste Generator Identification Number:
GET	Facility Location: Street Address: 17304 COLLINS AV. City: N. MIAMI BEACH COUNTY: DADE Zip Code: 33160
4.	Facility Location: 17224 Coulds Av.
	City: W. M. Ami Beach County: DANE Zip Code: 33160
	N, M, M, M, BEACH SING DATE STORE
5.	Facility Identification Number (DEP Use):
474 i	0250755
	Decrease the Official
	Responsible Official
6.	Name and Title of Responsible Official:
	Bononsible Official Mailing Address
7.	Responsible Official Maining Address:
	Organization/Firm: 17304 Collins Av
	Street Address: City: N. MIAMI BEDCH County: DANE Zip Code: 33/60
8.	Responsible Official Telephone Number:
	Telephone: $(305)940-7998$ Fax: (X) - XNM
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
9.	
	Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:
	Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:
	Name and Title of Facility Contact (For example, plant manager): Facility Contact Address:
10.	Name and Title of Facility Contact (For example, plant manager): Facility Contact Address: Street Address:

RECEIVED

SEP 5 1996

DEP Form No. 62-213.900(2) Effective: 6-25-96 Page 13 of 16

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.

		Date Machine	Date Control		Date Machine	Date Control		Date Machine	Date Control
		Initially	Device		Initially	Device		Initially	Device
Type of Machine	ID	Purchased	Installed	ID	Purchased	Installed	ID	Purchased	Installed
Type of Machine	עון	ruiciiaseu	Ilistaneu	עון	Furchased	Ilistaned	ID	i urchased	Illistaneu
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit		ing the string		1			-	1. 0. 1. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
(1) w/ ref. condenser									
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit	12	OS TH	PRE L) HE	N ROL	SHI	THE	FAL	11/11
(4) w/ ref. condenser		1							
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit	14. T			j.h					
(7) w/ ref. condenser								I	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit	5				· · · · · · · · · · · · · · · · · · ·				
(10) w/ ref. condenser	-	1			<u> </u>		-		
(11) w/carbon adsorber				-					
(12) w/ no controls									
(b) Control devices are(c) No control devices	-			-					
2.(a) What was the total of [12.0] (b) If less than 12 mont Check why it is less	gallo	ons ow many? [] months	- 1	HA				[]
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi urce [<u> </u>	cation only.) No	ew sm	nitions found nall area sour ge area sour	ce []	ĺ	Part II?	

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of F (Indicate with an "X".)	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 []	
5. A facility which contains non-exempt emissions units shall not be eligible to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating unit exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a total heat input of 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	ds of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	
Equipment Monitoring and Recordkeeping Inform	
	nation
Check all logs which are required to be kept on-site in accordance with the requ	
Check all logs which are required to be kept on-site in accordance with the required (a) Purchase receipts and solvent purchases	
	uirements of this general permit:
(a) Purchase receipts and solvent purchases	uirements of this general permit:
(a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	uirements of this general permit:
(a) Purchase receipts and solvent purchases(b) Leak detection inspection and repair(c) Refrigerated condenser temperature monitoring	uirements of this general permit:

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

Surrender of Existing Air Permit(s)

ease indicate	e with an "X" the appropriate selection:
	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notific statements maintain i comply wi	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 smade in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to that the small terms and conditions of this general permit as set forth in Part II of this notification form.
Signature	Oluban 93

BEST AVAILABLE COPY

INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 8:15 / TIME OUT: 4:00	Am AIRS ID#: 0250 755
TYPE OF FACILITY: Juck from the think	ME Dr. Chansel
FACILITY NAME: DAI CLEUR S	DATE:
FACILITY LOCATION: 17204 College	ine
N. M. B 32/60	
RESPONSIBLE OFFICIAL:	PHONE NUMBER:
Based on the results of the compliance requirements evalue compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaludiscrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
: :	
·	
<u> </u>	
-	
COMMENTS: JACHIEGES IN Complish	PNCE
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 1998	
	pproximate)
INSPECTION CONDUCTED BY:	Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 372 6925
17 to 2 -	. /
Page	



PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	COMPLAINT/DISCOVERY	0
	RE-INSPECTION		

AIRS ID#: 0250755 DATE: 12/0	19/96 TIME IN: 8:15 TIM	E OUT: 9:00		
FACILITY NAME: PAL CIER	, HNBRS			
FACILITY LOCATION: 17304 CO.				
FACILITY EXCEPTION: 1/2014	A 221			
NORTH PIAMI	BEACH, PL. 331	60		
PART I: NOTIFICATION				
(check appropriate box)		/		
1. Existing facility notified DARM by 9/1/96		· ~		
2. New facility notified DARM 30 days prior to sta	artup			
3. Facility failed to notify DARM to use general po	ermit			
PART II: CLASSIFICATION				
Facility indicated on notification form that it is: (check appropriate box)				
A. 1. Existing small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x<140 gal/yr transfer only, x<200 gal/yr both types, x<140 gal/yr (constructed on or after 12/9/91)			
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)="" a="" before="" both="" classification<="" correct="" facility="" gal="" is="" only,="" td="" this="" transfer="" types,="" yr=""><td>4. New large area source dry-to-dry only, 140<x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,></td></x<2,>	4. New large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" after="" both="" gal="" on="" only,="" or="" td="" transfer="" types,="" yr=""><td></td></x<2,>			
If no, please check the appropriate classification: facility qualified for a general permit as number above				
☐ —facility exceeds above limits and is not eligible for a general permit				

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 120 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?	א אם צם
2. Examining the containers for leakage?	DY NO YO
3. Closing and securing machine doors except during loading/unloading?	oγ □n
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MO AD
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MIN/A
DAPT W. PROCESS VENT CONTROLS	
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 ref (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with either condenser or a carbon adsorber (complete A and B below). Carbon adsorber minstalled prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a ref (complete A and B below).	frigerated 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?	NO YO
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	A/NO NO YO
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis?	□Y □N
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condensor exceeded 45°F?	OY ON
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	אם אם

b. Mas the responsible official of an existing farge of new farge 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?	מם עם					
 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?	מם צם					
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?	מם צם					
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?	מם צם					
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?	בעם אם אעם A					
-	<u> </u>					
PART V: RECORDKEEPING REQUIREMENTS						
Has the responsible official: (check appropriate boxes)						
1. Maintained receipts for perc purchased?	DAY ON					
2. Maintained rolling monthly averages of perc consumption?						
	DY ON					
3. Maintained leak detection inspection and repair reports for the following:						
3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or;						
a. documentation of leaks repaired w/in 24 hrs? or;b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DY ON CY ON OY ON YN/A					
a. documentation of leaks repaired w/in 24 hrs? or;b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DY ON					
 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) 	DY ON CY ON OY ON YN/A					
 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? 	DY ON CY ON YN/A OY ON					
 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 ON OY ON YON/A OY ON OY ON					
 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? 	DY ON NA OY ON OY ON OY ON OY ON OY ON					
 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? 	DY ON OY ON ON/A OY ON OY O					
 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? 	DY ON OY ON ON/A OY ON OY O					

2.	Which method of detection is used by the	ne respons	ible official?			
	Visual examination (condensed so	olvent on e	exterior surfaces)		œ/	
	Physical detection (airflow felt thi	rough gasl	kets)		4	
	Odor (noticeable perc odor)				ख	
	Use of direct-reading instrumenta	tion (FID/	PID/calorimetric	tubes)		
	If using direct-reading instrume	entation, i	s the equipment:			
	a. Capable of detecting p	perc vapor	concentrations in	a range of 0-500 ppm?		N
	b. Calibrated against a s (PID/FID only)?	tandard g	as prior to and afte	er each use		N
	c. Inspected for leaks an	d obvious	signs of wear on a	a weekly basis?		N
	d. Kept in a clean and so	ecure area	when not in use?		DY DN	
	e. Verified for accuracy by use of duplicate samples (calorimetric only)?					N
3.	3. Has the facility maintained a leak log?					N NP
4.	Does the responsible official check the	following	areas for leaks?			
	Hose connections, fittings, couplings, and valves	ØY	□и	Muck cookers	ΟY	MNA
	Door gaskets and seating	БХ	ПИ	Stills	ΠY	MNA
	Filter gaskets and seating	цх	ПИ	Exhaust dampers	ΠY	UN UN
	Pumps	QY	ПΝ	Diverter valves	ΟY	ON NV
	Solvent tanks and containers	σνΥ ,	□и	Cartridge filter housings	WY	ПИ
	Water separators	₫¥?	□и			
	0					
	(Mahan Ali					

Name of Responsible Official

TAME ALZAPEC
Inspector's Name (Please Print)

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:			·	
		<u> </u>		
				l
				•
ļ				
1				
	L'\$			
·				

· .

ARS ID#: 0250755

Revised 10/10/96

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

PACILITY NAME:	DNERS		DATE:=	-19-91
facility location: <u>17304 Co</u> z	Mas AVE	<u></u>		
,		* *		
Annual Reporting Period: 8-29-90	6 19	TO 12-6	5-96	19
Based on each term or condition of the Title V gener	ral air permit, my facility	has remained in con	npliance with DEP	Rule
62-213.300, Florida Administrative Code (F.A.C.), d	during the period covered	I by this statement.	✓ YES	1ио
If NO, complete the following:				
#1. Term or condition of the general permit that has	s not been in continuous	compliance during th	ne reporting period	stated above:
		RF	CEIVE	D
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:			SEP 2 5 TON	oring
Method used to demonstrate compliance:		Bu	reau of Air Monito & Mobile Source	S
			ı	
#2. Term or condition of the general permit that has	s not been in continuous	compliance during th	ne reporting period	stated above;
MATERIAL STATE OF THE STATE OF			·	·
Exact period of non-compliance: from		to		<u> </u>
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:				
Mediod used to demonstrate compitation.				
Mediod used to denionstrate compitance.				
As the responsible official, I hereby certify, based or	n information and belief	formed after reasons	able inquiry, that th	e statements
		formed after reasons	able inquiry, that th	e statements

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.

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	ď	COMPLAINT/DIS	COVERY			
	RE-INSPECTION	1 🗅					
•		_					
2750700		ac.	· · · · · · · · · · · · · · · · · · ·				
AIRS 10#:0250755	DATE: 37/-	78 TIME	IN: <u>2/0</u> TI	ME OUT: _			
FACILITY NAME:	AL CL	emile	RS.				
	17701	01/10	C A . 2				
FACILITY LOCATION:	11309	OIIII.) AVE				
RESPONSIBLE OFFICIAL :	Que hon	101:	man 911	6 - 7	2014		
RESPONSIBLE OFFICIAL:	QUESTIN	1011	_ PHONE:	0 /	110		
CONTACT NAME:			_ PHONE:				
PART I: NOTIFICATION							
(check appropriate box)							
New facility notified DARM	30 days prior to start	up					
2. Facility failed to notify DARI	M to use general pern	nit	•				
							
PART II: CLASSIFICATION							
Facility indicated on notification (check appropriate box)	on form that it is:		Drop store out o		troleum		
A.			d Drop store out o	n odsmessi pe	doloum		
1. Existing small area sour		2. New small					
dry-to-dry only, x < 140 gal/y			/, x < 140 gal/yr				
transfer only, x < 200 gal/yr		transfer only,					
both types, x < 140 gal/yr (constructed before 12/9/91)		both types, x <	n or after 12/9/91)				
		(constructed o	11 01 atter 12/7/71)				
3. Existing large area sour	ce 🗆	4. New large	area source				
dry-to-dry only, $140 \le x \le 2$,			y , $140 \le x \le 2,100 \text{ gal}$	⁄yr			
transfer only, $200 \le x \le 1,80$	0 gal/yr	transfer only,	$200 \le x \le 1,800 \text{ gal/yr}$				
both types, $140 \le x \le 1,800$ §			$0 \le x \le 1,800 \text{ gal/yr}$				
(constructed before 12/9/91)		(constructed o	n or after 12/9/91)				
5. This is a correct facility cl	assification	OY ON	□Can not determine	ne			
If no please check the	appropriate classifica	ution:					
	If no, please check the appropriate classification: Gracility qualified for a general permit as number above						
140111	ty qualified for a gene	eral permit as i	number abo	ove			
			number abo igible for a general pe				
	ty exceeds above limi	its and is not el	igible for a general pe	rmit	u alaanin a		

7 4/10/91

PART III: GENERAL CONTROL REQUIREMENTS				
Is the responsible official of the dry cleaning facility: (check appropriate boxes)				
1. Storing perchloroethylene in tightly sealed and impervious containers?	OY ON ON/A			
2. Examining the containers for leakage?	· DY DN DN/A			
3. Closing and securing machine doors except during loading/unloading?	OY ON			
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	OY ON ON/A			
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	□Y □N □N/A			
PART IV: PROCESS VENT CONTROLS				
In Part II-A:				
If classification 1 has been checked, no controls are required. Proceed to Part	٧.			
If classification 2 has been checked, the machine should be equipped with a ref (complete A below).	rigerated 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 ref (complete A and B below).	rigerated 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?	ОУ ОИ			
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A			
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A			
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	□У □И			
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	OY ON ON/A			
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	□У □И			

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?	ΟY	ПΝ	٠.
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΟY	ПΠ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΟY	ΠN	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber,			
	if machines are equipped with a carbon adsorber?	ΠY	ΠN	□N/A
٠.,	Is the perc concentration equal to or less than 100 ppm?	ΠY	ΠN	□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	ПN	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΟY	□N	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ИП	□N/A

PART V: RECORDKEEPING REQUIREMENTS				
Has the responsible official: (check appropriate boxes)				
1. Maintained receipts for perc purchased?	DY DN			
2. Maintained rolling monthly averages of perc consumption?	DY DN			
3. Maintained leak detection inspection and repair reports for the following:				
a. documentation of leaks repaired w/in 24 hrs? or;	OY 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?	אמם מם עם			
4. Maintained calibration data? (for applicable direct reading instruments)	OY ON ON/A			
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON ON/A			
6. Maintained startup/shutdown/malfunction plan?	OX ON			
7. Maintained deviation reports?	OY ON ON/A			
Problem corrected?	OY ON ON/A			
8. Maintained compliance plan, if applicable?	אאם אם צם			

PART VI:	PART VI: LEAK DETECTION AND REPAIRS					
1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
inspecti	on?			OY ON		
2. Has the	facility maintained a leak log?			DY DN		
3. Does th	e responsible official check the fo	ollowing areas for leaks?				
	ose connections, fittings, couplings, and valves	OY ON ON/A	Muck cookers	A/AC NO YO		
D	oor gaskets and seating	A/NO NO YO	Stills	□Y □N □N/A		
Fi	lter gaskets and seating	OY ON ON/A	Exhaust dampers	□Y □N □N/A		
Pı	umps	OY ON ON/A	Diverter valves	OY ON ON/A		
So	olvent tanks and containers	OY ON ON/A	Cartridge filter housings	□Y □N □N/A		
W	ater separators	OY ON ON/A				
4. Which	method of detection is used by the	e responsible official?				
· v	isual examination (condensed sol	vent on exterior surfaces)				
P	hysical detection (airflow felt thro	ough gaskets)				
0	dor (noticeable perc odor)					
U	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)					
н	alogen leak detector					
	If using direct-reading instru	mentation, is the equipm	ent:	□N/A		
	a. Capable of detecting p	erc vapor concentrations in	n a range of 0-500 ppm?	OY ON		
	b. Calibrated against a st. (PID/FID only)?	andard gas prior to and aft	ter each use	OY ON		
	c. Inspected for leaks and	l obvious signs of wear on	a weekly basis?	OY ON		
	d. Kept in a clean and se	cure area when not in use?		OY ON		
	e. Verified for accuracy b	by use of duplicate samples	(calorimetric only)?	OY ON		
	Inspector's Name (Please Prin	t)	Date of Inspe	ection		
	•		7			
	Inspector's Signature		Approximate Date of	Next Inspection		

PERC. MACHINE HAS been REMOND.

THIS IS A DROP-OFF STORE.

Also, CORRECT THE ARMS NUMBER, THE

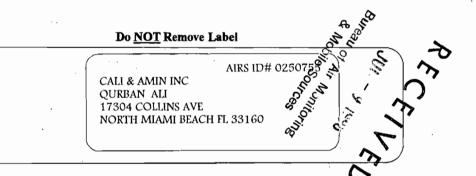
NUMBER IS 025 0755.

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0328885

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

TOTAL AMOUNT DUE: \$50,000-2 98



FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

Įι

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

261941

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

TOTAL AMOUNT DUE: \$50.00 FEB 28 97

Do NOT Remove Label

AIRS ID#: 0250755

CALI & AMIN INC QURBAN ALI 17304 COLLINS AVE NORTH MIAMI BEACH FL 33160 FOR GOVERNMENT USE ONLY

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

Оы.: 002273

on the reverse side?	SENDER: Complete items 1 and/or 2 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. 3. Article Addressed to:	e does not e number.	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
AN ADDRESS completed	AIRS ID#: 0250755 CALI & AMIN INC QURBAN ALINI 17304 COLLINS AVE NORTH MIAMI BEACH FL 33160	4b. Service Registere Express Retum Re 7. Date of D	Type ed Certified Mail Insured ceipt for Merchandise COD ellivery
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Aďdreśsei and fee is	e's Address (Only if requested paid) Domestic Return Receipt

	13 -	۵Ρ.	265	305	425	{
		Recei No Insura	ance Cov	Certif erage Pro	ied Mail vided. Mail <i>(See reverse</i>	»)
	QUF 1730		I INC _I INS AVE	RS ID#: 0		
	,	Certified F				_
		, D	Delivery Fee	ee e		
	1995	Return Re Whom & D	ceipt Show Date Delive	ing to red		
), Apri	Return Rece Date, & Add	eipt Showing t ressee's Addi	o Whom, ess		
1	3800	TOTAL PO	ostage & Fe	es \$		_
	PS Form	2/	ceipt Show Date Deliver sipt Showing t ressee's Addi ostage & Fe or Date	97		

rse 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.	can return this	I also wish to receive the following services (for an extra fee):
reverse	Attach this form to the front of the mailpiece, or on the back if space permit.	e does not	1. ☐ Addressee's Address 2. ☐ Restricted Delivery Consult postmaster for fee. umber
ther	 Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered an 		2. ☐ Restricted Delivery
e t	delivered.	o inc date	Consult postmaster for fee.
	3. Article Addressed to:	4a. Article N	umber
completed	AIRS ID 0250755	Z 37	7 m
Ĕ	CALI & AMIN INC	4b. Service	
	QURBAN ALI	☐ Registere	
ESS	17304 COLLINS AVE NORTH MIAMI BEACH FL 33160	☐ Express I	Mail ☐ Insured 등
DDRESS	NORTH WILAWII BEACH I'E 33100	☐ Return Red	ceipt for Merchandise 🗆 COD
¦ ≰∣		7. Date of De	pelivery 2-14
RETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only if requested paid)
your E	6. Signature (Addressele or Agent)		-
s yo	X / YLMs PA		
"	PS Form 3811 , December 1994		Domestic Return Receipt

US Postal Service
Receipt for Certified Mail

AIRS ID 0250755

CALI & AMIN INC
QURBAN ALI
17304 COLLINS AVE
NORTH MIAMI BEACH FL 33160

Postage

Special Delivery Fee
Restricted 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

l I	Z 333 L US Postal Service Receipt for Cert	tified Mail
CA QU	LI & AMIN INC JRBAN ALI 304 COLLINS AVE DRTH MIAMI BEACH F	AIRS ID# 0250755
	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	
8	TOTAL Postage & Fees	\$
PS Form 3800, April 1995	Postmark or Date	

e 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		I also wish to receive the following services (for an extra fee):	1
on the reverse	card to you. Attach this form to the front of the mailpiece, or on the back if spapermit. Write *Return Receipt Requested* on the mailpiece below the artice. The Return Receipt will show to whom the article was delivered a delivered.	ce does not de number.	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
URN ADDRESS completed	AIRS ID# 0250755 CALI &:AMIN INC QURBAN :ALI 17304 COLLINS AVE NORTH MIAMI BEACH FL 33160 5. Received By: (Print Name)	4b. Service Registere Express Return Re	Type ed	
Is your RETU	6. Signature: (Addressee or Agent)	and fee is		}

United States Postal Service



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

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

DARM/MOBILE SOURCE CONTROL PROGRAM DEPT. OF ENVIRONMENTAL PROTECTION MAIL STATION 5510 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 Bureau of Air Monitoring & Mobile Sources

RECEIVED

Z 333 613 506

US Postal Service Receipt for Certified Mail

AIRS ID# 0250755

PAL CLEANERS QURBAN ALI 17304 COLLINS AVE NORTH MIAMI BEACH FL 33160

	Postage	\$
	Certified Fee	
١	Special Delivery Fee	
	Restricted Delivery Fee	
April 1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom Date, & Addressee's Address	
õ	TOTAL Postage & Fees	\$
PS Form 3800,	Postmark or Date	

Fold at line over top of envelope to

PS Form **3811**, December 1994

n the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered.	I also wish to red following service extra fee): 1. Address 2. Restricte Consult postmas	es (for an see's Address ed Delivery	
leted on	3. Article Addressed to: AIRS ID# 0250755	4a. Article N 233	•	
Ę	PAL CLEANERS	4b. Service	• •	
Ċ	QURBAN ALI	☐ Registere	ed	☑ Certified
200	17304 COLLINS AVE	□ Express !	Mail	☐ Insured
ADDRE	NORTH MIAMI BEACH FL 33160	☐ Return Red	ceipt for Merchandise	≠1 5√COD
٦,	<u> </u>	7. Date of De	Weny ///	
RETURN	5. Received By: (Print Name)	8. Addressee and fee is	e's Address (Only paid)	if requested
5	6. Signature/ (Addressee or Agent)			

102595-97-B-0179

Thank you for using Return Receipt Service.

Domestic Return Receipt

United States Postal Service

PM

Pirint your name, address, and ZIP Code in this box.

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

DARM/MOBILE SOURCE CONTROL PROGRAM

DEPT. OF ENVIRONMENTAL PROTECTION

MAIL STATION 5510

2600 BLAIR STONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

PRINT MODITOR

TO STATES POSTAL SERVICE

PM

DARM/MOBILE SOURCE CONTROL PROGRAM

ALLAHASSEE, FLORIDA 32399-2400

PRINT MODITOR

PM

DARM/MOBILE SOURCE CONTROL PROGRAM

TALLAHASSEE, FLORIDA 32399-2400

PRINT MODITOR

PM

DARM/MOBILE SOURCE CONTROL PROGRAM

PRINT MODITOR

PR

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 # 0250755001AG QURBAN ALI PALICIE FAMISES	A. Received by (Please Print Clearly) B. Date of Delivery C. Signatue X Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
PAL CLEANERS 17304 COLLINS AVE NORTH MIAMI BEACH FL 33160	3. Service Type M. Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes		
2. Article Number (Copy from service Jabel) 2 75/			
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595-99-M-1789		

	U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)			
5.	and the place of the second second	all for the same of the same	A CARLON SAN SAN	
27		·		
문	Postage	\$	6	
7	Certified Fee	[Postmark A	
먉	Return Receipt Fee (Endorsement Required)		Here 'N	
	Restricted Delivery Fee (Endorsement Required)		. 3	
	Tr~	;	, A	
0090	Re 10 QURBAN AL	AIRS ID# _, 025075: I	5001AG	
	Str. PAL CLEANE	RS		
7000	17304 COLLIN Cit NORTH MIAN	NS AVE ИІ BEACH FL 3316	0	
1	PS\		for Instructions	