

## Department of Environmental Protection

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

Virginia B. Wetherell Secretary

January 28, 1997

Mr. Jose A. Sanabria Pierre's French Cleaners 18460 Southwest 97 Avenue Miami, Florida 33157

Re: Facility I.D. No. 0250761

Dear Mr. Sanabria:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on September 6, 1996.

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

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

Title V General Permits Office Bureau of Air Monitoring and Mobile Sources MS 5510 Department of Environmental Protection 2600 Blair Stone Road Tallahassee, 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 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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## Department of **Environmental Protection**

Jeb Bush Governor

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

David B. Struhs Secretary

September 5, 2001

Mr. Jose A. Sanabria Pierre French Cleaners 18460 Southwest 97 Avenue Miami, Florida 33157

Dear Mr. Sanabria:

Thank you for your submittal of the Perchloroethylene Dry Cleaners Air General Permit Notification Form. The Department received your submittal on September 4.

In reviewing your submittal, it was noted that Pierre French Cleaners elected to surrender its existing Title V air general permit (AIRS ID 0250761). If your intention is to continue your dry cleaning operations, then your existing permit is not to be surrendered and the notification form will need to be corrected. To correct the form, please remove the checkmark next to the "I hereby surrender" statement and initial the change, resign the form on the back and date.

Please return the corrected form as quickly as possible to:

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

If you no longer wish to operate a dry cleaning facility under the Title V air general permit, then your permit may be surrendered. In this case, you need to do nothing and your form will continue to be processed as submitted.

Thank you for your attention to this matter and I apologize for the confusion with this portion of the form.

If you have any questions concerning the form or the corrections, please contact either Rick Butler at 850/921-9586 or me at 850/921-9583.

Sincerely,

Sandra Bowman

Bureau of Air Monitoring

and Mobile Sources

SB/jw Enclosure

cc: Ms. Mallika Muthiah, Dade County "More Protection, Less Process"

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	0250761
A 1D C 111#+	22522121
AIRS IDE.	//aC 1(/ /\l//

Revised 10/10/96

## DRY CLEANER AIR QUALITY GENERAL PERMITS ANNUAL COMPLIANCE CERTIFICATION FORM

FACILITY NAME: PIENNE Franch Clancus	AP Trainty /24/97
FACILITY LOCATION: 18460 S.W. 97 The Ave	Management Division
lis. Fl. 33157	Comment of the Commen
Annual Reporting Period: 1956 TO	Jac. 3( 1957
Based on each term or condition of the Title V general air permit, my facility has rem	ained in compliance with DEP Rule
62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this	statement. YES INO.
If NO, complete the following:	a i i i i i i i i i i i i i i i i i i i
#1. Term or condition of the general permit that has not been in continuous complian	nce during the reporting period stated above:
Exact period of non-compliance: from	to
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
#2. Term or condition of the general permit that has not been in continuous complian	nce during the reporting period-stated above:
Exact period of non-compliance: fromt	0
Action(s) taken to achieve compliance:	
Method used to demonstrate compliance:	
·	
As the responsible official, I hereby certify, based on information and belief formed a made in this notification are true, accurate and complete. Further, my annual consulution rolling averages of purchase receipts, does not exceed 2,100 gallons per year for transfer or combination facilities.	mption of perchloroethylene solvent, based
RESPONSIBLE OFFICIAL: July C. Handelia Jose Name (Please Print)	Signature 2/24/97
L	

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

KR

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

#0250761	
Pierre's French Cleaners	
 1.(a) add date control device	
1.(a) add date control device installed 1.(c) mark out "X" and initial	

#### Perchloroethylene Dry Cleaning Facility Notification

#### **Facility Name and Location**

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	RIGANG E.IT TOO.
2.	Site Name (For example, plant name or number):
	VIENNES THENCH CLEANERS
3.	Hazardous Waste Generator Identification Number:
	IW5-02724/MSP-00823-95
4.	Hazardous Waste Generator Identification Number:  Tw5-02724 MSP-00823-95  Facility Location: Street Address: 18460 S.W. 97 M LVE
	City: MAM County: DADE Zip Code: 33157
5.	Facility Identification Number (DEP Use):
	0250761
	Responsible Official
	· · · · · · · · · · · · · · · · · · ·
6.	Name and Title of Responsible Official:
	TOSE A. SANABRIA - BRES.  Responsible Official Mailing Address: Organization/Firm: 1 CARA Est. Inc.
7.	Responsible Official Mailing Address:
	Organization/Firm: (1 cma Ent. Two c.
	Street Address: 18460 5.w. 97 Duc.
	City: County: Zip Code: 33(57
8.	Responsible Official Telephone Number:
	Telephone: (305) 735 - 6063 Fax: () -
	20, 6063
	Facility Contact (If different from Demonsible Official)
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
10	
10.	Facility Contact Address:
	Street Address:
	City: Zip Code:
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -

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SEP 6 1996

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Bureau of Air Monitoring & Mobile Sources

#### **Facility Information**

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

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
Example	#1		12-NOV-93			ı	#3		1
Dry-to-Dry Unit	1 1							ari i kigi	i There .
(1) w/ ref. condenser	1	JAN. 90				Ī			Ī
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit		in pathonal					1.		to the state of th
(4) w/ ref. condenser					1	A .			T
(5) w/ carbon adsorber									<u> </u>
(6) w/ no controls		1							
Dryer Unit	i ser a	i oppo		1.7.	er e a Radi	*: 45,440,146	4.0		
(7) w/ ref. condenser					1				<u> </u>
(8) w/ carbon adsorber									
(9) w/ no controls					<u> </u>				
Reclaimer Unit	4/3/2		GD Charles Co. 150	·, 1. 1.					
(10) w/ ref. condenser	T		1			1		1	
(11) w/carbon adsorber	·					1	<b></b>		
(12) w/ no controls								<u> </u>	
(b) Control devices are  (c) No control devices  2.(a) What was the total  [	are r quant ] gallo	equired to be ity of perchlo ons ow many? [_	installed [_ oroethylene (	(perc)	purchased in				[]
3. What is the facility's so (Indicate with an "X".  Existing small a Existing large and	Seled rea so	et one classifi	ication only.) Ne	ew sn	initions found nall area sour	rce [	3) of	Part II?	
Existing range an	Ça 30	urce [	170	. w 1a	ige area sour		J		

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(Indicate with an "X".)
Existing large area source  Carbon adsorber  Refrigerated 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 eligible to use the general permit pursuan 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
No such units on-site []
No such units on-site []
No such units on-site []
No such units on-site
No such units on-site  Equipment Monitoring and Recordkeeping Information
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:
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
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
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

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:	
ιX	I hereby surrender all existing air permits auth facility indicated in this notification form; spends P - 00 9 578	
[]	No air permits currently exist for the operation this notification form.	n of the facility indicated in
	Responsible Official C	Certification
this notifi statement maintain	• • • • • • • • • • • • • • • • • • • •	on control equipment described above so as to
I will pro	omptly notify the Department of any changes to t	he information contained in this notification.
Signature	Q. Janahia	9 - 3 - 9 G

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL . COM	PLAINT/DISCOVERY  RE-INSPECTION  RE-INSPECTION
TIME IN: 1:20 pm TIME OUT: 1:45 pr	n AIRS ID#: 0250761
TYPE OF FACILITY: Dry Cleaner)	·
FACILITY NAME: Liene's French Cle	anew) DATE: 2.24.97
FACILITY LOCATION: 18460 SW97 Que.	
Miami, FL.	
RESPONSIBLE OFFICIAL: José Q. Danabria)	PHONE NUMBER: 235 - 6063
Based on the results of the compliance requirements evaluat compliance with DEP Rule 62-213.300, Florida Administration	
Based on the results of the compliance requirements evaluate discrepancies were noted:	ted during this inspection, the following compliance
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
COMMENTS:	
·	
The Annual Compliance Certification form has been properly certification	ied and submitted to the inspector. YES NO
DATE OF NEXT INSPECTION: 2-98	
INSPECTION CONDUCTED BY: ROSANA KI	proximate) VERA ease Print)
INSPECTOR'S SIGNATURE:	ease Print) PHONE NUMBER: 372-6942

Page\_\_\_of\_\_\_.

Revised 10/96

#### Perchloroethylene Dry Cleaning Facility Notification

#### Facility Name and Location

1.	Facility Owner/Company Name (Name of corporation, agency, or individual owner):
	Pignul Est. The.  Site Name (For example, plant name or number):
2.	Site Name (For example, plant name or number):
	PIENNE'S FRENCH CLEANERS
<u> </u>	Handan Water Common Hartifaction Number
3.	Hazardous Waste Generator Identification Number:
	IW5-02724/MSP-00813-95
4.	TW5-02734/MSP-00823-95  Facility Location: Street Address: 18460 5.W. 97 th Ave
	City: MAM County: DADE Zip Code: 33157
5.	Facility Identification Number (DEP Use):
	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
	Responsible Official
	Acsponsible Official
6.	Name and Title of Responsible Official:
	Tace A Commander
7.	Jose A. SANABRIA - Bres.
'.	
	Street Address: 19160 4 97 \26
	Organization/Firm: Viana Est. Inc.  Street Address: 18460 5.w. 97 Doc.  City: DADE Zip Code:  33157
	Responsible Official Telephone Number:
8.	
	Telephone: (305) 235 6063 Fax: ()
	. •
	Facility Contact (If different from Responsible Official)
9.	Name and Title of Facility Contact (For example, plant manager):
'`	The same trained of the same o
10.	Facility Contact Address:
	Street Address:
	City: County: Zip Code:
<u> </u>	
11.	Facility Contact Telephone Number:
	Telephone: ( ) - Fax: ( ) -
L	

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SEP. 6 1996

#### **Facility Information**

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

Type of Machine  Example	ID	Machine Initially Purchased	Control Device Installed	מו	Machine Initially Purchased	Control Device Installed	ID	Machine Initially Purchased	Control Device
	ID			lD			מו		-
	ID	Purchased	Installed	lD	Purchased	Installed	l ID	Durchood	
Example								ruichased	Installed
	#1	03-OCT-93	12-NOV-93	\#2	08-DEC-91		#3	02-MAR-92	02-MAR-9
Dry-to-Dry Unit	7			<del> </del>					
(1) w/ ref. condenser	1	JAN. 90	Jan. 90	1					
(2) w/ carbon adsorber	<u> </u>	1	3411						
(3) w/ no controls									-
Washer Unit	1								1
(4) w/ ref. condenser								1	
(5) w/ carbon adsorber									
(6) w/ no controls		_			<del>-</del>	-			
Dryer Unit		1 12 12				·		•	1 11 11 1
(7) w/ ref. condenser					1	Ţ <u></u>			
(8) w/ carbon adsorber									
(9) w/ no controls						-			
Reclaimer Unit					. :				
(10) w/ ref. condenser									
(11) w/carbon adsorbe	r								
(12) w/ no controls									
(b) Control devices and (c) No control devices  2.(a) What was the total  2.0 0  (b) If less than 12 more Check why it is less	s are r quant ] gallo	equired to be ity of perchlo ons ow many? [_	installed [] months	perc)	-				ر
3. What is the facility's s (Indicate with an "X".					initions foun	d in section	(3) of	Part II?	

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<ol> <li>What control technology is required on machines pursuan (Indicate with an "X".)</li> </ol>	it to section (5) of Part II of this notification form?
Existing large area source  Carbon adsorber [] Refrig	erated condenser [X]
New small area source Refrigerated condenser []	
New large area source Refrigerated condenser []	
· es	
5. A facility which contains non-exempt emissions units shat to Rule 62-213.300, F.A.C. Verify that all steam and hot was exemption criteria or that no such units exist on-site:	
All steam and hot water generating units on-site (1) have a to boiler HP or less), and (2) are fired exclusively by natural g during which propane or fuel oil containing no more than o	as except for periods of natural gas curtailment
All steam and hot water generating units exempt No such units on-site	] ]
	]
	] ]
No such units on-site	] ]
No such units on-site	. 0
Equipment Monitoring and Rec	rdance with the requirements of this general permit:
Equipment Monitoring and Rec  Check all logs which are required to be kept on-site in accor  (a) Purchase receipts and solvent purchases	rdance with the requirements of this general permit:
Equipment Monitoring and Rec Check all logs which are required to be kept on-site in accor (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair	rdance with the requirements of this general permit:
Equipment Monitoring and Record Check all logs which are required to be kept on-site in accord (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	rdance with the requirements of this general permit:
Equipment Monitoring and Rec Check all logs which are required to be kept on-site in accor (a) Purchase receipts and solvent purchases (b) Leak detection inspection and repair (c) Refrigerated condenser temperature monitoring (d) Carbon adsorber exhaust perc concentration monitoring	rdance with the requirements of this general permit:
Equipment Monitoring and Record Check all logs which are required to be kept on-site in accord (a) Purchase receipts and solvent purchases  (b) Leak detection inspection and repair  (c) Refrigerated condenser temperature monitoring	rdance with the requirements of this general permit:

DEP Form No. 62-213.900(2)

Effective: 6-25-96

#### Surrender of Existing Air Permit(s)

Please indicat	te with an "X" the appropriate selection:
ιX	I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s)  P - 0 0 9 5 7
	No air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible Official Certification
this notifi statemeni maintain	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in fication. I hereby certify, based on information and belief formed after reasonable inquiry, that the 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	emptly notify the Department of any changes to the information contained in this notification.
Signature	O. Janahia 9-3-96 Date
Jun	6. Jours laia 2.24.97
	JOSE A. SANABRIA Pres.

Position.

PRINT.

## RECEIVED

Bureau of Air Monitoring & Mobile Sources

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

PIERRE ENT INC JOSE A SANABRIA 18460 SW 97TH AVE MIAMI FL 33157 AIRS ID#0250761

	Do <u>NOT</u> J	Remove Label			
Annual Reporting Period: JANUAW	<u></u>	9 <u>91</u> то _	Jae.	¥4 31	19 97
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (I		_		_	ule NO
If NO, complete the following:					
#1. Term or condition of the general permit	t that has not been in cont	nuous compliance	e during the rep	orting period sta	ated 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	t that has not been in conti	nuous compliance	during the rep	orting period sta	ited above:
Exact period of non-compliance: from		to_			<u> </u>
Action(s) taken to achieve compliance:	·		·		
Method used to demonstrate compliance:	·		<del>-</del>		
As the responsible official, I hereby certify, bas notification are true, accurate and complete. I does not exceed 2,100 gallons per year for dry-RESPONSIBLE OFFICIAL:	further, my annual consump	tion of perchloroet	thylene solvent, i	based upon purch	
y Na	me (Please Print)		Signature		Date

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

(3)

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#### PERCHLOROETHYLENE DRY CLEANERS

all

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL RE-INSPECTI	COMPLAINT/DISCOVERY   ION
AIRS ID#: 250761 DATE: 9 141  FACILITY NAME: PIETES FICA  FACILITY LOCATION: 18460 51	ch Coyners
RESPONSIBLE OFFICIAL: TOSE SAN	Nabria PHONE: 305 8 35-6063
PART I: NOTIFICATION	Bulesii or waste Cleanup
(check appropriate box)  1. New facility notified DARM 30 days prior to s  2. Facility failed to notify DARM to use general part of the second par	Hazardous ver ha
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, $140 \le x \le 2,100$ 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
II	ification: general permit as number above limits and is not eligible for a general permit

# PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) 1. Storing perchloroethylene in tightly sealed and impervious containers? 2. Examining the containers for leakage? 3. Closing and securing machine doors except during loading/unloading? 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?

5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber

beds according to the manufacturer's specifications?

#### PART IV: PROCESS VENT CONTROLS In Part II-A: If classification 1 has been checked, no controls are required. Proceed to Part V. If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below). If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). Carbon adsorber must have been installed prior to September 22, 1993 If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below). A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes) AY ON ON/A 1. Equipped all machines with the appropriate vent controls? 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the 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/bi-weekly basis? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after ØØ □N verifying that the coolant had been completely charged?

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 condense on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	er located
2. Measured and recorded the washer exhaust temperature at the condenser	
inlet and outlet weekly?	QY QN QN/A
ls the temperature differential equal to or greater than 20° F?	OY ON ON/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,	S. S. S.
if machines are equipped with a carbon adsorber?	OY ON ON/A
ls the perc concentration equal to or less than 100 ppm?	OY ON ON/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contract or expansion; is at least 2 duct diameters upstream from any bend, contraction,	tion,
or expansion; and downstream from no other inlet?	□Y □N □N/A
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)	
Maintained receipts for perc purchased?	TAY ON
2. Maintained rolling monthly total of perc consumption?	□Y 🏕N
3. Maintained leak detection inspection and repair reports for the following:	
a. documentation of leaks repaired w/in 24 hrs? or;	אאלן אם צם
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 SAMA
4. Maintained calibration data? (for applicable direct reading instruments)	DY DN YMYA
5. Maintained exhaust duct monitoring data on perc concentrations?	OY ON DASIA
6. Maintained startup/shutdown/malfunction plan?	AY ON
7. Maintained deviation reports?	Y ON ON/A
Problem corrected?	OY ON DONA
8. Maintained compliance plan, if applicable?	DN DN/A

PA	RT VI: LEAK DETECTION AND	REPAIRS		
1.	Does the responsible official conduc	a weekly (for small sources,	bi-weekly) leak detection an	nd repair
	inspection?			DN ON
2.	Has the facility maintained a leak log	7		W ON
3.	Does the responsible official check the	he following areas for leaks?		
	Hose connections, fittings, couplings, and valves	KY ON ON/A	Muck cookers	ON ON/A
	Door gaskets and seating	- Y ON ON/A	Stills	ON ON/A
	Filter gaskets and seating	er on on/a	Exhaust dampers	A ON ON/V
	Pumps	DY ON ON/A	Diverter valves	MANO NO FEE
	Solvent tanks and containers	DN ON/A	Cartridge filter housings	ON ON/A
	Water separators	OF ON ON/A		
4.	Which method of detection is used b	y the responsible official?		
	Visual examination (condense	d solvent on exterior surfaces)		₽
	Physical detection (airflow fel	t through gaskets)		₹ 4
	Odor (noticeable perc odor)			<b>W</b>
	Use of direct-reading instrume	ntation (FID/PID/calorimetric	tubes)	
	Halogen leak detector			P
	If using direct-reading in	strumentation, is the equipn	nent:	□N/A
	a. Capable of detecti	ng perc vapor concentrations	in a range of 0-500 ppm?	OY ON
	b. Calibrated against (PID/FID only)?	a standard gas prior to and af	ter each use	מם עם
	c. Inspected for leak	s and obvious signs of wear or	n a weekly basis?	OY ON
	d. Kept in a clean an	d secure area when not in use	?	OY ON
ŀ		acy by use of duplicate sample		DY DN
-			<del>~~~</del>	
		V		

M, tche | Fishkind 9/14/98

Inspector's Name (Please Print) Date of Inspection

Muth Julian 9/99

Inspector's Signature Approximate Date of Next Inspection

TYPE OF INSPECTION: ANNUAL ( COMPLAINT/DISCOVERY RE-INSPECTION TIME IN: 25076/	1,4
TIME IN: TIME OUT: AIRS ID!!:	
Piciles Hack Clause	
TYPEOFIACILITY: 1	
EACILITY NAME: 01/1/98 DATE: 9/14/98	,
FACILITY LOCATION:	
RESPONSIBLE OFFICIAL: TORY SANOBINA PHONE NUMBER: 235-6063	
Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).	
Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM FOLLOW-UP ACTION REQUIRED	
failed to Maintain Que USE DEP Colendar	⋰.
Failed to Maintain Perc. Constin	
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	سه الهرر چ
	<del>-</del>
COMMENTS:	1
	չ"
	-
The Annual Compliance Certification form has been properly certified and submitted to the inspector.  YES NO	:
DATE OF NEXT INSPECTION: 7/99	\$
(Approximate)	
INSPECTION CONDUCTED BY: MITCHELL FISHKIND	
Mit 1 (Please Priht) (305) 272-6	925
INSPECTOR'S SIGNATURE: PHONE NUMBER: PHONE NUMBER:	–
Pageof Revised 10/9	; ;

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

FACILITY NAME: PIETRE'S FI	rench Cleaners		DATE:	9/14/98
FACILITY LOCATION: 18460	SW 97th Ave			
Annual Reporting Period: 7/97	]19	то	9/98	19
Based on each term or condition of the Title 62-213.300, Florida Administrative Code (F.	-	_		P Rulc
If NO, complete the following:				
#1. Term or condition of the general permit	that has not been in continu	ous compliance duri	ng the reporting perio	od stated above:
Maintain Roll		<u> </u>		1
Exact period of non-compliance: from	9/97	to	919	,
Action(s) taken to achieve compliance:	US	e DEP	Cakerdat	2
Method used to demonstrate compliance:				, ,
Mediou used to demonstrate companies.			& JA	
#2. Term or condition of the general permit	that has not been in continu	ous compliance duri	ing the reporting perio	Missated above
	_	•	Sour	Onix
Exact period of non-compliance: from		to		& O. J.
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:			<u> </u>	
			<del>.</del>	
As the responsible official, I hereby certify, made in this notification are true, accurate upon rolling averages of purchase receipts, year for transfer or combination facilities.	and complete. Further, my	annual consumption	of perchloroethylene	solvent, based
RESPONSIBLE OFFICIAL:	SANADRIA	Jenn-	5000	) 9/14/98
Nai	n¢ (Please Print)	Stgr	nature	Date

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



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

#### PERCHLOROETHYLENE DRY CLEANERS

## TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

	NNUAL RE-INSPECTION	0	COMPLAINT/DISCO	OVERY	
AIRS ID#: <u>0250 761</u> DAT FACILITY NAME: <u>Lieve</u>			,		:45 pm
FACILITY LOCATION: <i>184</i>	60 5W97 imi , H.				
PART I: NOTIFICATION				<del> </del>	
(check appropriate box)		<u></u>			
1. Existing facility notified DARM	by 9/1/96				ם
2. New facility notified DARM 30 (	days prior to startup	p			
3. Facility failed to notify DARM to	use general permi	it			ם
PART II: CLASSIFICATION					
Facility indicated on notification to (check appropriate box)	form that it is:		*.		
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)	d tr · b	ransfer only, x ooth types, x <l< td=""><td>, x&lt;140 gal/yr &lt;200 gal/yr</td><td></td><td></td></l<>	, x<140 gal/yr <200 gal/yr		
3. Existing large area source dry-to-dry only, 140 <x<2, (constructed="" 100="" 12="" 140<x<1,800="" 200<x<1,800="" 9="" 91)<="" before="" both="" g="" gal="" only,="" td="" transfer="" types,="" yr=""><td>gal/yr d yr t b</td><td>ransfer only, 2 both types, 140</td><td>arca source 1, 140<x<2, 100="" gal="" yr<br="">1,00<x<1,800 gal="" yr<br="">1,00<x<1,800 gal="" yr<br="">1,000 gal/yr</x<1,800></x<1,800></x<2,></td><td></td><td>·</td></x<2,>	gal/yr d yr t b	ransfer only, 2 both types, 140	arca source 1, 140 <x<2, 100="" gal="" yr<br="">1,00<x<1,800 gal="" yr<br="">1,00<x<1,800 gal="" yr<br="">1,000 gal/yr</x<1,800></x<1,800></x<2,>		·
This is a correct facility classificat	ion [	DY ON			
If no, please check the appropriate	classification:				
	for a general permi bove limits and is r				·
B. The total quantity of perchlorous facility was 225 gallons.	ethylene (perc) pure	chased within	the preceding 12 mont	hs by this dr	y cleaning

#### PART III: GENERAL CONTROL REQUIREMENTS Is the responsible official of the dry cleaning facility: (check appropriate boxes) DY DN BYNA 1. Storing perchloroethylene in tightly sealed and impervious containers? DY DN BNA 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 RNA 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? DAY CON CON/A 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? 3. Equipped the condenser with a diverter valve so airflow will be directed away from the DY 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? 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45°F? 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?

B. Has the responsible official of an existing large or new large area source also:	
<ol> <li>Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?</li> </ol>	EY ON
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	OY ON ENA
Is the temperature differential equal to or greater than 20° F?	OY ON
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber?	אואש אם עם
Is the perc concentration equal to or less than 100 ppm?	DY DN R NA
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?	אר פו אם עם
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	באאס אם צם
6. Routed airflow to the carbon adsorber (if used) at all times?	DY ON CONIA
IN I DOUGE DE CONNECTED DESCRIPTION ASSESSOR	
PART V: RECORDKEEPING REQUIREMENTS	
Has the responsible official: (check appropriate boxes)	
Has the responsible official:	DEY ON
Has the responsible official: (check appropriate boxes)	DRY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?	DRY ON
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:	
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or,  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days	DAY ON ON ON A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?	DAY ON  DY ON CONIA  OY ON CONIA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)	DAY ON ON ON A
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?	DAY ON  DY ON CONIA  OY ON CONIA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?	DAY ON  DAY ON CANA  OY ON CANA  OY ON CANA  OY ON CANA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased? 2. Maintained rolling monthly averages of perc consumption? 3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?	DY ON  DY ON CONIA  OY ON CONIA  OY ON CONIA  OY ON CONIA
Has the responsible official: (check appropriate boxes)  1. Maintained receipts for perc purchased?  2. Maintained rolling monthly averages of perc consumption?  3. Maintained leak detection inspection and repair reports for the following:  a. documentation of leaks repaired w/in 24 hrs? or;  b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt?  4. Maintained calibration data? (for direct reading instruments only)  5. Maintained exhaust duct monitoring data on perc concentrations?  6. Maintained startup/shutdown/malfunction plan?  7. Maintained deviation reports?  Problem corrected?	DY ON CHIA OY ON CHIA OY ON CHIA OY ON CHIA OY ON CHIA

Which method of detection is used by the responsible official?  Visual examination (condensed solvent on exterior surfaces)  Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use  (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings,  couplings, and valves  Door gaskets and seating  Y ON Stills  Filter gaskets and seating  Y ON Exhaust dampers  N ON Cartridge filter housings  ON Water separators						
Physical detection (airflow felt through gaskets)  Odor (noticeable perc odor)  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?	2.	Which method of detection is used by the	he responsi	ible official?		
Odor (noticeable perc odor)  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?		Visual examination (condensed se	olvent on e	xterior surfaces)		<b>P</b>
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)  If using direct-reading instrumentation, is the equipment:  a. Capable of detecting pere vapor concentrations in a range of 0-500 ppm?		Physical detection (airflow felt th	rough gask	ets)	•	
If using direct-reading instrumentation, is the equipment:  a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?		Odor (noticeable perc odor)				0
a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm?  b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  DN Muck cookers  DN Stills  PY DN  Filter gaskets and seating  DN Exhaust dampers  DN Diverter valves  N Cartridge filter housings  DN Cartridge filter housings		Use of direct-reading instrumenta	tion (FID/	PID/calorimetric	tubes)	
b. Calibrated against a standard gas prior to and after each use (PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  JY DN  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  DN Muck cookers  PY DN  Door gaskets and seating  Y DN Stills  PY DN  Filter gaskets and seating  DN Exhaust dampers  N  Pumps  DN Diverter valves  N  Solvent tanks and containers  DN Cartridge filter housings		If using direct-reading instrume	entation, is	s the equipment:		,
(PID/FID only)?  c. Inspected for leaks and obvious signs of wear on a weekly basis?  d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  DY DN  Stills  Pumps  Pumps  DN  Diverter valves  N  Cartridge filter housings  DN  Cartridge filter housings		a. Capable of detecting	perc vapor	concentrations in	a range of 0-500 ppm?	OY ON
d. Kept in a clean and secure area when not in use?  e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  DY DN  Stills  PY DN  Filter gaskets and seating  DY DN  Exhaust dampers  DN  Pumps  Diverter valves  DN  Solvent tanks and containers  DY DN  Cartridge filter housings			standard ga	as prior to and aft	er each use	OY ON
e. Verified for accuracy by use of duplicate samples (calorimetric only)?  3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y  N  Stills  Filter gaskets and seating  Y  N  Exhaust dampers  Pumps  ON  Pumps  ON  Cartridge filter housings  ON  Cartridge filter housings		c. Inspected for leaks ar	nd obvious	signs of wear on	a weekly basis?	DY DN
3. Has the facility maintained a leak log?  4. Does the responsible official check the following areas for leaks?  Hose connections, fittings, couplings, and valves  Door gaskets and seating  DY DN Muck cookers  DY DN  Stills  Pumps  Pumps  Pumps  DY DN  Diverter valves  N  Cartridge filter housings  DN  Cartridge filter housings		d. Kept in a clean and s	ecure area	when not in use?		OY ON
Hose connections, fittings, couplings, and valves  Door gaskets and seating  Filter gaskets and seating  Pumps  Solvent tanks and containers  Hose connections, fittings, couplings, and valves  DN  Muck cookers  PM  Muck cookers  Muck cooker		e. Verified for accuracy	by use of a	duplicate samples	(calorimetric only)?	OY ON
Hose connections, fittings, couplings, and valves  Door gaskets and seating  Y  N  Stills  Y  N  Filter gaskets and seating  Y  N  Exhaust dampers  N  Pumps  N  Solvent tanks and containers  N  Cartridge filter housings  N  N  Cartridge filter housings	3.	Has the facility maintained a leak log?				OY ON
Couplings, and valves  Door gaskets and seating  Y  N  Stills  Y  N  Filter gaskets and seating  Y  N  Exhaust dampers  N  Pumps  N  Solvent tanks and containers  N  Cartridge filter housings  N  Cartridge filter housings	4.	Does the responsible official check the	following	areas for leaks?		
Filter gaskets and seating  Pumps  ON  Exhaust dampers  ON  Pumps  ON  Solvent tanks and containers  ON  Cartridge filter housings  ON			PY	N	Muck cookers	ON ON
Pumps Diverter valves DN Solvent tanks and containers DY DN Cartridge filter housings DY DN		Door gaskets and seating	ĽΊΥ	ПN	Stills	DY ON
Solvent tanks and containers OY ON Cartridge filter housings ON		Filter gaskets and seating	<b>G</b> Ý	ПИ	Exhaust dampers	DY DN
		Pumps	DY	□и	Diverter valves	ON ON
Water separators		Solvent tanks and containers	DY	, UN	Cartridge filter housings	ON ON
		Water separators	ON Y	ПИ		
	<u> </u>			<u></u>	<del></del>	

José A. SANABRIA Name of Responsible Official	
Rosana Rivera Inspector's Name (Please Print)	2.24.97 Date of Inspection
Pasana Pi	2-98
Inspector's Signature	Approximate Date of Next Inspection

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

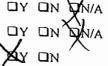
RE-INSPECTI	
responsible official: Jose Say	in 97 Ave 83 3 M
PART I: NOTIFICATION	
(check appropriate box)  1. New facility notified DARM 30 days prior to sta  2. Facility failed to notify DARM to use general pe	
PART II: CLASSIFICATION	
<u> </u>	"
Facility indicated on notification form that it is: (check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr	☐ No notification form ☐ Drop store/out of business/petroleum  2. New small area source ☐ dry-to-dry only, x < 140 gal/yr
(check appropriate box)  A.  1. Existing small area source	☐ Drop store/out of business/petroleum  2. New small area source ☐
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr	☐ Drop store/out of business/petroleum  2. New small area source ☐ dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr	Drop store/out of business/petroleum  2. New small area source   dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source   dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr
(check appropriate box)  A.  1. Existing small area source dry-to-dry only, x < 140 gal/yr transfer only, x < 200 gal/yr both types, x < 140 gal/yr (constructed before 12/9/91)  3. Existing large area source dry-to-dry only, 140 ≤ x ≤ 2,100 gal/yr transfer only, 200 ≤ x ≤ 1,800 gal/yr both types, 140 ≤ x ≤ 1,800 gal/yr (constructed before 12/9/91)  5. This is a correct facility classification  If no, please check the appropriate classific  ☐ facility qualified for a ge ☐ facility exceeds above line	Drop store/out of business/petroleum  2. New small area source   dry-to-dry only, $x < 140$ gal/yr transfer only, $x < 200$ gal/yr both types, $x < 140$ gal/yr (constructed on or after 12/9/91)  4. New large area source   dry-to-dry only, $140 \le x \le 2,100$ gal/yr transfer only, $200 \le x \le 1,800$ gal/yr both types, $140 \le x \le 1,800$ gal/yr (constructed on or after 12/9/91)  Y $\square$ Can not determine

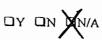
Revised 9/15/97

#### PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility: (check appropriate boxes)

- 1. Storing perchloroethylene in tightly sealed and impervious containers?
- 2. Examining the containers for leakage?
- 3. Closing and securing machine doors except during loading/unloading?
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal?
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications?





#### PART IV: PROCESS VENT CONTROLS

#### In Part II-A:

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

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

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

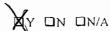
If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

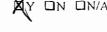
A. Has the responsible official of all new sources and existing large area sources: (check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls?
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system?
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door?
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly/bi-weekly basis?
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F?
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged?



XY ON ON/A











n	Weekle was a still a CC table Committee and the state of the committee and the				
B.	B. Has the responsible official of an existing large or new large area source also:				
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	XY	ΩΝ		
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	□N X\N/A		
	Is the temperature differential equal to or greater than 20° F?	ΠY	ON XN/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	ON ANA		
	Is the perc concentration equal to or less than 100 ppm?	ΩY	ON DIN/A		
4.	Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction,		,		
	or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet?	ΠY	ON XIN/A		
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ON MN/A		
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ON MA		

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

PA	PART VI: LEAK DETECTION AND REPAIRS					
l.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair					
	inspection?			XY DN		
2.	Has the facility maintained a leak log?	?		ρ No γ		
3.	Does the responsible official check the	e following areas for leaks	s?			
	Hose connections, fittings, couplings, and valves	DY ON ON/A	Muck cookers	DY ON WIA		
	Door gaskets and seating	YY ON ON/A	Stills	AY ON ON/A		
	Filter gaskets and seating	Y ON ON/A	Exhaust dampers	Y ON ON/A		
	Pumps	YY ON ON/A	Diverter valves	Y ON ON/A		
	Solvent tanks and containers	אואים אם אא	Cartridge filter housings	YY ON ON/A		
	Water separators	AND NO YA				
4.	Which method of detection is used by	the responsible official?				
	Visual examination (condensed solvent on exterior surfaces)					
	Physical detection (airflow felt through gaskets)					
Odor (noticeable perc odor)				×		
Use of direct-reading instrumentation (FID/PID/calorimetric tubes)						
	Halogen leak detector					
	If using direct-reading instr	rumentation, is the equip	oment:	XN/A		
	a. Capable of detecting	perc vapor concentration	is in a range of 0-500 ppm?	OY ON		
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?					
	c. Inspected for leaks a	and obvious signs of wear	on a weekly basis?	DY DN		
	d. Kept in a clean and s	secure area when not in us	se?	OY ON		
	e. Verified for accuracy	y by use of duplicate samp	oles (calorimetric only)?	OY ON		

Inspector's Name (Please Print)
Inspector's Signature

Date of Inspection

Approximate Date of Next Inspection

zero-waste Machine (wastewater model) Economatio Dry Cleaning Machine

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL CO	MPLAINT/DISCOVERY RE-INSPECTION
TIME IN: 12:50 TIME OUT: 1:2	airs id#: 025076!
TYPE OF FACILITY: Perc Dry Cl	eaner
FACILITY NAME: 18400 SW	17 AVE 1 DATE: 5/28/99
FACILITY LOCATION: MICHAEL FL	33157
Pierre's Frenc	ch (leaners V
RESPONSIBLE OFFICIAL: Sose Sandbrid	2 PHONE NUMBER (305) 235-4063
Based on the results of the compliance requirements eval	usted during this inspection, the facility is found to be in
compliance with DEP Rule 62-213.300, Florida Adminis	- · · · · · · · · · · · · · · · · · · ·
Based on the results of the compliance requirements eval	
discrepancies were noted:	
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u> </u>	
·	•
<u> </u>	<del></del>
	·
•	
	• • • •
COMMENTS:	·
502	
The Annual Compliance Certification form has been properly cert	ified and submitted to the inspector.
	The dand submitted to the inspector.
DATE OF NEXT INSPECTION:	approximate)
INSPECTION CONDUCTED BY:	= (71)421
	Please Print)
INSPECTOR'S SIGNATURE:	)PHONE NUMBER: (305)372-693
	1
Death Page_	of Revised 10/96



ククベク カーー	μ-	
AIRS ID#: UDD HOTAL	·	Revised 10/10/96
DECENT CLEAN	IER AIR QUALITY GENERAL PE	'DMIT
	COMPLIANCE CERTIFICATION FOR	
TIT MUNOS (BARE A CALLELLINE	COMI BIRIVED CENTRICATION FOR	
FACILITY NAME IN PIRONY ES	French Cleaners	DATE: 5/28/99
Managemer Addition The Managemer LOCATION TO THE MANAGEMER AND THE MANAGEMENT AND THE MAN	Sw 97 Ave	
All Carriers	G 32150	
Management Wyson	M, FL 33(3)	
		- OO
Annual Reporting Period:	5_19 <u>4</u> % то	
Based on each term or condition of the Title V	V general air permit, my facility has remained in con	mpliance with DEP Rule
	A.C.), during the period covered by this statement.	
If NO, complete the following:	<i>;</i>	
#1. Term or condition of the general permit t	that has not been in continuous compliance during the	ne reporting period stated above:
	,	
Exact period of non-compliance: from	to	J-1941
Action(s) taken to achieve compliance:		
Maked and an demand and a small and		
Method used to demonstrate compliance:	<u>.                                    </u>	
#2. Term or condition of the general permit t	that has not been in continuous compliance during th	ne reporting period stated above:
Tours and of any services from		
Exact period of non-compliance: from	to	
Action(s) taken to achieve compliance:	<u> </u>	
Method used to demonstrate compliance:		
As the responsible official I hereby certify b	ased on information and belief formed after reasona	able inquiry that the statements
made in this notification are true, accurate as	nd complete. Further, my annual consumption of pe	erchloroethylene solvent, based
upon rolling averages of purchase receipts, d year for transfer or combination facilities.	does not exceed 2,100 gallons per year for dry-to dry	facilities or 1,800 gallons per
		0. 1/2-
RESPONSIBLE OFFICIAL:		enolone 6/1/99
Nam	ne (Rlease Print) Signature	Date

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

AIRS ID#: 0250761

Acc

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

_				
FACILITY NAME: Pierre's	French	Cleaner	<u> </u>	TE: 3/30/00
FACILITY LOCATION: 18460	SW 97	Ave.	DECEIVE	
Miani	FL 3319	34		
			APR 0-3-2000	
Annual Reporting Period:	3	199 TO -M	Air Quality anagement Divi	3 3 900
Based on each term or condition of the Title V 62-213.300, Florida Administrative Code (F.A.			. *	h DEP Rule
If NO, complete the following:			/ '	
#1. Term or condition of the general permit th	at has not been in cont	inuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from		to_		
Action(s) taken to achieve compliance:				
Method used to demonstrate compliance:		· <del>-</del> ··		
#2. Term or condition of the general permit th	at has not been in cont	inuous compliance	during the reporting	period stated above:
Exact period of non-compliance: from		to		
Action(s) taken to achieve compliance:				•
Method used to demonstrate compliance:				
		1		
As the responsible official, I hereby certify, barmade in this notification are true, accurate and upon rolling averages of purchase receipts, do year for transfer or combination facilities.  RESPONSIBLE OFFICIAL:  Name	l complete. Further, n	ny annual consumpt	ion of perchloroethy	lene solvent, based

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

DERM Copy

Page \_\_\_\_\_ of \_\_\_\_

#### PERCHLOROETHYLENE DRY CLEANERS

TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

auto	5
Michael	<i>Y</i>

		20110110		$\vee$	
	NNUAL E-INSPECTION	× ·	COMPLAINT/DI	SCOVERY	0
AIRS ID#: 0250701 DATE  FACILITY NAME:	res Fren	ch Cl	eaners.	JUL 16	
PART I: NOTIFICATION					
(check appropriate box)					
1. New facility notified DARM 30 da	ys prior to startup				
2. Facility failed to notify DARM to u	use general permit				
DARTH, CLASSIFICATION					
PART II: CLASSIFICATION					
Facility indicated on notification for (check appropriate box)	rm that it is:		☐ No notification☐ Drop store/out of		roleum
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)	dry- trans both	sfer only, x types, x <	, x < 140 gal/yr < 200 gal/yr		
3. Existing large area source dry-to-dry only, $140 \le x \le 2,100 \text{ g}$ transfer only, $200 \le x \le 1,800 \text{ gal/y}$ both types, $140 \le x \le 1,800 \text{ gal/yr}$ (constructed before $12/9/91$ )	al/yr dry- yr trans both	sfer only, 20 types, 140	rea source , $140 \le x \le 2,100$ gal. $00 \le x \le 1,800$ gal/yr $\le x \le 1,800$ gal/yr or after 12/9/91)	•	
5. This is a correct facility classific	cation Y	ПN	□Can not determin	ne	
If no, please check the appro	priate classification: dified for a general p	permit as nu	mber abo	ve	

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 30 gallons.

facility exceeds above limits and is not eligible for a general permit

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

В.	Has the responsible official of an existing large or new large area source also:			
1.	Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis?	ΩY	ПN	
2.	Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly?	ΠY	ПΝ	□N/A
	Is the temperature differential equal to or greater than 20° F?	$\Box$ Y	ПП	□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?	ΟY	Ωи	□N/A
	Is the perc concentration equal to or less than 100 ppm?	$\Box$ Y	ПΝ	□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	ПИ	□N/A
5.	Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils?	ΩY	ПΝ	□N/A
6.	Routed airflow to the carbon adsorber (if used) at all times?	ΩY	ΠN	□N/A
				,
PA	ART V: RECORDKEEPING REQUIREMENTS			

#### Has the responsible official: (check appropriate boxes) MD Y 1. Maintained receipts for perc purchased? 2. Maintained rolling monthly total of perc consumption? 3. Maintained leak detection inspection and repair reports for the following: a. documentation of leaks repaired w/in 24 hrs? or; b. documentation of parts ordered to repair leak and leak repaired w/in 2 days DY DN MYA and parts installed w/in 5 days of receipt? DY DN DANA 4. Maintained calibration data? (for applicable direct reading instruments) DY DN XON/A 5. Maintained exhaust duct monitoring data on perc concentrations? NO YX 6. Maintained startup/shutdown/malfunction plan? 7. Maintained deviation reports? DY DN **X**N/A Problem corrected? DY DN JOHNA DY DN XXVA 8. Maintained compliance plan, if applicable?

P	ART VI: LEAK DETEC	TION AND REPA	AIRS				
1.	1. Does the responsible official conduct a weekly (for small sources, bi-weekly) leak detection and repair						
	inspection?				χη	C	ЭN
2.	Has the facility maintaine	d a leak log?			X	C	NC
3.	Does the responsible office	cial check the follo	wing areas for leaks?				
	Hose connections, f couplings, and val	· ,	Y ON ON/A	Muck cookers	ΩY	ОИ)	DON/A
	Door gaskets and se	eating (	Y □N □N/A	Stills	Y	ПN	□N/A
	Filter gaskets and se	eating	Y □N □N/A	Exhaust dampers	Y	ПΝ	□N/A
	Pumps	Þ	Y 🗆 N 🗆 N/A	Diverter valves	(DY	ПИ	AVIA
	Solvent tanks and co	ontainers	Y ON ON/A	Cartridge filter housings	XY	□N	□N/A
	Water separators	À.	Y DN DN/A	J			
4.	Which method of detection	on is used by the res	sponsible official?		<b>.</b> .		
Visual examination (condensed solvent on exterior surfaces)					X		
Physical detection (airflow felt through gaskets)					X		
Odor (noticeable perc odor)					$\nearrow$		
	Use of direct-readin	g instrumentation (	FID/PID/calorimetric t	ubes)			
	Halogen leak detect	or					
	If using direct-	reading instrumen	tation, is the equipme	nt:	DE(N/	A	
	a. Capable	of detecting perc v	vapor concentrations in	a range of 0-500 ppm?	̈́ΩΥ	ΠN	
	b. Calibrated against a standard gas prior to and after each use (PID/FID only)?						
	c. Inspected for leaks and obvious signs of wear on a weekly basis?						
	d. Kept in	a clean and secure	area when not in use?	·	ΟΫ́	ΠN	
	e. Verified	for accuracy by us	se of duplicate samples	(calorimetric only)?	ΠY	ПΝ	

ebora Griner
Inspector's Name (Please Print)

The first

3/30/00

Date of Inspection

4/01

Approximate Date of Next Inspection

Tony Sanabria (manager) and I reviewed the machine manual to verify that upper temp. gauge on front of machine is measuring the temp. of the outlet stream of refrig. condenser. The manual seems to verify this. Mr. Sanabria indicated that this gauge rarely reads below extern degrees of 20°C. The rule nequires < 7.4°C. He will discuss with his mechanic who is scheduled to come by this week. I directed him to fax me a report of findings and actions.

## TITLE V AIR QUALITY GENERAL PERMIT INSPECTION SUMMARY REPORT

TYPE OF INSPECTION: ANNUAL COM	PLAINT/DISCOVERY RE-INSPECTION
TIME IN: 11: 55 am TIME OUT: 12: 6  TYPE OF FACILITY: Perc Dru Cleane FACILITY NAME: Pierre'S French FACILITY LOCATION: 18400 Sw 97  Mianni FL 3315  RESPONSIBLE OFFICIAL: Jose Sanabric  Based on the results of the compliance requirements evaluated the compliance with DEP Rule 62-213.300, Florida Administration  Based on the results of the compliance requirements evaluated the complicated the compliance requirements evaluated the compliance requir	PHONE NUMBER (305) 235-(0003)  ated during this inspection, the facility is found to be in active Code (F.A.C.).
discrepancies were noted:	FOLLOW-UP ACTION REQUIRED
COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-OF ACTION REQUIRED
comments: Excellent Recordker Verify that temp. gauge the outlet stream of the r	epus se or Front of machine is measuri
The Annual Compliance Certification form has been properly certification.	ied and submitted to the inspector. YES NO
INSPECTION CONDUCTED BY: CPI	proximate) (7) WWW ease Print) PHONE NUMBER: (305) 372 - 6936
Page	of Revised 10/96

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Fund: 20-2-035001 Obj.: 002273



0355556

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FOR GOVERNMENT USE ONLY

Org.: 37550101000 EO: B1

Fund: 20-2-035001

Obj.: 002273

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8460 SW 97TH AVE MIAMI FL 33157	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.				
,	4. Restricted Delivery? (Extra Fee) ☐ Yes				
2. Article Number (Copy from segrice label) 302645111111111111111111111111111111111111					
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**MIAMI FL 33157** 

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Obj.: 002273

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