

Department of Environmental Protection

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

November 25, 1996

Virginia B. Wetherell Secretary

Mr. Mario Suarez President Si Bon Cleaners & Tailoring Corporation 8283 Southwest 124 Street Miami, Florida 33156

Re: Facility I.D. No. 0250756

Dear Mr. Suarez:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 5, 1996.

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

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

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

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

Sincerely,

Dotty Diltz, Chief
Bureau of Air Monito

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"

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	P	A (-	MICOSIV CI
·		and not be	NOV 1 2 1996
1	Facility Owner/0	4. Should not be marked	. —
1.,		marneci	Air Quality Management Division
2.	Site Name (For	(c) is not requir (f) should be ma	Ce de Maria de la constante de
-	3.10 7 2.10 (2.07		Weel
3.	Hazardous Wast	(f) Should be ma	, IC-(, C)
			,
4.	Facility Location		
	Street Address:		•
	City: Ann		3156
.5.	Facility Identific		
			56
	Name and Title	·	
6.	Name and Title	•	
7.	Responsible Off	Ciai Iviaining Additess.	
′′	Organization/Fir	m:	
	0.1	8283 5. W. 124 57. County:	Zip Code:
	14141	ml DAdE.	33156
8.		icial Telephone Number: 305) 235 - 07/2 Fax: ()	-
		Facility Contact (If different from Responsible Office	cial)
9.	Name and Title	of Facility Contact (For example, plant manager):	· ·
10.	Facility Contact	Address:	
	Street Address:	•	
	City:	County: 2	Zip Code:
11.		Telephone Number:	
	Telephone: () - Fax: ()	-

#0250756

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SEP 5 1996

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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

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Si Bon Cleaners & Tailoring Corporation
2.	Site Name (For example, plant name or number):
	SAME
3.	Hazardous Waste Generator Identification Number:
	139500243
4.	Facility Location: Street Address: 8283 S.W. 124 street
	City: Minmi' County: DAde Zip Code: 33,56
5.	Facility Identification Number (DEP Use):
	0250756
	Responsible Official
	Acsponsible Official
6.	Name and Title of Responsible Official:
	MARIO SUAREZ PRESIDENT
7.	Responsible Official Mailing Address:
	Organization/Firm: Street Address: 8283 5. W. 12454.
1	City: Himmi County: Dade. Zip Code: 33156
8.	
	Telephone: (305) 235 - 07/2 Fax: () -
L	Facility Contact (If different from Responsible Official)
	racinty Contact (11 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:
11	Facility Contact Telephone Number:
* * .	Telephone: () - Fax: () -
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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 Control
•		Machine	Control		Machine	Control Device	\	Machine	Device
Type of Machine	ID	Initially Purchased	Device Installed	ID	Initially Purchased	Installed	1.	Initially Purchased	Installed
Type of Machine	ID	Purchaseu	installed	עו	Pulchased	Ilistaneu	וטו	Fulchased	Ilistaneu
Example	#]	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-
Dry-to-Dry Unit		i /							
(1) w/ ref. condenser	1	3/4/89	SAME						
(2) w/ carbon adsorber		17							
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser	_								
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit		1 .							
(7) w/ ref. condenser	_							-	
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit			\$ 5 to 10 to 10 to						
(10) w/ ref. condenser		· ·							T
(11) w/carbon adsorber		_							
(12) w/ no controls					-				
(b) Control devices are (c) No control devices 2.(a) What was the total of the control of the control devices (b) If less than 12 mont Check why it is less	are requant	equired to be ity of perchlo ons ow many? [_	installed [_/ proethylene (] months	v/A	purchased in		•		
3. What is the facility's so (Indicate with an "X". Existing small ar Existing large are	Selec ea so	t one classifi	cation only.) Ne	ew sn	nitions found nall area sour	rce [3) of]	Part II?	
LAISTING TOLEC ALL	-u 301		140	· ** 1Cl	50 area sour		J		

DEP Form No. 62-213.900(2)

Effective: 6-25-96

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)
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 use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:
All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.
All steam and hot water generating units exempt No such units on-site
Equipment Monitoring and Recordkeeping Information
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 monitoring
(e) Instrument calibration (f) Start-up, shutdown, malfunction plan
(f) Start-up, shutdown, malfunction plan

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

Surrender of Existing Air Permit(s)

Please ind	icate with an "X" the appropriate selection:
<u></u>	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)
ıχ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this n staten maint comp	undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in otification. I hereby certify, based on information and belief formed after reasonable inquiry, that the nents made in this notification are true, accurate and complete. Further, I agree to operate and ain the air pollutant emissions units and air pollution control equipment described above so as to by with all terms and conditions of this general permit as set forth in Part II of this notification form. promptly notify the Department of any changes to the information contained in this notification.
Signa	Mario Guares 3/26/96 Date
B	Marco Suares x3/27

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

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: X SI BON CLEANES FACILITY LOCATION: X 8283 SW 12	RS STAILO	eing Co	DAT	E: 1 3/25/47
FACILITY LOCATION: A 8283 SW /2	24st.			
Mi	AMI,	33156		
Annual Reporting Period: Y 8/26	19 <u>U</u>	то	3/25	19 <u>9</u> 7
Based on each term or condition of the Title V general air 62-213.300, Florida Administrative Code (F.A.C.), during				DEP Rule
If NO, complete the following:				
#1. Term or condition of the general permit that has not b	een in continuous o	compliance dur	ing the reporting pe	eriod stated above:
		•		
Exact period of non-compliance: from	•	to		_
Action(s) taken to achieve compliance:	1			
Method used to demonstrate compliance:				·
				,
#2. Term or condition of the general permit that has not \mathfrak{t}	been in continuous	compliance dur	ing the reporting po	eriod-stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				
Action(s) taken to achieve compitation.		-		
Method used to demonstrate compliance:				
As the responsible official, I hereby certify, based on info made in this notification are true, accurate and complete. upon rolling averages of purchase receipts, does not exceyear for transfer or combination facilities.	. Further, my annu	al consumption	of perchloroethyle	ne solvent, based
RESPONSIBLE OFFICIAL: & MARIO SUAL	282	× Yau	O Guaras	X3/25/97
Name (Please Pr	int)	Sig	nature	Date

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

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

#0250756

P.15

4. Should not be marked

(c) is not required

(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):
	Si Bon Cleaners & Tailoring Corporation
2.	Site Name (For example, plant name or number):
	S'AME
3.	Hazardous Waste Generator Identification Number:
	139500243
4.	Facility Location: Street Address: 8283 S.W. 124 street
	City: Miami County: DAde Zip Code: 33156
5.	Facility Identification Number (DEP Use):
	0250756
	Responsible Official
6.	Name and Title of Responsible Official:
	MARIO SUAREZ PRESIDENT
7.	Responsible Official Mailing Address: Organization/Firm:
	Street Address: 8283 S.W. 124 St.
	City: Ainmi County: Sade. Zip Code: 33156
8.	Responsible Official Telephone Number:
	Telephone: (305) 235 - 07/2 Fax: () -
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10.	Facility Contact Address:
	Street Address: City: County: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: () - Fax: () -
	

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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.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example Example	#1		12-NOV-93		08-DEC-91	Ilistaned	#3		02-MAR-92
Dry-to-Dry Unit	42.5			:					
(1) w/ ref. condenser	7	3/4/89	SAME		· ·	T			
(2) w/ carbon adsorber	<u> </u>	770	274.71				<u> </u>		
(3) w/ no controls									
Washer Unit	. • • • •	1911 1 1 1 1 1 1 1				14.1 14.		72 3 34	11.
(4) w/ ref. condenser		I			Ι	1			
(5) w/ carbon adsorber					i				
(6) w/ no controls					İ				
Dryer Unit	-1750	C. J. K. Co.	Market Cart	4 T	The sections	d and the	3000	gara Jaga	4,,3334, 60
(7) w/ ref. condenser		I		Ì		T	<u> </u>		Γ
(8) w/ carbon adsorber					i				
(9) w/ no controls				_					
Reclaimer Unit	- = 1,24	. eel. jakin	Japha Livin	92	The section for		4 4		Nebber 194
(10) w/ ref. condenser		[T			1	ľ
(11) w/carbon adsorber									
(I2) w/ no controls			_						
(b) Control devices are (c) No control devices 2.(a) What was the total of [65]	are re quant galle	equired to be ity of perchlo	installed [1	v/A	J	n the latest 12	2 mon	iths?	
(b) If less than 12 mont Check why it is less 3. What is the facility's so	s than	12 months:	New owner:	[: [] Did		•	
(Indicate with an "X".	Selec	t one classifi			nitions found	u in section (.	<i>5)</i>	ran II?	
Existing small ar					nall area soui]		
Existing large are	ea soi	arce []	Ne	w lar	ge area sour	ce []		

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

 What control technology is required on machines pursuant to sec (Indicate with an "X".) 	tion (5) of Part II of this notification form?
Existing large area source Carbon adsorber [] Refrigerated of	condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
5. A facility which contains non-exempt emissions units shall not be to Rule 62-213.300, F.A.C. Verify that all steam and hot water gen exemption criteria or that no such units exist on-site: All steam and hot water generating units on-site (1) have a total her boiler HP or less), and (2) are fired exclusively by natural gas exceptions.	erating units on-site meet the following at input of 10 million BTU/hr or less (298) pt for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	eni suijur is jirea.
	▽ .
Equipment Monitoring and Recordkee	ping Information
Check all logs which are required to be kept on-site in accordance v	vith the requirements of this general permit:
(a) Purchase receipts and solvent purchases	\swarrow
(b) Leak detection inspection and repair	\times
(c) Refrigerated condenser temperature monitoring	区 区 区
(d) Carbon adsorber exhaust perc concentration monitoring	[]
(e) Instrument calibration	
(f) Start-up, shutdown, malfunction plan	

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

Surrender of Existing Air Permit(s)

Please indicate	te 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)
ĽΔ	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notif statemen maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in facility. I hereby certify, based on information and belief formed after reasonable inquiry, that the ts made 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 with all terms and conditions of this general permit as set forth in Part II of this notification form.
I will pro	fario Suares 8/26/96
Signature	Date

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	COM LIMICE II	SPECTION	HECKLIST .		
TYPE OF INSPECTION:	ANNUAL	œ [/]	COMPLAINT/DISCO	OVERY	
	RE-INSPECTION	1 🗆			
AIRS 1D#: 07507 5 6	7/20 K	3-7 mp.sp	IN: <u>11.70</u> TIM	n 0xm/2	(1)
	• / ·	3		F 0011	
facility name: 57	BON CI	ENVER	S & / SILOR	ing C	orp.
FACILITY LOCATION:	8283 S.	12	457		
	_	100)	133156		
					·
· · · · · · · · · · · · · · · · · · ·					
PART I: NOTIFICATION					
(check appropriate box)					
1. Existing facility notified DA	\RM by 9/1/96				र्ख 📗
2. New facility notified DARN	1 30 days prior to start	tup			
3. Facility failed to notify DAl	RM to use general pen	mit			
PART II: CLASSIFICATIO	N				
Facility indicated on notifica	tion form that it is:				
(check appropriate box)					
A.	/	•			
1. Existing small area sou		2. New small			
dry-to-dry only, x<140 gal/ transfer only, x<200 gal/yr		transfer only,	y, x<140 gal/yr x<200 gal/yr		
both types, x<140 gal/yr		both types, x<			
(constructed before 12/9/91) .	(constructed o	n or after 12/9/91)		
3. Existing large area sou	irce 🔘	4. New large	area source	Q	
dry-to-dry only, 140 <x<2,< td=""><td></td><td>•</td><td>y, 140<x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,></td></x<2,<>		•	y, 140 <x<2, 100="" gal="" td="" yr<=""><td></td><td></td></x<2,>		
transfer only, 200 <x<1,800< td=""><td></td><td></td><td>200<x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800></td></x<1,800<>			200 <x<1,800 gal="" td="" yr<=""><td></td><td></td></x<1,800>		
both types, 140 <x<1,800 g<br="">(constructed before 12/9/91</x<1,800>			0 <x<1,800 gal="" yr<br="">n or after 12/9/91)</x<1,800>		
`		`/	•		
This is a correct facility classi	ication	ØY □N			
If no, please check the approp	riate classification:				
☐ facility quali	ified for a general perm	nit as number	above		
	eds above limits and is				
B. The total quantity of perch	loroethylene (perc) pu	rchased within	the preceding 12 month	s by this dry	cleaning
facility was 65 gallon					
	_			_	
	· 1 o	f 4		Revis	sed 10/28/96
	1 0.	-		10,10	
					MD.
					3

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

PART III: GENERAL CONTROL REQUIREMENTS

B. Has the responsible official of an existing large or new large area source also:	
are true to sponsoro or an existing large of her large area course and	
Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	OY ON
 Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? 	□Ү □И
Is the temperature differential equal to or greater than 20° F?	DY DN
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	OY ON ON/A
Is the perc concentration equal to or less than 100 ppm?	OY ON
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	□У □И
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	OY ON ON/A
6. Routed airflow to the carbon adsorber (if used) at all times?	OY ON ON/A
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official:	
(check appropriate boxes)	,
(check appropriate boxes) 1. Maintained receipts for perc purchased?	ay on
	MY ON
1. Maintained receipts for perc purchased?	,
Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption?	,
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: 	MC AN
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days 	OY ON PA
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? 	OY ON VA
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) 	OY ON VA OY ON ON/A
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? 	OY ON PA OY ON ON/A OY ON ON/A
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? 	OY ON OY ON ON/A OY ON ON/A OY ON OX
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? 	OY ON VA OY ON ON/A OY ON ON/A OY ON ON/A OY ON
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? Maintained compliance plan, if applicable? 	OY ON OY ON MA OY ON ONA OY ON WA OY ON WA OY ON WA OY ON WA
 Maintained receipts for perc purchased? Maintained rolling monthly averages of perc consumption? Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Maintained calibration data? (for direct reading instruments only) Maintained exhaust duct monitoring data on perc concentrations? Maintained startup/shutdown/malfunction plan? Maintained deviation reports? Problem corrected? 	OY ON OY ON MA OY ON ONA OY ON WA OY ON WA OY ON WA OY ON WA

2 11	2. Which method of detection is used by the responsible official?						
2. V	. Which method of detection is used by the responsible official?						
	Visual examination (condensed solvent on exterior surfaces)						
	Physical detection (airflow felt through gaskets)				ď/		
	Odor (noticeable perc odor)				ď		
	Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	If using direct-reading instrumentation, is the equipment:						
	a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?				IN .		
	 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 					IN	
	c. Inspected for leaks and obvious signs of wear on a weekly basis?					IN	
d. Kept in a clean and secure area when not in use?				OY ON			
e. Verified for accuracy by use of duplicate samples (calorimetric only)?					מם עם		
3. Has the facility maintained a leak log?				MY C	IN		
4. I	4. Does the responsible official check the following areas for leaks?						
	Hose connections, fittings, couplings, and valves	⊉ Y	Й	Muck cookers	ΟY	ME	
 	Door gaskets and seating	√aY	□и	Stills	Z Y	ПИ	
	Filter gaskets and seating	ØY	ПИ	Exhaust dampers	d Y	ПИ	
	Pumps	r Y	ПП	Diverter valves	ØΥ	ПN	
	Solvent tanks and containers	© Y	□N	Cartridge filter housings	D Y	ΠN	
	Water separators	T Y	ПИ		<u></u>		

Inspector's Signature

Approximate Date of Next Inspection

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TITLE V AIR QUALITY GENERAL PERMIT SPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL []	COMPLAINT/DISCOVERY RE-INSPECTION
TIME IN: // 20 TIME OUT: /	2:00 AIRS ID#: 0250756
TYPE OF FACILITY: Denc De-	(1/20 May 5
FACILITY NAME:	10/1915 DATE: 3/25/97
FACILITY LOCATION: C2C2 S.)	11.1 57
41,001	3>1.7
RESPONSIBLE OFFICIAL:	PHONE NUMBER: 73507/2
1-1111000000000000000000000000000000000	
Based on the results of the compliance requirements e compliance with DEP Rule 62-213.300, Florida Admi	valuated during this inspection, the facility is found to be in inistrative Code (F.A.C.).
Based on the results of the compliance requirements e discrepancies were noted:	valuated during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
· · · · · · · · · · · · · · · · · · ·	
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COMMENTS:	
Equipment é le	CORUS IA COMPLIANCE.
The Annual Compliance Certification form has been properly	certified and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 3/93	(Approximate)
INSPECTION CONDUCTED BY:	(Please Print)
INSPECTOR'S SIGNATURE:	PHONE NUMBER: 3726922
Pa	age / of /. Revised 10/96

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

BEST AVAILABLE COPY

TYPE OF INSPECTION:	ANNUAL COM	IPLAINT/DISCOVERY	RE-INSPECTION
TIME IN:	TIME OUT:		50756
TYPE OF FACILITY:			
FACILITY NAME:	3-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	DA	TE: 4. 7 90
	Col Conday	111 do Paris	
FACILITY LOCATION:	33 20 72	7 27	
		/ !	
RESPONSIBLÉ OFFICIÁL!	To Kill Solling	PHONE NUMBER:	70 -70
ليك	the compliance requirements evaluatelle 62-213.300, Florida Administr	ated during this inspection, the facility is ative Code (F.A.C.).	s found to be in
Based on the results of to	- · · · · · · · · · · · · · · · · · · ·	ated during this inspection, the followin	g compliance
COMPLIANCE REQU	UIREMENT/PROBLEM	FOLLOW-UP ACTION	REQUIRED
		-	
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	and the second s		
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	<u> </u>		<u> </u>
		·	
COMMENTS:			
Fred Ty	1 11 Compa	ANCC.	
·			· · · · · · · · · · · · · · · · · · ·
The Annual Compliance Certific	ation form has been properly certif	fied and submitted to the inspector.	YES NO
DATE OF NEXT INSPECTIO		proximate)	
.		opi oximate)	
INSPECTION CONDUCTED	BY:	lease Print)	
	10000 (P)	leasePrint) 👇 🗹	
INSPECTOR'S SIGNATURE	10000	PHONE NUMBER:	7/2)
(V			
	Page_	·	Revised 10/96

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTIO	COMPLAINT/DISCOVERY D
FACILITY NAME: SI BON Che FACILITY LOCATION: 8283 S MISHI RESPONSIBLE OFFICIAL: MARIO -	SUAREZ PHONE: 325-07/2
CONTACT NAME:	PHONE:
PART I: NOTIFICATION	
(check appropriate box)	
1. New facility notified DARM 30 days prior to sta	rtup
2. Facility failed to notify DARM to use general pe	rmit 🗆
PART II: CLASSIFICATION	
Facility indicated on notification form that it is: (check appropriate box)	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before $12/9/91$)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	☑Y □N □Can not determine
If no, please check the appropriate classific facility qualified for a ge facility exceeds above ling	neral permit as number above
P. The total quantity of search learnethyland (1992)	nits and is not eligible for a general permit urchased within the preceding 12 months by this dry cleaning

Revised 8/11/97

Is the responsible official of the dry cleaning facility: (check appropriate boxes)		
1. Storing perchloroethylene in tightly sealed and impervious containers?	DY DN DN/A	
2. Examining the containers for leakage?	OY ON DAVA	
3. Closing and securing machine doors except during loading/unloading?	מט עש	
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	MY ON .4/A	
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	OY ON MINA	
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).	frigerated 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).	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?	OY ON	
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	OY ON ON/A	
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	OY ON ON/A	
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ОУ ОИ	
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F?	OY ON ON/A	
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	OY ON	

PART III: GENERAL CONTROL REQUIREMENTS

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

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

PA	PART VI: LEAK DETECTION AND REPAIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair				
	inspection?			DN DN	
2.	Has the facility maintained a leak log?			מם אם	
3.	. Does the responsible official check the following areas for leaks?				
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	OY ON ON/A	
	Door gaskets and seating	DY ON ON/A	Stills	ANA NO NA	
	Filter gaskets and seating	OY ON ON/A	Exhaust dampers	DY ON ON/A	
	Pumps	DAY ON ON/A	Diverter valves	CY ON ON/A	
	Solvent tanks and containers	DY ON ON/A	Cartridge filter housings	DY ON ON/A	
	Water separators	DY ON ON/A	·		
4.	Which method of detection is used by the	ne responsible official?		,	
	Visual examination (condensed so	lvent on exterior surfa	ces)	Œ	
	Physical detection (airflow felt through gaskets)			œ'	
	Odor (noticeable perc odor)		•	र्ख	
	Use of direct-reading instrumental	tion (FID/PID/calorime	etric tubes)		
	Halogen leak detector				
	If using direct-reading instru	amentation, is the equ	ipment:	□N/A	
	a. Capable of detecting p	perc vapor concentration	ons in a range of 0-500 ppm?	ОУ ОИ ∙	
	b. Calibrated against a st (PID/FID only)?	tandard gas prior to an	nd after each use	OY ON	
	c. Inspected for leaks and	d obvious signs of wea	r on a weekly basis?	NO YO	
	d. Kept in a clean and se	cure area when not in	use?	OY ON	
	e. Verified for accuracy	by use of duplicate san	nples (calorimetric only)?	OY, ON	
<u></u>					

Inspector's Name (Please Print)

4-7-98Date of Inspection

Approximate Date of Next Inspection

ADDITIONAL SITE INFORMATION:		
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AIRS 10# 025 0756

D.

DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: Si BON CLEANERS & TAYORING CO. DATE; USA	-
, , , , , , , , , , , , , , , , , , , ,	1-13
FACILITY LOCATION: 8283 SW 124 ST. Management D	ivision
KIAMI'	
Annual Reporting Period: 3-25 1997 TO 4-7	19 <i>98</i>
Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Ru 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. TYES	
II NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period state.	ed above:
Exact period of non-compliance: fromto	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period sta	ted above:
Exact period of non-compliance: from	D
Action(s) taken to achieve compliance: MAY 1 9 1998	
Method used to demonstrate compliance: Bureau of Air Monitor & Mobile Sources	ing
As the responsible official, 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, my annual consumption of perchloroethylene solve upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gayear for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name Observe Print	nt, based

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

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

PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION:	ANNUAL	X /	COMPLAINT/DISC	COVERY	
•	RE-INSPECTION	ت ٔ	•		
	3/3/19	79	2:00pm	<u> 2</u> :	30,pm
airs id#: <u>0250754</u> da	re:	TIME IN	I: <u>, </u>	IE OUT :	
FACILITY NAME: Si BO	n Cleaner	5 + Ta	voring l	Corp	
FACILITY LOCATION: 828	_	f St		· · · · · · · · · · · · · · · · · · ·	
_Mi	ami, FZ	3315	TLP		
responsible official : 🗠	<u>lario Suar</u>	eh .	phone: <u>(305)</u>	3350	712
CONTACT NAME:	· 		PHONE:		
		-		· · · · · · · · · · · · · · · · · · ·	
PART I: NOTIFICATION				•	
(check appropriate box)					
1. New facility notified DARM 30 of	lays prior to startup			·	
2. Facility failed to notify DARM to	use general permit			<i>:</i> :	.
PART II: CLASSIFICATION	·			<u></u>	
Facility indicated on notification for (check appropriate box)	orm that it is:		☐ No notification fo☐ Drop store/out of		eum
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	dry-t	New small are to-dry only, x sfer only, x <	c < 140 gal/yr	.	
(constructed before 12/9/91)		types, $x < 14$ structed on or	0 .		
	(congal/yr 4. Ngal/yr dry-trans	structed on or lew large are to-dry only, 1 sfer only, 200 types, 140 \le	10 gal/yr r after 12/9/91)		
(constructed before $12/9/91$) 3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ transfer only, $200 \le x \le 1,800$ galboth types, $140 \le x \le 1,800$ gal/y.	(congal/yr dry-tyr trans	structed on or lew large are to-dry only, I sfer only, 200 types, 140 \(\leq\) structed on or	10 gal/yr r after 12/9/91) ca source $40 \le x \le 2,100$ gal/yr $\le x \le 1,800$ gal/yr $x \le 1,800$ gal/yr	-	
(constructed before 12/9/91) 3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 transfer only, 200 ≤ x ≤ 1,800 gal/y (constructed before 12/9/91) 5. This is a correct facility classified the constructed before 12/9/91 larger facility questions of the constructed before 12/9/91 larger facility questions are constructed before 12/9/91 larger facility questions are constructed before 12/9/91 larger facility questions are constructed before facility classified the constructed before 12/9/91 larger facility questions are constructed before 12/9/91	(congal/yr 4. N gal/yr dry-trans both (congaction	structed on or lew large are to-dry only, 1 sfer only, 200 types, 140 < structed on or DN	to gal/yr rafter 12/9/91) to a source $40 \le x \le 2,100 \text{ gal/yr}$ $\le x \le 1,800 \text{ gal/yr}$ $x \le 1,800 \text{ gal/yr}$ or after 12/9/91) Can not determine ber above	. T	

3/31/99 APUS DG

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 TONA
2. Examining the containers for leakage?	□Y □N XN/A
3. Closing and securing machine doors except during loading/unloading?	XY □N
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	AY ON ON/A
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	: באמ אל אם צם:
PART IV: PROCESS VENT CONTROLS	
In Part II-A:	
If classification 1 has been checked, πο controls are required. Proceed to Part	v
If classification 2 has been checked, the machine should be equipped with a refi (complete A below).	rigerated condenser
If classification 3 has been checked, the machine should be equipped with eithe condenser or a carbon adsorber (complete A and B below). Carbon adsorber m prior to September 22, 1993	
If classification 4 has been checked, the machine should be equipped with a refu (complete A and B below).	rigerated condenser
A. Has the responsible official of all new sources and existing large area source (check appropriate boxes)	es:
1. Equipped all machines with the appropriate vent controls?	□И
2. Equipped dry-to-dry machines with a closed-loop vapor venting system?	□N □N/A
3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?	□N □N/A
4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?	ПИ
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	.□N N/A
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	, ON

В.	. Has the responsible official of an existing large or new large area source also:			
١.	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	Ωи	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ΩΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	ΩY	ПΝ	□N/A
3.	Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	ΩY	ПN	□n/a
	Is the perc concentration equal to or less than 100 ppm?	ΩY	Ωи	□N/A
	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?	. DY	□и	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS					
Has the responsible official: (check appropriate boxes)					
1. Maintained receipts for perc purchased?	XY □N				
2. Maintained rolling monthly total of perc consumption?	γΩν □и				
3. Maintained leak detection inspection and repair reports for the following:	<i>'</i>				
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN XVIA				
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 DIN/A				
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN X N/A				
5. Maintained exhaust duct monitoring data on perc concentrations?	AVAX NO YO				
6. Maintained startup/shutdown/malfunction plan?	X(Y DN				
7. Maintained deviation reports?	OY ON X (N/A				
Problem corrected?	DY DO YOU				
8. Maintained compliance plan, if applicable?	מע מם עם				

PART VI: LEAK DETECTION AND REPAIRS						
1. Does the responsible official conduct	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
inspection?			MD . AS			
2. Has the facility maintained a leak log?	?		Ø □N			
3. Does the responsible official check the						
Hose connections, fittings, couplings, and valves	AVO NO ON/A	Muck cookers	OY ON DAVIA			
Door gaskets and seating	AND NO YA	Stills	AND NO NIA			
Filter gaskets and seating	Y ON ON/A	Exhaust dampers	AY ON ON/A			
Pumps	AND NO YA	Diverter valves	AND NO YA			
Solvent tanks and containers	אארו אם צובל	Cartridge filter housings	אוחם אם אים			
Water separators	AND ND YX					
4. Which method of detection is used by						
Visual examination (condensed s	×					
Physical detection (airflow felt through gaskets)			%			
Odor (noticeable perc odor)			X			
Use of direct-reading instrument	ation (FID/PID/calorimetr	ic tubes)				
Halogen leak detector			Ġ			
If using direct-reading instr	rumentation, is the equip	ment:	XIV/A			
a. Capable of detecting	perc vapor concentrations	s in a range of 0-500 ppm?	מם עם			
 b. Calibrated against a standard gas prior to and after each use (PID/FID only)? 			אם צם			
c. Inspected for leaks and obvious signs of wear on a weekly basis?			אם אם			
d. Kept in a clean and s	ecure area when not in use	? ?	אם עם			
e. Verified for accuracy	by use of duplicate samp	les (calorimetric only)?	אם עם			

Inspector's Signature

| Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signature | Signa

ADDITIONAL SITE INFORM	MATION:		
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TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION				
TIME IN: 2:00 pm TIME OUT: 2:30	Ppm AIRS ID#: 0250756				
TYPE OF FACILITY: Pere Dry Clea	ner				
FACILITY NAME: SIBON Cleans	DATE: 3/31/99				
FACILITY LOCATION: 8283 SW 12	d St				
Miami, FL 3	3156				
RESPONSIBLE OFFICIAL: Mario Juare	PHONE NUMBER: (305)235-0712				
Based on the results of the compliance requirements evalua compliance with DEP Rule 62-213.300, Florida Administra	•				
Based on the results of the compliance requirements evaluated discrepancies were noted:	ted during this inspection, the following compliance				
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED				
					
	• **				
COMMENTS: CEDOOL RECOVER KEEN	sing + Housekeeping				
Cloud Mecolo Med	ong Monsale Gag				
The Annual Compliance Certification form has been properly certification	ed and submitted to the inspector.				
DATE OF NEXT INSPECTION: 3/2000					
Nahana a	proximate)				
INSPECTION CONDUCTED BY: (Please Print) (Please Print)					
INSPECTOR'S SIGNATURE:	PHONE NUMBER: (305) 372-6925				
1	I HOME HOWIDER.				
Page (of /. Revised 10/96				

AIRS ID#: 0250756

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

-	
FACILITY NAME: SIBON Cleaners	DATE: 3/31/99
FACILITY LOCATION: 8283 SW 124 St	
Miami, FL 3315(0	
	
Annual Reporting Period:	3 1990
Based on each term or condition of the Title V general air permit, my facility has remained in compliance	e with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement.	<u>—</u>
If NO, complete the following:	
#1. Term or condition of the general permit that has not been in continuous compliance during the repor	ting period stated above:
Exact period of non-compliance: from to_	
Action(s) taken to achieve compliance:	· · · · · · · · · · · · · · · · · · ·
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous compliance during the report	ting period stated above:
Exact period of non-compliance: from	
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
As the responsible official, I hereby certify, based on information and belief formed after reasonable inquimade in this notification are true, accurate and complete. Further, my annual consumption of perchloro upon rolling averages of purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilitic year for transfer or combination facilities. RESPONSIBLE OFFICIAL: Name (Please Print) Signature	ethylene solvent, based

Page ____ of ___

^{*}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-INSPECTION	COMPLAINT/DISCOVERY
FACILITY NAME: SIBON Clear FACILITY LOCATION: 8283 SC	L 33156 Duarez PHONE: (305)235-0712
PART I: NOTIFICATION	
(check appropriate box) 1. New facility notified DARM 30 days prior to sta 2. Facility failed to notify DARM to use general pe	ermit of J
The state of the s	Source F
PART II: CLASSIFICATION	8.6
Facility indicated on notification form that it is: (check appropriate box) A.	☐ No notification form ☐ Drop store/out of business/petroleum
1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)	2. New small area source dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed before 12/9/91)	4. New large area source dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after $12/9/91$)
5. This is a correct facility classification	Y ON OCan not determine
<u> </u>	cation: eneral permit as number above imits and is not eligible for a general permit
B. The total quantity of perchloroethylene (perc) pure facility was 50 gallons.	ourchased within the preceding 12 months by this dry cleaning

PART III: GENERAL CONTROL REQUIREMENTS						
Is the responsible official of the dry cleaning facility: (check appropriate boxes)						
1. Storing perchloroethylene in tightly sealed and impervious containers?	A/NØ NO YO					
2. Examining the containers for leakage?	DY DN MIN/A					
3. Closing and securing machine doors except during loading/unloading?)Σqγ □n					
4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?	אום אם צע					
5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?	מאלם אם צם					
PART IV: PROCESS VENT CONTROLS						
In Part II-A:						
If classification 1 has been checked, no controls are required. Proceed to Part V.						
If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).						
If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993						
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).						
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)						
1. Equipped all machines with the appropriate vent controls?	מם עם					
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?	חם אם					
5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?	□Y □N □N/A					
6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?	מט עם					

B.	Has the responsible official of an existing large or new large area source also:			
	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΟY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΩY	ПN	□N/A
	Is the temperature differential equal to or greater than 20° F?	ПY	ПΝ	□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?			□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?		ПΝ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?			□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΟY	ПИ	□N/A

PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
I. Maintained receipts for perc purchased?	χάλ. □Ν
2. Maintained rolling monthly total of perc consumption?	AL DN
3. Maintained leak detection inspection and repair reports for the following:	/`
a. documentation of leaks repaired w/in 24 hrs? or;	DY DN DN/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?	אואאל מם צם
4. Maintained calibration data? (for applicable direct reading instruments)	DY ON X
5. Maintained exhaust duct monitoring data on perc concentrations?	DY DN DN/A
6. Maintained startup/shutdown/malfunction plan?	XIY □N
7. Maintained deviation reports?	OY ON MIN/A
Problem corrected?	DY DN DN/A
8. Maintained compliance plan, if applicable?	DY DN DYNA

3 of 5

j.

PA	ART VI: LEAK DETECTION AND	REPAIRS			
1.	Does the responsible official conduct	a weekly (for small source	es, bi-weekly) leak detection a	and repai	ir
	inspection?			ÞΟY	ΠN
2.	Has the facility maintained a leak log	?		XY	ПN
3.	Does the responsible official check the	e following areas for leak	s?		
	Hose connections, fittings, couplings, and valves	AND NO N/A	Muck cookers		AINDE NE
	Door gaskets and seating	AVO NO YE	Stills	ĮQΥ C	A/N U NC
	Filter gaskets and seating	DY ON ON/A	Exhaust dampers	OY (ANDE NE
	Pumps	XY ON ON/A	Diverter valves	OY C	AND NE
	Solvent tanks and containers	XOY ON TINIA	Cartridge filter housings		A/ND NC
	Water separators	AND NO AND			
4.	Which method of detection is used by	the responsible official?			
	Visual examination (condensed	solvent on exterior surfac	es)	X	
1	Physical detection (airflow felt t	hrough gaskets)		×	
	Odor (noticeable perc odor)			Ø	
	Use of direct-reading instrument	tation (FID/PID/calorimet	tric tubes)		,
	Halogen leak detector	•			
	If using direct-reading inst	rumentation, is the equi	pment:	MN/A	
	a. Capable of detecting	perc vapor concentration	ns in a range of 0-500 ppm?	OY C	אב
	b. Calibrated against a (PID/FID only)?	standard gas prior to and	after each use		אכ
	c. Inspected for leaks a	nd obvious signs of wear	on a weekly basis?	ΩY C	אנ .
	d. Kept in a clean and	secure area when not in u	se?	ΩΫ́C	אנ
	e. Verified for accuracy	y by use of duplicate sam	ples (calorimetric only)?	QY C	אנ

Inspector's Name (Please Print)

Inspector's Signature

3/30/00 Date of Inspection

Approximate Date of Next Inspection

Machine not operating at time of inspection

TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

FACILITY LOCATION: RESPONSIBLE OFFICIA	8283 SW Miami, Fl L: Manio Sua	124 - 331 ren		ie number <i>(305)</i> 235	-0712
Based on the resu compliance with I	Its of the compliance requirements DEP Rule 62-213.300, Florida Its of the compliance requirements	Administrati	ve Code (F.A.C.).	ection, the facility is found to be	
COMPLIANCE R	EQUIREMENT/PROB	LEM	FOLLOV	V-UP ACTION REQUIRE	E D
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COMMENTS	· · · · · · · · · · · · · · · · · · ·		.		
he Annual Compliance C	ertification form has been prop	erly certified	l and submitted to	the inspector. YES	иоД
ATE OF NEXT INSPE	CTION:	401			

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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.

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TOTAL AMOUNT DUE: \$50.00

MAR - 6 00

AIRS ID # 0250756
SI BON CLEANERS & TAILORING CORP
MARIO SUAREZ
8283 SW 124 ST
MIAMI FL 33156

AIRS ID # 0250756

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

RECEIVED MAIL ROOM

TOTAL AMOUNT DUE: \$50.00

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Do NOT Remove Label

AIRS ID# 0250756 SI BON CLEANERS & TAILORS CORP MARIO SUAREZ 3283 SW 124 ST MIAMI FL 33156

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID 0250756
ERS & TAILORING CORP
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SI BON CLEANERS & TAILORING CORP MARIO SUAREZ 8283 SW 124 ST

MIAMI FL 33156

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001 Obj.: 002273

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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your nafile and address on the reverse of this form so that we card to you.	okua 100).
Attach this form to the front of the mailpiece, or on the back if space permit.	le number. 2. Restricted Delivery
The Return Receipt will show to whom the article was delivered an delivered.	Consult postmaster for fee.
3. Article Addressed to: AIRS ID # 0250756 SI BON*CLEANERS & TAILORING CORP MARIO SUAREZ 8283 SW 124 ST MIAMI:FL 33156	4a Article Number 4b. Service Type Registered Insured Return Receipt for Merchandise 7. Date of Delivery
5. Received By: (Print Name) 6. Signature: (Addressee of Agent) Colored Agent)	8. Addressee's Address (Only if requested and fee is paid)
PS Form 3811 , December 1994	Domestic Return Receipt

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ADDRESS	AIRS ID#: 0250756 SI BON*CLEANERS & TAILORING CORP MARIO*SUAREZ- 8283 SW#124 ST** MIAMI FL#33156**	4b. Service 1 4b. Service 1 Registere Express 1 Return Rec 7. Date of De	704 97 9	I hank you for using Return Rec
Is your RETURN	5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X PS Form 3811, December 1994	8. Addressee and fee is	o's Address (Only if requested paid) Domestic Return Receipt	Nan I
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,	US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse)	_
	AIR'S ID#: 0250756	
MA 828	ON CLEANERS & TAILORING CORP RIO SUAREZ 3 SW 124 ST MI FL 33156	
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
96	Return Receipt Showing to Whom & Date Delivered	
Apri	Return Receipt Showing to Whom, Date, & Addressee's Address	
- 8	TOTAL Postage & Fees \$	
PS Form 3800 , April 1995	2/11/91	

Ol-agolavna lotao)	19X0 9011 15 10 E
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 # 0250756 BON CLEANERS & TAILORING CORP	A. Received by (Please Print Clearly) B. Date of Delivery MULLIUM C: Signature Agent Addressee D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
33 SW 124 ST	3. Service Type
AMI FL 33156	Certified Mail
2 333667 101	4. Restricted Delivery? (Extra Fee)
Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

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	Special Delivery Fee	
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1996	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , April 1995	Return Receipt Showing to Whom, Date, & Addressee's Address	
80	TOTAL Postage & Fees	\$
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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

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AIRS ID # 0250756

SI BON CLEANERS & TAILORING CORP

MARIO SUAREZ

8283 SW 124 ST

MIAMI FL 33156 --

FOR GOVERNMENT USE ONLY

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

Obj.: 002273

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so the card to you. Attach this form to the front of the mailpiece, or on the back if permit. Write "Return Receipt Requested" on the mailpiece below the The Return Receipt will show to whom the article was delivered.	space does not article number.	I also wish to receive the following services (for an extra fee): 1.
N ADDRESS completed	AIRS ID 0250756 SI BON CLEANERS & TAILORING CORP MARIO SUAREZ. 8283.SW 1243.TE MIAMI FL:33156	4b. Service ☐ Register ☐ Express	Type ed
Is your RETUR	Received By: (Print Name) Signature (Addressed or Agent) X	8. Addresse and fee is	F
	PS Form 3811 , December 1994		Domestic Return Receipt

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	SI BON CLEANERS & 1 MARIO SUAREZ 8283 SW 124 ST MIAMI FL 33156	
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	Special Delivery Fee	
	Restricted Delivery Fee	
1995	Return Receipt Showing to Whom & Date Delivered	
April	Return Receipt Showing to Whom, Date, & Addressee's Address	
800,	TOTAL Postage & Fees	\$
PS Form 3800 , April 1995	Postmark or Date	

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

TOTAL AMOUNT DUE: \$50.00

Sureau J. At Modification Bureau Mobile Sources

Do NOT Remove Label

AIRS ID#0250756.....2nd Cert 05 SI BON CLEANERS & TAILORING CORP 8283 SW 124 Street MIAMI, FL 33156

Printed on recycled paper.

FOR GOVERNMENT USE ONLY

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

OBJECT: 002273

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. B. Is delivery address different from item 12 C. Date of Delivery
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Mixwi, 12	3. Seprice Type C Certified Mail Registered Return Receipt for Merchandise C.O.D.
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United States Postal Service



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

2004	U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Agent B. Received by (Printed Name) C. Date of Delivery 2-6-04
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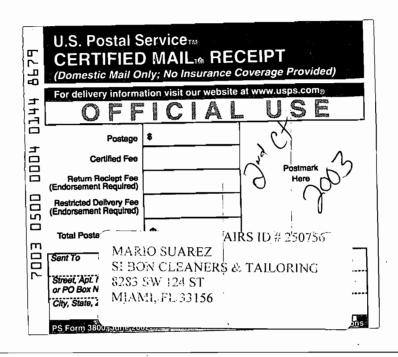
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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510

100 BLAIR STONE ROAD
100 SSEE, FLORIDA 32399-2400

100 BLAIR STONE ROAD
100 SSEE, FLORIDA 32399-2400 • Sender: Please print your name, address, and ZIP+4 in this box •

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400



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		4. Restricted Delivery? (Extra Fee)	☐ Yes
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PS Form 3811, August 2001	Domestic Ret	urn Receipt	102595-02-M-1540



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DARM/MOBILE SOURCE CONTROL PROGRAM SOURCE CON



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E		CLEANERS & TAILORING INC
	MARIC	SUAREZ
~	Street, Apt. No. 8283 S	W 124 ST
	or PO Box No. MIAMI	I, FL 33156
	PS Form 3800	Secritarias and instructions

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. 	B. Received by (Pfinted Name) C. D D. Is delivery address different from Item 1?	Agent Addressee ate of Delivery Solution
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TOTAL AMOUNT DUE: \$50.00

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AIRS ID#0250756

SI BON CLEANERS & TAILORING CORP MARIO SUAREZ

8283 SW 124 ST

MIAMI FL

33156

425233 MAR10 2003 RECEIVED

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Org.: 37550101000 EO: A1
Fund: 20-2-035001 au of Air Monitoring
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1	Street, Apt. No.; MARIO SUAREZ or PO Box No. 8283 SW 124 ST				
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION OF
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400
CONTROL

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	Total Post AIRS ID#0250756	
032	Sent To Si BON CLEANERS & TAILORING CORP MARIO SUAREZ	
}_=	Street, Apt. 8283 SW 124 ST	
7001	or PO Box / MIAMI FL City, State, 33156	
<u>,</u>	PS Form 1800 Walnum 200 has	uctions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 3 8/03 C. Signature Agent D. Is delivery address different from item 1? Yes
AIRS ID#0250756 SI BON CLEANERS & TAILORING CORP	If YES, enter delivery address below:
8283 SW 124 ST MIAMI FL 33156	3. Service Type Certified Mail
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PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424

UNITED STATES POSTAL SERVICE ase print your name, address, and a see print your name, address an First-Class Mail Rostage & Fees USPS Permit No: G=10 • Sender: Please print your name, address, and ZIR this box to A FRICA

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This portion must be attached to remittance for proper handling $408596\,$ MAY14 2001

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

TOTAL AMOUNT DUE: \$75.00

375

Do NOT Remove Label

-MIAMI FL 33156

AIRS ID # 0250756 SI BON CLEANERS & TAILORING CORP MARIO SUAREZ 8283 SW 124 ST

FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1 Fund: 20-2-035001 Obj.: 002273

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8283 SW 124 ST MIAMI FL 33156	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.



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

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

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THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

415131 MAR11 2002

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 # 0250756 SI BON CLEANERS & TAILORING CORP MARIO SUAREZ 8283 SW 124 ST

MIAMI FL 33156 FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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MARIO SUAREZ 3283 SW 124 ST			t	
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	4. Restricted Delivery? (Extra Fee)
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PS Form 3811, July 1999 Domestic Ret	urn Receipt 102595-99-M-1789

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

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<u>.</u>	PS Form 3800, Jប្រ					